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Filial responsibility in the family of origin experiences of social workers

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ABSTRACT

This exploratory quantitative study examined social workers' family of origin experiences of filial responsibility, including emotional and instrumental caregiving. Additionally, this investigation explored the relationship between social workers' past and current caregiving experiences, reported coping strategies, and the perceived fairness of their families of origin. This research was carried out through an anonymous, online survey of 46 part- and full-time MSW students and MSW graduates using self-report measures including a demographic survey, the Filial Responsibility Scale-Adult, and the Proactive Coping Inventory.

In support of the study's main hypothesis, participants' childhood experiences of filial responsibility were significantly correlated with adulthood experiences of filial responsibility. While participants in this study reported greater levels of emotional than instrumental caregiving, there was a stronger correlation between particpants' past and present instrumental caregiving experiences. Additionally, years of social work practice was negatively associated with emotional caregiving. Lastly, participants' reliance on emotional support seeking to cope with feelings of distress was significantly related to the ethical dimension of their family of origin experiences, with emotional support seeking increasing or decreasing indirectly with perceived unfairness.

FILIAL RESPONSIBILITY IN THE FAMILY OF ORIGIN EXPERIENCES OF SOCIAL WORKERS

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

Introduction

There are more than 650,000 degree carrying social workers in the United States, a statistic that does not capture the number of students currently enrolled in a social work education program and, consequently, the full scope of the field (National Association of Social Workers, n.d.). As "the largest providers of mental health services in the United States" (NASW, 2007 as cited in Berzoff & Drisko, 2015, p. 264), social workers are called upon to uphold the core values of the profession, to enhance the health and well-being of individuals and communities, and to promote social change (NASW, 2008). Indeed, many students and workers are drawn to the field for the values and mission unique to the social work profession (Biggerstaff, 2000). However, the research literature reveals that other motivations have been increasingly explored (Biggerstaff, 2000; Sellers & Hunter, 2005).

A number of studies have indicated that family of origin experiences influence students' decision to pursue a social work career, choice of practice setting, and therapeutic use of self (Bahnson, 1990; Biggerstaff, 2000; Rompf & Royse, 1994; Sellers & Hunter, 2005). Lackie's (1982) seminal study on social workers' family backgrounds and career achievements investigated how social workers are introduced to a caretaking role in their family of origin. Lackie (1983) asserts that the socialization towards this role is driven by experiences of "taking on the care of others and taking care from others" (p. 309). Significantly, two-thirds of the 1,577 social workers in Lackie's (1982) study identified with caretaking roles in their family of origin

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including the parentified child, the overresponsible member, and the burden bearer. This finding

suggests an overrepresentation of family caretaking in the histories of social workers.

East (2010) emphasizes that it is important to distinguish between normative and non-

normative caregiving that may result in the parentification of a child within their family of

origin. Parentification, also referred to as filial responsibility (Jurkovic, Thirkield, & Morrell,

2001; Thirkield, 2002), is conceptualized in the literature on ethical, contextual,

intergenerational, structural, and interpersonal levels (Boszyormenyi-Nagy & Spark, 1973;

Jurkovic, 1997; Karpel, 1976; Minuchin, Montalvo, Guerney, Rosman, & Schumer 1967). It

involves the assumption of adult or parental responsibilities that have been assigned or abdicated

by one's caregiver(s) (Boszyormenyi-Nagy & Spark, 1973; Chase, 1999; Earley & Cushway,

2002; Jurkovic, 1997; Karpel, 1976). While a certain level of filial responsibility has

demonstrated to have a positive impact on youths' development (Jurkovic & Casey, 2000 as

cited in Hooper, 2007; Khafi, Yates, & Luthar, 2014), excessive or premature responsibility for

the practical and socioemotional needs of one's family can lead to destructive filial responsibility

(Jurkovic, 1997).

Much of the early research on filial responsibility attends to the maladaptive

consequences of this phenomenon (Hooper, DeCoster, White, & Voltz, 2011) and has relied on

predominately white, female, North American participant samples. More recent research has

challenged this trend but has primarily focused on college students (Hooper & Doehler, 2012;

Hooper, Marotta, & Lanthier, 2008; Hooper, Tomek, Bond, & Reif, 2015; Hooper, Wallace,

Doehler, & Dantzler, 2012; Jurkovic et al., 2001) with only a handful of studies achieving more

socioculturally diverse study samples (Burton, 2007; Chee, Goh, & Kuczynski, 2014; Khafi et

al., 2014; Levine, 2009; McMahon & Luthar, 2007; Thirkield, 2002; Walsh, Shulman, Bar-On,

& Tsur, 2006). While meaningful, these results are limited in their generalizability and may not reflect or explain the experience of social workers. Despite increasing attention to the family of origin experiences of social workers and the incidence of family caretaking among this population (Bahnson, 1990; Biggerstaff, 2000; Black, Jeffreys, & Hartley, 1993; Lackie, 1982, 1983; Pooler, Doolittle, Faul, Barbee, & Fuller, 2012; Pooler, Siebert, Faul, & Huber, 2008; Rompf & Royse, 1994; Sellers & Hunter, 2005), there is a shortage of research that more closely examines childhood and adulthood filial responsibility among social workers.

Accordingly, this study explored childhood and adulthood filial responsibility among master's level social workers, including part- and full-time MSW graduate students and MSW graduates. Specifically, the present study sought to explore the following research questions:

1. What is the nature of social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving?

2. Are social workers' experiences of perceived emotional or instrumental caregiving in childhood associated with perceived emotional or instrumental caregiving in adulthood?

3. Is there a significant difference between social workers' reports of past and current emotional and instrumental caregiving in their families of origin based on sociodemographic variables, including gender and race/ethnicity?

4. To what extent do social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving vary based on sociodemographic variables, including age and years of social work practice?

5. What is the relationship between social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving and their reported coping strategies?

6. What is the relationship between social workers' reported coping strategies and the perceived fairness of their past and current family of origin experiences?

CHAPTER II

Literature Review

Social Workers' Family of Origin

The archetype of the wounded healer has been used to describe many in the helping professions including therapists and counselors and is a concept that has been extended to social workers (Jurkovic, 1997; Maeder, 1989; Rompf & Royse, 1994; Sellers & Hunter, 2005). These are individuals with their own history of trauma "who must learn to heal themselves before healing others" (Maeder, 1989, p. 40). Maeder (1989) draws particular attention to those healers who were "rushed through childhood…. obliged to become a little adult" (p. 41) before being driven to a career as a professional caretaker.

Echoing Maeder (1989), Lackie (1983) suggests that family of origin experiences not only influence one's choice of a caretaking profession but also one's career development, a claim supported in an earlier study of 1,577 social workers (Lackie, 1982). While social workers in this sample overwhelmingly identified with caretaking roles in their family of origin, this was more common among only children and first-borns, with males that fell into this category more likely to serve in community organizing roles (Lackie, 1982). Comparatively, a troubled family history was predictive of a private practice setting in the larger study sample, though more common among male participants who displayed more overt career achievements, an effect Lackie (1982) attributes to gender socialization processes.

Expanding upon these contributions, a study on MSW students' motivation to pursue a

social work career demonstrated that career choice is multidimensional in nature, with personal and family of origin experiences representing one aspect of students' decision (Biggerstaff, 2000). Similar to participants' in Lackie's (1982) study, MSW students' personal and family of origin experiences were positively associated with aspirations to engage in micro versus macro work, especially in a private practice setting (Biggerstaff, 2000). In another study of first-year MSW students, of the 69% of participants who endorsed a family history of substance use, compulsive disorders, violence, and psychopathology, just over half indicated these experiences were influential on their decision to pursue a career in social work (Sellers & Hunter, 2005). These participants were significantly more likely to choose mental health as a practice area and pursued interpersonal practice, over policy, management, community, and undeclared method concentrations at a higher rate than students without an influential family history (Sellers & Hunter, 2005), offering further support for Lackie's (1982) earlier findings.

In studies that have compared MSW students with other graduate student populations (i.e., business, education, and guidance and counseling students), social workers were more likely to report violent victimization of a family member, psychosocial trauma, and sexual abuse as well as substance abuse and dysfunction in their family of origin, with the exception of guidance and counseling students who reported similar histories (Black et al., 1993; Russel, Gill, Coyne, & Woody, 1993). While these findings are not directly illustrative of filial responsibility processes in the families of origin of social workers, family dysfunction, hardship, and trauma have been linked with filial responsibility in both the research and scholarly literature (Chase, 1999).

Pooler et al. (2008) argue that factors, such as filial responsibility and family hardship, which have a motivating influence on the decision to pursue a professional helping career, can

also leave practitioners "vulnerable to professional impairment" (p. 79). In their study of actively practicing social workers, personal history factors conceptually related to filial responsibility were significantly linked to professional impairment, including missing appointments and work, providing inadequate or sub-par client care, and being confronted/disciplined in the workplace. Specifically, a history of physical and emotional abuse, substance abuse among family members, and a troubled parent were the most robust predictor variables (Pooler et al., 2008). Similarly, Pooler et al. (2012) found that the variance in MSW students' performance during second semester of first year field practicum was predicted by students' personal and family histories, with a greater number of family problems linked to lower practicum scores. Based on the magnitude and implications of family dysfunction and caretaking burden in social workers' family of origin experiences, Pooler et al. (2008) advocate for more preventive policies that cultivate social workers' awareness of the potential impact of family of origin issues as well as expand workers' opportunities for support in educational and employment settings.

Parentification and Filial Responsibility

  Theoretical Foundations. Parentification was initially conceptualized by Boszormenyi-Nagy (1965) to describe a relational dynamic in families that elevates one member's object needs, for dependence and security, at the expense of another's. Boszormenyi-Nagy and Spark (1973) later refined this definition to denote "the subjective distortion of a relationship as if one's partner or even children were [one's] parent" (p. 151). In Boszormenyi-Nagy and Spark's delineation of this phenomenon, behaviors of a caretaking, sacrificial, or neutral nature could be categorized as parentified. Importantly, Karpel (1976) distinguishes the concept of "loyal object" from the "parentified child" who "exercises overtly protective, care-taking, and over-

responsible duties" (p. 170). This allows for the distinction of similarly destructive yet qualitatively different processes (i.e. infantalization, scapegoating) that have a differential effect on a relational system and its members.

Drawing upon dialectical relational theory and contextual family therapy, Boszormenyi-Nagy and Spark (1973) reflected upon the intergenerational, existential-ethical, and environmental determinants of parentification. They asserted that the basic foundation of relationships consists of a network or hierarchy of obligations and that members' motivation to uphold these obligations is propelled by their sense of loyalty to the relational system. Indeed, Boszormenyi-Nagy and Spark (1973) characterized loyalty as a "system force" (p. 53) and argued that the balancing of relational obligations "constitutes the justice of the human world" (p. 18). In families, successful or unsuccessful fulfillment of one's loyalty commitments are "written into the deepest substrate of transgenerational accountability" (Boszormenyi-Nagy & Spark, 1973, p. 25), creating a family ledger that is passed from generation to generation. Thus, a parent's parentification of their child may serve as restitution, or a balancing of accounts, for the parent's own unmet childhood needs in their family of origin.

Nevertheless, Boszormenyi-Nagy and Spark (1973) cautioned against a rigid assignment of parentification "to the realm of 'pathology' or relational dysfunction," identifying it as "the regressive core of even balanced, sufficiently reciprocal relationships" (p. 151). This suggests that parentification is a normative feature of human relationships and may even serve an important function for relational well-being. Boszormenyi-Nagy and Spark stressed that it is the non-reciprocal nature of pathological parentification that can impinge upon an individual's development and engender maladaptive relational patterns. Karpel (1976) similarly asserted that parentification can only be understood in terms of the "ethical structure of the relational system

as a whole" (p. 36). He emphasized that the use of others to meet one's needs is an unavoidable given in relationships and argued that it is the unilateral use of another that creates relational imbalance. Karpel concluded that reciprocation of care within a relationship is what ultimately determines reciprocal justice.

Attending to the environmental determinants of parentification, Boszormenyi-Nagy and Spark (1973) distinguished between personal and structural exploitation. The former involves "nongiving or nonreciprocal taking" (Boszormenyi-Nagy & Spark, 1973, p. 57), while the latter originates from structural dynamics that "victimize both participants at the same time" (p. 57). This kind of structural exploitation may impede reciprocity and retribution in a relational system due to external forces outside of the system's members' control. Notably, Boszormenyi-Nagy and Spark's explication of structural exploitation does not attend to structural oppression or its implications for exploitive parentification in families that are systemically subjugated. Rather, Boszormenyi-Nagy and Spark (1973) identified the "overloading of the nuclear family" and "diminished commitment to extended family, religion, and nationalism" (p. 162) as structural influences that may account for "defensive parentification" (p. 162).

In their study of institutionalized, inner-city youth and their families, Minuchin et al. (1967) explored the structural dynamics that overburden family systems and produce "delinquent" (p. 7) youth. Through their investigations, the researchers found that the families of these youth were often chaotic and disorganized, economically disadvantaged, and reliant on a single parent. Overwhelmed by these circumstances, caregivers in these family systems were frequently unable to provide executive guidance and control, which often fell to an identified "parental child" (Minuchin et al., 1967, p. 11) in the family. Minuchin et al. held that the parental child suffered maladaptive consequences only when they were given inadequate

authority to carry out role requirements or when assigned responsibilities that exceeded the child's developmental capacity. While notable for its attention to macro-level influences on role reversal processes within families, Minuchin et al.'s analysis failed to consider other crucial contextual determinants, such as cultural norms.

Comparatively, Jurkovic's (1997) integrative ecological-ethical conceptualization of parentification draws upon Bronfenbrenner's ecological model of human development, which takes into account micro, meso, exo, and macrosystem influences. Consequently, Jurkovic (1997) advocated for an analysis of parentification that evaluates the role and contextual properties of children's caretaking responsibilities, including: "(1) overtness, (2) type of role assignments, (3) extent of responsibility, (4) object of caretaking, (5) age appropriateness, (6) internalization, (7) family boundaries, (8) social legitimacy, and (9) ethicality" (p. 7). Correspondingly, Jurkovic (1997) classified four different caretaking processes children may experience within their families, distinguishing *destructive parentification*, involving role requirements that are overtly excessive, developmentally inappropriate, and contradictory to cultural expectations, from *adaptive parentification*, *healthy non-parentification*, and *infantalization*. Importantly, such an approach allows room for the differential characterization of parentification and other caretaking processes that resists a pathologizing tendency, an effort supported by the adoption of the phrase 'filial responsibility' in place of the more pathologizing term 'parentification' (Thirkield, 2002).

Measuring Filial Responsibility. Since the initial elucidation and subsequent refinement of filial responsibility processes in families, researchers have been challenged to operationalize and evaluate the phenomenon. This is complicated by the multi-dimensional nature of filial responsibility and the expansive range of assessment tools available to

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researchers, including interview, observation, projective, and self-report methods (Chase, 1999).

The most commonly relied upon method in the empirical literature is the retrospective, self-report survey due to the accessibility it offers (Hooper & Doehler, 2012). While this method has limitations, research has demonstrated moderate to high reliability in the longitudinal, retrospective reports of childhood experiences (Yancura & Aldwin, 2009).

Different versions of filial responsibility instruments that have been utilized for research purposes measure role configurations (i.e., parent vs. sibling caregiving), types of filial responsibility (i.e., instrumental vs. expressive), perceived fairness, and perceived benefits of caregiving (Hooper & Doehler, 2012). Modeled after the earlier, well-validated Parentification Questionnaire (Sessions & Jurkovic, 1986), the Filial Responsibility Scale-Adult (FRS-A) is a self-report measure that records perceived levels of past and current instrumental (i.e. physical and practical) and expressive (i.e. emotional) caregiving as well as perceived fairness (Jurkovic et al., 2001). Cross-validated on a sample of late adolescent and young adult children of divorce and non-divorce, this scale has demonstrated good internal consistency (Jurkovic et al., 2001). Furthermore, the FRS-A enables analysis of "individual scale scores" and "combinations of scores to identify various types of [filial responsibility]" (Jurkovic et al., 2001, p. 247), such as destructive emotional or destructive instrumental filial responsibility, which is not possible with previous measures. Additionally, in the sample of late adolescent and young adult children of divorce and non-divorce, the FRS-A "detected plausible ethnoracial differences" suggesting it may also be "a promising tool in assessing a construct that is highly sensitive to cultural factors" (Jurkovic et al., 2001, p. 254).

Empirical Contributions. The empirical literature on filial responsibility overwhelmingly focuses on the pathological sequelae of this phenomenon (Hooper et al., 2011).

Maladaptive outcomes that have been linked to filial responsibility include adult psychosocial distress (Levine, 2009), depression (Schier, Harke, Nickel, Egle, & Hardt, 2014; Wolkin, 1984), low self-esteem, codependency, and shame proneness (Wells, Glickauf-Hughes, & Jones, 1999; Wells & Jones, 2000), splitting (Wells & Jones, 1998), caretaker syndrome and compulsive caregiving (Valleau, Berger, & Horton, 1995), as well as masochistic and narcissistic personality types (Jones & Wells, 1996). Responding to the breadth of these findings, as well as those from similar studies, Hooper et al. (2011) conducted a meta-analysis to evaluate the relationship between self-reported childhood filial responsibility and adult psychopathology. While the researchers did find evidence of a small, significant effect between these variables, population and methodological factors including race, filial responsibility measure, type of sample, and type of psychopathology were found to mediate this relationship. This finding combats the notion that filial responsibility in childhood necessarily translates to adult dysfunction and suggests that this phenomenon is a complex process with the potential for diverse outcomes.

A major challenge in more closely delineating such outcomes, as well as buffering and protective factors, is the fact that much of the research on childhood filial responsibility has primarily focused on white, female, North American participant samples and has not examined the ethical context in which these processes occur. However, Hooper et al.'s (2011) findings offer guidance about different measures that can be taken to counterbalance the bias reflected in the filial responsibility literature, such as diverse sampling strategies and use of sensitive assessment tools. Studies that have employed these techniques offer alternative perspectives of this phenomenon.

Walsh et al. (2006) research with adolescent immigrants and their families, offers support for filial responsibility's protective capacity in the context of immigration. Among immigrant

youth whose families emigrated from the Former Soviet Union to Israel, filial responsibility in the form of spousal role taking was associated with positive affiliation with both parents and a greater ability to cope with stressful events compared to non-immigrant Israeli youth. Moreover, filial responsibility was linked with a cohesive independence-oriented family climate in the families of adolescent immigrants, rather than unstructured-conflict-oriented or control-oriented family climates.

Comparatively, Hooper et al. (2015) study of American college students examined the influence of race, ethnicity, and gender on filial responsibility outcomes. The researchers found parent-focused filial responsibility to be more prevalent among males independent of race or ethnicity, with more pronounced negative outcomes among White American participants compared to Black American and Latino/Latina American participants. In another study that examined the long-term effect of childhood filial responsibility on youth adjustment among a diverse sample of high-risk mother-child dyads, outcomes pertaining to youth psychopathology and parent-child relationship also demonstrated a differential response according to participants' ethnicity (Khafi et al., 2014). The researchers found that emotional filial responsibility was linked with positive outcomes for African American youth while both emotional and instrumental filial responsibility was linked with negative outcomes for European American youth (Khafi et al., 2014). These findings support Khafi et al. (2014) depiction of filial responsibility "as a set of culturally embedded phenomena," (p. 267) as well as Jurkovic's (1997) consideration of culturally prescribed norms as an important determinant of destructive filial responsibility.

Encouragingly, researchers have also begun to evaluate the economic determinants of filial responsibility. In studies of low-income families, links between economic hardship and

increased caretaking burden among youth have been demonstrated (Burton, 2007; Chee et al., 2014; McMahon & Luthar, 2007). Drawing upon five ethnographic studies of youth from low-income families, Burton (2007) characterized filial responsibility as a distinct level of adultification common among economically disadvantaged families. Burton (2007) argued that adultification, or the premature exposure of a child to adult knowledge, roles, and responsibilities, often comes about as a necessary adaptation to economic hardship, describing the extensive labor some youth perform in their families as a "function of poverty" (p. 331). Importantly, Chee et al.'s (2014) study on low-income families in Singapore revealed the way in which youth are "agentic beings" (p. 209) in the filial responsibility process, having the ability to evaluate and respond to family circumstances and needs. Additionally, Chee et al. (2014) found filial responsibility to be a process in these family systems that involved "intense yet subtle dynamics of cooperation, negotiation, and resistance" (p. 209). In this depiction, youth are not passive victims, and filial responsibility is one manner families attempt to adapt to and cope with system forces outside their control.

Studies that have examined the influence of the perceived fairness of family of origin experiences upon filial responsibility outcomes offer additional insight into an underexplored dimension of a complex phenomenon (Levine, 2009; Thirkield, 2002). Among a demographically diverse, non-clinical sample of adults, Thirkield (2002) explored interpersonal competence, anxiety, and depression outcomes related to filial responsibility. In the larger study sample, interpersonal competence was negatively associated with instrumental caregiving and positively associated with emotional caregiving. Moreover, instrumental caregiving was associated with decreased depression in females and increased depression in males while emotional caregiving was associated with increased anxiety in females. For the sample as a

whole, perceived fairness was positively associated with interpersonal competence and negatively associated with depression and anxiety.

While fairness did not moderate the relationship between filial responsibility and psychosocial outcomes among the larger sample in Thirkield's (2002) study, it emerged as a significant moderator variable for males and minority participants. Specifically, males were significantly more affected by the ethical context in which they provided emotional caregiving, with decreased anxiety associated with emotional caregiving in more fair contexts and increased anxiety in less fair contexts. In comparison, perceived fairness was a strong moderator variable on anxiety outcomes related to instrumental caregiving for minority participants, such that anxiety increased in relation to instrumental caregiving when family of origin experiences were perceived as less fair and decreased when they were perceived as more fair. While Levine's (2009) research with a primarily minority-based urban sample of adults found psychosocial distress and filial responsibility in adulthood to be positively associated with destructive childhood filial responsibility, perceived fairness was found to be the strongest predictor variable of adult psychosocial distress, over emotional and instrumental caregiving. This finding, along with Thirkield's (2002) contributions, supports the notion that fairness is an important dimension of filial responsibility that plays a key role in affecting outcomes.

As the emergence of diverse and alternative scripts around filial responsibility continues, continued research as well as a shifting of language, perspective, and approach from a deficit- to a strength-based model is called for (Hooper, 2007).

Proactive Coping

Coping is defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources

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of the person" (Lazarus & Folkman, 1984 as cited in Frydenberg, 2014). Among the early theoretical models in the coping literature, two major approaches emerged including the Transactional Theory of Coping (TTC), developed by Richard Lazarus, and the Conservation of Resources Theory (COR), developed by Stevan Hobfoll. The TTC conceptualizes coping as a transactional process between the environment, the individual, and the individual's emotion and problem focused coping strategies driven by their appraisal of stressors or events (Frydenberg, 2014). In contrast, COR is grounded upon the assumption "that individuals strive to obtain, retain, and protect what they value" (Frydenberg, 2014, p. 84) and that stress is manifested when there is a threat to an individual's resources. While there has been significant refinement of these theoretical constructs, researchers have increasingly turned from reactive to proactive models of coping with the growing recognition and emphasis on the positive functions of coping (Greenglass & Fiksenbaum, 2009).

Aspinwall and Taylor (1997) defined proactive coping as various efforts and strategies that are employed to prevent or modify stressors before they occur. This is distinguished from anticipatory coping as it involves the shoring up of one's resources and the honing of skills needed to manage emergent stressors rather than being driven by a specific stressor. Given these different processes that are involved, Aspinwall and Taylor distinguish five different stages of proactive coping including resource accumulation, attention to and detection of potential stressors, initial stressor appraisal, preliminary coping efforts, and the use of feedback to adjust or modify preliminary coping efforts.

This definition of proactive coping was later expanded and described as a "multidimensional, forward looking strategy" that integrates "processes of quality of life management with those of self-regulatory goal attainment" (Greenglass, Schwarzer, & Taubert,

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1999 as cited in Greenglass & Fiksenbaum, 2009, p. 30). The emphasis on goal management in proactive coping was additionally distinguished as qualitatively separate from the risk management approach of reactive coping (Greenglass & Fiksenbaum, 2009). Lastly, Greenglass and Fiksenbaum (2009) distinguished the different appraisal strategies characteristic of proactive and reactive coping, including the appraisal of a certain circumstance as challenging as opposed to threatening, a risk assessment that often leads to reactive coping measures.

The Proactive Coping Inventory (PCI), developed by Greenglass, Schwarzer, and Taubert (1999) consists of 55 items distributed over seven subscales including: Proactive Coping, Reflective Coping, Strategic Planning, Preventive Coping, Instrumental Support Seeking, Emotional Support Seeking, and Avoidance Coping. The PCI has demonstrated satisfactory psychometric properties, including good construct validity, internal consistency, and cross-cultural validity (Greenglass & Fiksenbaum, 2009; Greenglass, Schwarzer, Jakubiec, Fiksenbaum, & Taubert, 1999; Moring, Fuhrman, & Zauszniewski, 2011). Accordingly, the PCI is a tool that can offer promising insight into the manner in which individuals proactively and adaptively cope.

CHAPTER III

Methodology

Study Purpose and Research Questions

The purpose of this study was to explore one facet of the family of origin experiences of social workers, namely that of filial responsibility. This exploratory investigation sought to examine master's level social workers' past and current emotional and instrumental caregiving as well as the perceived fairness of their family of origin experiences. Additionally, the present study sought to elucidate the relationship between social workers' reported caregiving experiences, the ethical context of social workers' families of origin, and the various coping strategies they employ. The following research questions were the primary focus of analyses:

1. What is the nature of social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving?

2. Are social workers' experiences of perceived emotional or instrumental caregiving in childhood associated with perceived emotional or instrumental caregiving in adulthood?

3. Is there a significant difference between social workers' reports of past and current emotional and instrumental caregiving in their families of origin based on sociodemographic variables, including gender and race/ethnicity?

4. To what extent do social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving vary based on sociodemographic variables, including age and years of social work practice?

5. What is the relationship between social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving and their reported coping strategies?

6. What is the relationship between social workers' reported coping strategies and the perceived fairness of their past and current family of origin experiences?

Due to the lack of research on filial responsibility among social workers as well as the impact of filial responsibility on coping outcomes, the majority of research questions were exploratory in nature. However, based on the established findings regarding filial responsibility outcomes among other populations, it was hypothesized that:

1. Social workers' experiences of emotional and instrumental caregiving in childhood will be significantly associated with emotional and instrumental caregiving in adulthood.

Research Design

An exploratory correlational design was utilized to pursue these analyses and to expand upon the limited research regarding social workers' caregiving experiences in their families of origin. The examination of these processes in relation to social workers' coping strategies was pursued to counter-balance the emphasis on maladaptive psychosocial outcomes that currently predominates the literature on filial responsibility.

Sampling

As a result of study limitations, such as time, resources, and access to sufficient populations of social workers, this study used a non-probability, convenience sampling method. The resulting non-probability sample for this exploratory correlational study consisted of part- and full-time MSW graduate students and MSW graduates. Participants required access to a computer and the Internet, necessary computer skills to navigate an online survey, and English

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language comprehension in order to participate in this study. Exclusion criteria were limited to not being enrolled in, or not having completed, an MSW program. Participants were not excluded on the basis of practice setting, license, age, disability status, gender, race, ethnicity, or sexual orientation.

Recruitment

Recruitment efforts for this study were carried out through a multi-layered approach upon approval from the Smith College School for Social Work Human Subjects Review Committee (Appendix A). An online hyperlink accompanied by a recruitment narrative (Appendix B) was distributed to the researcher's peer and colleague networks via social media and email (Appendix C). Additionally, a study recruitment letter (Appendix C) was emailed to the program staff of the researcher's field placement, a community mental health agency located in a northeastern city of the United States, following approval from the agency's Executive Leadership Team (Appendix D). Lastly, a recruitment letter (Appendix C) was emailed to members of a local chapter of the National Association of Social Workers following a brief presentation (Appendix E) the researcher made during a regularly scheduled meeting. At each level of recruitment, potential participants were invited to forward the study link to peers and colleagues, who met the study criteria, in order to reach as many and as broad a range of social workers as possible.

Screening

From the recruitment letter, potential participants were directed via hyperlink to two screening questions (Appendix F) in order to determine their eligibility. Specifically, potential participants were asked if they were 1) currently enrolled in an MSW graduate program as a part- or full-time student, or 2) if they had completed a graduate social work program and earned their MSW degree. Potential participants, who answered 'no' to both screening questions, were

directed to a study disqualification page informing them they did not meet the study's eligibility criteria. Alternatively, participants who met the study's inclusion criteria, answering 'yes' to at least one of the study screening questions, were directed to the study's informed consent agreement (Appendix G), which alerted participants to the purposes, procedures, benefits, and risks of the study as well as their rights as study participants. Participants who disagreed with, or declined, the informed consent agreement were directed away from the study's survey instruments to a study declination page. Participants who agreed were encouraged to print the informed consent for their records before moving on to the study's survey instruments.

Study Instruments

Participants were asked to complete three quantitative survey measures, including a demographic survey designed for this study, the FRS-A (Jurkovic & Thirkield, 1999), and the PCI (Greenglass, Schwarzer, & Taubert, 1999). They were initially asked to describe their age, gender, sexual orientation, race/ethnicity, whether they grew up as an only child in their family of origin, and years of social work practice, including internships (Appendix H).

Participants were then directed to the FRS-A (Appendix I), a self-report measure that asks questions about past and present experiences of filial responsibility within one's family of origin. The FRS-A consists of 60 items, distributed across six scales (10 items/scale), including Past Instrumental Caregiving ("I did a lot of the shopping … for my family"), Past Emotional Caregiving ("It seemed like family members were always bringing me their problems"), Past Unfairness ("In my family I often made sacrifices that went unnoticed"), Current Instrumental Caregiving ("I do a lot of the shopping … for one or more members of my family of origin"), Current Emotional Caregiving ("I often feel that my family of origin could not get along without me"), and Current Unfairness ("I often feel let down by members of my family of origin").

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Participants rated each item using a 5-point Likert-type scale ranging from '1' *strongly disagree* to '5' *strongly agree*.

Lastly, participants completed the PCI, or Reactions to Daily Events Questionnaire (Appendix J). This self-report measure consists of 55 items, distributed across seven scales, including Proactive Coping ("When I experience a problem, I take the initiative in resolving it"), Reflective Coping ("I take action only after thinking carefully about a problem"), Strategic Planning ("I make a plan and follow it"), Preventive Coping ("I prepare for adverse events"), Instrumental Support-Seeking ("When solving my own problems other people's advice can be helpful"), Emotional Support-Seeking ("If I am depressed, I know who I can call to help me feel better") and Avoidance Coping ("When I have a problem I like to sleep on it"). Participants rated each item using a 4-point Likert-type scale ranging from '1' *not at all true* to '5' *completely true*. The PCI items were randomized to prevent the clustering of questions by subscale, as conducted by Moring et al. (2011). Once participants completed all survey questions, they were directed to a completion page thanking them for their participation.

Data Collection Methods

Data collection occurred exclusively through Qualtrics, a web-based survey platform that provides firewall, password, and encryption levels of protection. Participants' IP and email addresses were not tracked or recorded, nor was any other identifying information asked of participants beyond basic demographics. Study data was stored on Qualtric's secure servers and was only made accessible to the researcher, the research advisor, and the Smith College statistician for analysis purposes.

Data Analysis

Following the data collection phase, the researcher coded all study data, adhering to

established instructions for the FRS-A (Appendix K; Jurkovic & Thirkield, 1999) and the PCI (Appendix L; Greenglass & Fiksenbaum, 2015; Greenglass, Schwarzer, & Taubert, 1999). All analyses were subsequently carried out with the assistance of the Smith College statistician using SPSS. Frequencies and descriptive statistics were obtained for the demographic information provided by study participants. Subsequently, validity and reliability estimates were conducted for the FRS-A and PCI before computing participants' FRS-A and PCI subscale scores. Univariate descriptive as well as Pearson r correlation analyses were performed to evaluate the study's research questions and hypothesis, the details of which will be presented in the results section of this paper.

Ethical Considerations

Potential risks. The risks of participation in the present study were limited and involved the potential for distress related to participants' thoughts or feelings about their family of origin experiences and reactions to daily life events.

Potential benefits. The potential benefits of study participation included the opportunity for self-reflection and personal insights regarding participants' family of origin experiences and reactions to daily life events as well as the knowledge that participants' have contributed to important research for the field. The potential benefits for the field of social work and society is an expanded understanding of social workers' family of origin experiences that can illuminate opportunities to strengthen the support, education, and training social workers receive.

Safeguards. Given that recruitment for the present study was largely facilitated by convenience and snowball sampling strategies that tapped into the researcher's personal and professional networks, various safeguards were put into place to limit participants' sense of obligation, to minimize study risks, and to prevent the potential introduction of researcher bias.

Principally, the anonymous and voluntary nature of study participation was clearly outlined in the study recruitment letter and informed consent. Additionally, no incentives were offered for study participation, and the researcher's direct contact with study participants was limited by the web-based nature of recruitment and data collection. Lastly, participants were informed of their ability to withdraw from the study prior to completing the online survey and were encouraged to contact the researcher, with any questions or concerns, at any point during and after the recruitment and participation phases.

Limitations

Major limitations of the present study are the non-probability sampling methods utilized as well as lack of targeted recruitment to ensure sampling diversity. Given the time, resources, and population of social workers available to the researcher, meaningful, statistical sampling was limited in scope. Thus, the nonrepresentative sample of social workers available for this study limits the generalizability of the study results. Moreover, the study's online nature additionally limits the generalizability of the present study.

However, given the lack of research on filial responsibility and related coping outcomes among social workers, the present study sought to better illuminate these processes and provide a beginning foundation for future research. The potential biases of note when considering these aims include the researcher's identity as a professional social worker and student. As these roles overlap with the population of interest for this study, the researcher's ability to remain objective may have been limited by the researcher's professional as well as personal family of origin experiences.

CHAPTER IV

Findings

This exploratory quantitative study examined master's level social workers' family of origin experiences of emotional and instrumental caregiving, the perceived fairness of their family of origin experiences, and their reported coping strategies. This research was carried out through an anonymous, online survey of part- and full-time MSW students and MSW graduates using self-report measures including a demographic survey designed for this study, the FRS-A (Jurkovic & Thirkield, 1999), and the PCI (Greenglass, Schwarzer, & Taubert, 1999). This chapter will begin by examining participant demographics before outlining the results of the study's data analyses, which will be further expanded upon in the Discussion section.

Participant Characteristics

A total of 51 respondents accessed the online survey for this study. Of the initial 51 respondents, five were excluded from the final data set, including four respondents who did not complete the study's survey and one respondent who indicated they were neither an MSW student nor an MSW graduate and, therefore, did not meet the study's eligibility criteria. The total number of participants (N = 46) who met the inclusion criteria, accepted the informed consent agreement, and completed the study survey, included 21 MSW students (45.7%) and 25 MSW graduates (54.3%).

Age. Study participants ranged in age from 23 to 64. The median age for this sample of social workers was 30.5 and the mean age was 35.3. The age distribution for study participants'
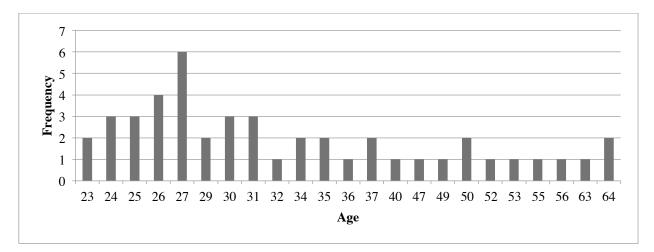
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is displayed graphically in Figure 1.

Figure 1. Participants' Age Distribution, (N = 46).

Gender identity and sexual orientation. Participants in this study overwhelmingly

identified as female (n = 40, 87.0%), followed by male (n = 5, 10.9%) and transgender (n = 1,

2.2%). Additionally, participants identified their sexual orientation as 'heterosexual', 'hetero',

and 'straight' (n = 29, 63.0%), 'heteroflexible' (n = 1, 2.2%), 'queer' (n = 9, 19.6%),

'demisexual queer' (n = 1, 2.2%), 'omni' (n = 1, 2.2%), 'lesbian' (n = 3, 6.5%), 'bisexual' (n = 1,

2.2%), and 'no specific orientation' (n = 1, 2.2%).

Table 1

Participants' Gender Identity and Sexual Orientation, (N = 46)

Demographic	Frequency	Percentage
Gender Identity		
Female	40	87.0
Male	5	10.9
Transgender	1	2.2
Sexual Orientation		
Bisexual	1	2.2
Demisexual Queer	1	2.2
Heteroflexible	1	2.2
Heterosexual/hetero/straight	29	63.0
Lesbian	3	6.5
No specific orientation	1	2.2
Omni	1	2.2
Queer	9	19.6

Race and ethnicity. A majority of participants (n = 41, 89.1%) identified as White or European American, followed by Mixed Race (n = 2, 4.3%), Black or African American (n = 1, 2.2%), Hispanic or Latino (n = 1, 2.2%), and Other (n = 1, 2.2%). Of the two participants who identified as Mixed Race, one self-described as 'European and Arabic' and the other as 'Latino and Mixed Race'. In addition, the participant who selected Other, identified as 'Ashkenazi Jew'.

Table 2

Participants' Racial/Ethnic Identity, (N = 46)

Demographic	Frequency	Percentage
Black or African American	1	2.2
Hispanic or Latino	1	2.2
Mixed Race	2	4.3
'European and Arabic'		
'Latino and Mixed Race'		
Other	1	2.2
'Ashkenazi Jew'		
White or European American	41	89.1

Sibling and only child status. A majority of participants grew up with siblings and only five participants indicated being an only child in their family of origin.

Table 3

Participants as Siblings or Only Children, (N = 46)

	Frequency	Percentage
Only Child	5	10.9
Sibling	41	89.1

Years of social work practice. On average, the social workers in this study reported 8.6 years of social work practice. Notably, this variable was positively skewed for this cohort of social workers ranging from 1 to 40 years (see Figure 2). This suggests that while there is a breadth of experience represented among the study sample, there is a sizable cluster of participants who have fewer years of experience, who may be the in the earlier stages of their social work career.
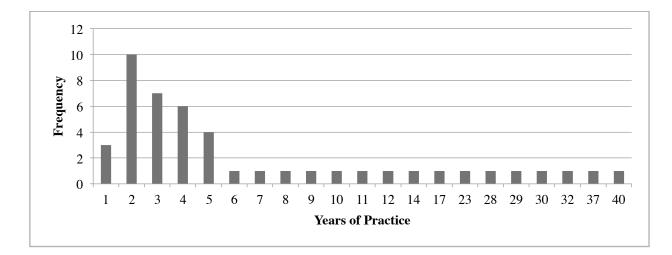
Figure 2. Participants' Years of Social Work Practice Distribution, (N = 46).

Results

Research question 1. What is the nature of social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving?

Participants' past and current family of origin experiences of perceived emotional and instrumental caregiving were measured by the FRS-A. Prior to running descriptive analyses to examine the nature of participants' reported caregiving experiences, Cronbach's alpha analyses (Table 7) were conducted for the six subscales that comprise the FRS-A, including: Past Instrumental Caregiving (PI), Current Instrumental Caregiving (CI), Past Emotional Caregiving (PE), Current Emotional Caregiving (CE), Past Unfairness (PU), and Current Unfairness (CU).

Table 4

Reliability Analyses for the FRS-A

FRS-A Subscale	Number of Items	N	Alpha Coefficient
PI	10	45	.80
CI	10	45	.82
PE	10	46	.83
CE	10	46	.83
PU	10	46	.89
CU	10	45	.92

These reliability analyses reflect alpha coefficients that fall well above the accepted

cutoff of 0.6, and demonstrate strong internal reliability among the FRS-A's six subscales.

Univariate descriptive analyses were run after computing participants' FRS-A subscale scores by adding participants' rating of each subscale item (Jurkovic & Thirkield, 1999), with higher subscale scores indicating higher levels of perceived emotional caregiving, instrumental caregiving, and unfairness. The following mean scores for the larger study sample were obtained for past instrumental caregiving, 17.7, current instrumental caregiving, 18.3, past emotional caregiving, 29.6, current emotional caregiving, 30.0, past unfairness, 26.4, and current unfairness, 25.8.

Table 5

Descriptive Statistics of Participants' FRS-A Scores, (N = 46)

FRS-A Subscale	Min	Max	Mean	SD
PI	8.0	33.0	17.7	5.9
CI	10.0	36.0	18.3	5.9
PE	16.0	43.0	29.6	7.5
CE	15.0	46.0	30.0	7.3
PU	12.0	47.0	26.4	8.5
CU	10.0	46.0	25.8	9.1

Among study participants, current emotional caregiving emerged as the highest rated filial responsibility variable, followed by past emotional caregiving, past and current unfairness, and current and past instrumental caregiving. Additionally, participants reported greater levels of emotional than instrumental caregiving in their past and current family of origin experiences.

Research question 2. Are social workers' experiences of perceived emotional or instrumental caregiving in childhood associated with perceived emotional or instrumental caregiving in adulthood?

Pearson r correlation analyses were run to determine the strength of association between social workers' past and current experiences of perceived emotional or instrumental caregiving. As illustrated in Table 6, correlations between the past and current subscales for emotional and

instrumental caregiving were significant. Specifically, there was a significant positive

correlation between past and current emotional caregiving in the moderate range (r = .444, p =

.002), while there was a significant strong positive correlation between past and current

instrumental caregiving (r = .661, p = .000). Participants who reported higher levels of

emotional and instrumental caregiving in their childhood reported higher levels of emotional and

instrumental caregiving in their adulthood. This suggests a temporal stability to participants'

past and current caregiving experiences, a finding that supports this study's main hypothesis that

participants' childhood experiences of filial responsibility will be significantly associated with

adulthood experiences of filial responsibility.

Table 6

Correlations Between Participants' Past and Current Caregiving, (N = 46)

FRS-A Subscale	Pearson r
PE & CE	.444*
PI & CI	.661*

*Correlation is significant at the 0.01 level (2-tailed).

Research question 3. Is there a significant difference between social workers' reports of

past and current emotional and instrumental caregiving in their families of origin based on

sociodemographic variables, including gender and race/ethnicity?

Due to the predominance of female (n = 40) and White/European American (n = 41)

participants among the larger study sample (N = 46), an analysis that examined the difference

between participants' reports of past and current emotional and instrumental caregiving based on

gender and race/ethnicity was not feasible.

Research question 4. To what extent do social workers' past and current family of

origin experiences of perceived emotional and instrumental caregiving vary based on

sociodemographic variables, including age and years of social work practice?

Pearson r correlations were run to determine the relationship between participants' age and their reported emotional and instrumental caregiving experiences; no significant correlation was found between these variables. Additionally, Pearson r correlations were run to examine the relationship between participants' perceived emotional and instrumental caregiving experiences and their reported years of social work practice. A significant, negative weak correlation was found between years of social work practice and current emotional caregiving (r = -.291, p = .049). Thus, participants who reported more years of social work practice reported providing lower levels of emotional caregiving in their current family of origin experiences. Alternatively, participants who reported fewer years of social work practice reported providing greater levels of emotional caregiving in their current family of origin experiences. There were no other significant correlations between participants' years of practice and the other FRS-A subscales.

Table 7

Correlations Between Participants' Caregiving, Age, and Years of Practice, (N = 46)

FRS-A Subscales	Age	Years of Practice
PI	.094	-.008
CI	.046	-.066
PE	-.144	-.210
CE	-.224	-.291*

*Correlation is significant at the 0.05 level (2-tailed).

Research question 5. What is the relationship between social workers' past and current family of origin experiences of perceived emotional and instrumental caregiving and their reported coping strategies?

Participants' reported coping strategies were measured by the PCI. Prior to running correlation analyses to examine the relationship between social workers' reported caregiving experiences and their coping strategies, Cronbach's alpha analyses (Table 8) were conducted for the PCI's seven subscales, including: Proactive Coping (ProC), Reflective Coping (RC),

Strategic Planning (SP), Preventive Coping (PreC), Instrumental Support Seeking (ISS),

Emotional Support Seeking (ESS), and Avoidance Coping (AC).

Table 8

Reliability Analyses for the PCI

PCI Subscale	Number of Items	N	Alpha Coefficient
ProC	14	45	.85
RC	11	45	.83
SP	4	46	.76
PreC	10	46	.79
ISS	8	46	.81
ESS	5	45	.75
AC	3	46	.68

These reliability analyses reflect alpha coefficients that fall above the accepted cutoff of

0.6, demonstrating moderate to strong internal reliability among the PCI's proactive coping,

reflective coping, strategic planning, preventive coping, instrumental support seeking, and

emotional support seeking subscales and adequate internal reliability among the PCI's avoidance

coping subscale.

Participants' PCI subscale scores were computed by adding participants' rating of each

subscale item (Greenglass & Fiksenbaum, 2015) prior to running univariate descriptive analyses.

Table 9

Descriptive Statistics of Participants' PCI Scores, (N = 46)

PCI Subscale	Min	Max	Mean	SD
ProC	29.0	53.0	42.0	6.4
RC	19.0	38.0	31.6	4.3
SP	6.0	16.0	12.5	2.3
PreC	19.0	39.0	31.0	4.4
ISS	14.0	31.0	26.2	3.6
ESS	10.0	20.0	16.3	2.6
AC	4.0	12.0	8.2	1.9

Pearson r correlation analyses were conducted to determine if there is a relationship

between social workers' reported caregiving experiences and the various coping strategies they

employ:

There was a significant, negative weak correlation between current emotional caregiving and proactive coping (r = -.323, p = .029). Thus, participants who reported higher levels of current emotional caregiving had lower proactive coping scores. Alternatively, participants who reported lower levels of current emotional caregiving had higher proactive coping scores.

There were no significant correlations between the past emotional caregiving, past instrumental caregiving, current instrumental caregiving, and PCI subscales.

Table 10

Correlations Between Participants' FRS-A Caregiving Scores and PCI Scores, (N = 46)

Scales	ProC	RC	SP	PreC	ISS	ESS	AC
PI	.058	.142	-.057	.074	-.179	.129	-.266
CI	-.193	.006	-.258	-.019	-.175	.001	-.033
PE	.168	.283	.201	.159	-.060	-.027	-.198
CE	-.323*	-.052	-.210	-.169	-.106	-.063	-.056

*Correlation is significant at the 0.05 level (2-tailed).

Research question 6. What is the relationship between social workers' reported coping strategies and the perceived fairness of their past and current family of origin experiences?

Pearson r correlation analyses were conducted to determine the relationship between the perceived fairness of participants' past and current family of origin experiences and their reported coping strategies:

There was a significant, negative weak correlation between past unfairness and emotional support seeking (r = -.307, p = .038) as well as current unfairness and emotional support seeking (r = -.324, p = .028). Accordingly, participants who reported higher levels of unfairness in their past and current family of origin experiences had lower emotional support seeking scores. Alternatively, participants who perceived their past and current family of origin experiences as being fairer had higher emotional support seeking scores.

Table 11

Correlations Between Participants' FRS-A Unfairness Scores and PCI Scores, (N = 46)

Scales	ProC	RC	SP	PreC	ISS	ESS	AC
PU	.132	.131	.107	.241	-.163	-.307*	-.189
CU	-.088	.052	.057	.111	-.128	-.324*	-.074

*Correlation is significant at the 0.05 level (2-tailed).

CHAPTER V

Discussion

While a review of the literature reveals a significant history of dysfunction, trauma, and caretaking burden in the family of origin experiences of social workers, there is limited research that focuses on the caregiving responsibilities social workers assume within their families of origin. As the research on family caregiving, or filial responsibility, has traditionally emphasized the maladaptive psychosocial consequences of this phenomenon, the present study sought to counterbalance this bias by examining social workers' family of origin caregiving experiences in relation to their reported coping strategies. Moreover, the present study explored the relationship between social workers' reported coping strategies and the perceived ethical context of their families of origin. This chapter will expand upon the findings of this exploratory quantitative study and will consider the study's limitations, strengths, and implications for social work.

Filial Responsibility: Current and Previous Findings

As there are no previous studies that have examined social workers' experiences of filial responsibility along the dimensions explored in the present study (i.e., emotional caregiving, instrumental caregiving, and perceived fairness), it is not possible to put participants' filial responsibility experiences into context with those of other social workers. However, research with demographically diverse samples of adults that include non-clinical and clinical populations offer an alternative means of comparison (see Table 12).

Table 12

FRS-A Mean Score Comparisons Between Current and Previous Studies

FRS-A Subscale	Current (2016) N = 46	Thirkield (2002) N = 397	Levine (2009) N = 233
PI	17.7	20.49	26.9
CI	18.3	-	26.5
PE	29.6	24.7	27.2
CE	30.0	-	31.1
PU	26.4	21.39	26.7
CU	25.8	-	25.4

Results from the present study's data analyses reveal that current and past emotional caregiving were the most highly endorsed filial responsibility variables among study participants, followed by past and current unfairness, and current and past instrumental caregiving. This suggests that, in general, participants perceived themselves as attending to their family of origin's socioemotional needs to a greater extent than their practical or physical welfare needs. Relatedly, the mean instrumental caregiving scores for participants in the present study are lower than those obtained in Thirkield's (2002) and Levine's (2009) studies. In contrast, participant's emotional caregiving and perceived fairness scores are greater than those of participants in Thirkield's study and resemble those of participants in Levine's. These comparisons are offered not to suggest that they are statistically meaningful but, rather, to explore what might be gleaned from further exploration of the observed trends.

Possible explanations for the differences in instrumental caregiving scores among the three study samples are the differential representation of minority and non-female identified participants as well as educational/economic backgrounds between the three studies. Participants in the current study were primarily White/European American, female identified, and had completed, or were in the process of completing, a graduate level education. Comparatively, minority and non-female identified participants were represented in greater numbers in

Thirkield's (2002) and Levine's (2009) studies and diverse educational/economic backgrounds

were reflected in both participant samples. Relevant to these differences, is that minority

participants have been found to report greater levels than non-minorities of filial responsibility

(Hooper et al., 2015), particularly of an instrumental nature (Jurkovic et al., 2001; Khafi et al.,

2014). Additionally, economic hardship has been linked with conditions that promote increased

caretaking burden and processes that overlap with filial responsibility, such as adultification

(Burton, 2007). Lastly, is the tendency in Western cultures to socialize and, thereby, lend social

legitimacy to expressive/emotional behaviors and roles for females (Thirkield, 2002).

Given such considerations, the lower levels of instrumental caregiving observed in the

present study may be reflective of an emphasis on the perspectives and experiences of

White/European American, female identified participants whose access to a higher education

may also signify past and/or present access to resources and supports that mitigate instrumental

caregiving. In contrast, the higher levels of instrumental caregiving found among participants in

Thirkield's (2002) and Levine's (2009) studies may result from the broader representation of

educational/economic circumstances as well as minority and non-female identified participants

in these two samples.

In respect to the closer resemblance in emotional caregiving and perceived fairness scores

between the present study and Levine's (2009), it is noteworthy that Levine recruited participants

from clinical and non-clinical populations (i.e., mental health clinics, family medicine clinics,

and community centers), while Thirkield (2002) solely recruited from a non-clinical population

(i.e., jury pool in a large, urban city). Given such comparisons and the observed trends, it is

possible that there are shared commonalities in the family of origin histories and dynamics

around emotional caregiving and fairness between the current study sample and Levine's. The

representation in the latter study of participants negotiating issues that warrant clinical attention and intervention, potentially stemming from destructive filial responsibility processes, may account for higher filial responsibility scores in Levine's study that are comparable to those in the present. Accordingly, possible areas of convergence and divergence in the family of origin experiences of social workers and the clinical populations they serve is a potential area for further exploration and inquiry.

Temporal Nature of Filial Responsibility

The finding, in the current study, that earlier experiences of filial responsibility are significantly associated with later experiences of filial responsibility appears congruent with the research literature. For example, Khafi et al. (2014) found moderate support for the temporal stability of emotional and instrumental caregiving through the early and late adolescence of European American and African American youth. Additionally, Levine (2009) found that greater levels of childhood filial responsibility were associated with greater levels of adulthood filial responsibility, with destructive childhood filial responsibility processes being most strongly related. Similarly, for the current sample, there was a strong, positive relationship between participants' past and current instrumental caregiving and a moderate, positive relationship between their past and current emotional caregiving.

One possibility for the stronger relationship between participants' past and current instrumental caregiving experiences, versus those of an expressive nature, is that circumstances which affect families' instrumental caregiving needs may be more static and less responsive to changes that more readily affect a family's emotional caregiving needs. Potential examples of such factors include socioeconomic status, single parent households, or the presence of a chronic health condition for a family member. In contrast, the transient nature of family interactions and

life cycle transitions, which have the potential to shift a family's emotional caregiving needs, may call for a different level of engagement at various stages and times, offering a possible explanation for the more moderate stability in participants' past and current emotional caregiving experiences.

Filial Responsibility: Demographic Considerations

As previously mentioned, participants in the present study were primarily White/European American and female-identified. People of color, males, and transgender individuals were marginally represented, while other non-binary gender identities were not represented among study participants. Resulting from insufficient subsamples, the planned analyses pertaining to participants' filial responsibility experiences by gender and race/ethnicity were not feasible. This limits the yield of the study and the generalizability of the findings. The review of the literature affirms that gender and race/ethnicity are significant moderators of filial responsibility outcomes among other populations (Hooper et al., 2015; Jurkovic et al., 2001; Khafi et al., 2014; Thirkield, 2002). Thus, future research on filial responsibility among social workers should incorporate diverse sampling strategies to further explore these processes.

Analyses that examined the relationship between participants' age, years of social work practice, type and temporal perspective of filial responsibility, demonstrated a small significant, indirect correlation between years of social work practice and current emotional caregiving. Thus, participants in the earlier stages of their social work career (i.e., less years of practice) were somewhat more likely than participants in the later stages of their career (i.e., more years of practice) to be engaged in emotional caregiving of their family of origin. One potential explanation for this finding is that as social workers gain years of experience and progress in their career, they may take on less active roles in providing for their family of origin's

socioemotional needs as a protective measure against emotional resource depletion as well as personal and professional impairment. An alternative and noteworthy consideration is that social workers with high emotional caregiving demands in their family of origin may be more likely to leave the field early in their careers due to competing personal and professional demands that overtax individual resources.

Filial Responsibility and Coping

Analyses that examined the relationship between participants'' filial responsibility experiences and reported coping strategies, demonstrated support for a small significant, indirect relationship between current emotional caregiving and proactive coping. Among study participants, as levels of current emotional caregiving increased, proactive coping decreased, and vice versa. This suggests that participants' provision of emotional caregiving may partially affect, or be affected by, their ability to proactively cope. Relevant to this consideration, is that caregiving related tasks involves channeling one's attention, energy, and resources externally. Comparatively, proactive coping is driven by personal interests and involves goal pursuit, accumulation of coping resources, and management of emergent stressors in order to mitigate resource loss or depletion (Aspinwall & Taylor; Frydenberg, 2014; Greenglass & Fiksenbaum, 2009). As such, it is possible that the energy and resources involved in emotional caregiving, in combination with those related to the practice of social work, may temporarily strain resources and disrupt proactive coping efforts. However, the marginal, though significant, association between participants' emotional caregiving and proactive coping suggests that other factors may be involved in this process, and future research is needed to better delineate these phenomena.

Fairness and Coping

Emotional support seeking was the only coping strategy associated with the ethical

context of participants' past and current family of origin experiences. Specifically, there was a negative weak correlation between unfairness and emotional support seeking, across temporal perspectives. Thus, as levels of unfairness increased, emotional support seeking decreased, and as levels of unfairness decreased, emotional support seeking increased. This finding appears congruent with the research that demonstrates that the perceived fairness of one's family of origin is strongly related to interpersonal competence (Thirkield, 2002). The skill set involved in interpersonal competence is integral to the processes involved in emotional support seeking including, "disclosing to others feelings, evoking empathy and seeking companionship" (Greenglass et al., 1999, p. 7). A possible explanation for the relationship between fairness and emotional support seeking, is that less equitable family environments may more readily generate feelings of inadequacy, mistrust, and withdrawal from others rather than approach behavior. Further opportunities for inquiry in this area may explore what conditions contribute and maintain fairness and equity, and how these conditions can be cultivated within families and communities.

Reflections and Future Directions

The current study's scope departs from the existing literature's emphasis on the family of origin contexts that influence social workers' career choice and professional development, shifting the focus to the responsibilities social workers assume in their families of origin and the coping strategies social workers employ. This line of inquiry has an important relevance for social work as it may help inform our understanding of how social workers navigate personal and professional demands, stressors, and challenges.

In respect to the yield and implications of the present study's findings explored in this chapter, noteworthy limitations include: a small sample size, use of non-probability convenience

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sampling methods, the online nature of the study, and reliance on retrospective, self-report measures. These factors limit the generalizability of the study's findings, suggesting that future investigations may be strengthened by incorporating more diverse, targeted recruitment efforts, meaningful statistical sampling methods, and use of alternative or multiple assessment tools. Additionally, future research is needed to explore the potential influence of contextual factors on social workers' filial responsibility experiences and coping strategies as this was not feasible within the scope of the present study. Such efforts may offer the opportunity to strengthen the support, education, and training social workers receive, with larger scale implications for the communities and populations they serve.

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Appendix A

HSR Approval Letter

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950   F (413) 585-7994

December 14, 2015

Aphrodite Easton

Dear Aphrodite,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Daniel O'Donnell, Research Advisor

Appendix B

Social Media Recruitment Narrative and Hyperlink

Hi Facebook friends, peers, and colleagues!

I am reaching out to invite you to participate in a research study I am conducting about social workers' experiences of family caregiving, or filial responsibility, and reactions to daily life events. The data collected from this quantitative study will be used to complete my Master's in Social Work (MSW) Thesis and may also be used in publications and presentations.

If you are currently a part or full-time MSW student or an MSW graduate, please consider participating in this research. The study, itself, consists of a one-time anonymous online survey, a link to which you can find below. Your participation in this research may offer important insight for the field of social work and illuminate opportunities to strengthen the support, education, and training social workers receive.

As I am hoping to reach as many and as broad a range of social workers as possible, I ask that you consider sharing this link with friends, peers, and colleagues, who are MSW graduates or MSW graduate students, that may be interested in participating in this study. If you have any questions or concerns about the study or participation, please don't hesitate to contact me at ████████████ or ████████████.

Many thanks,

Aphrodite Easton
MSW Candidate 16'
Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

[Link to study through Qualtrics]

Appendix C

Study Recruitment Letter

Dear peers and colleagues,

My name is Aphrodite Easton, and I am a Master's in Social Work (MSW) candidate at Smith College School for Social Work. I am reaching out to invite you to participate in a research study I am conducting about social workers' experiences of family caregiving, or filial responsibility, and reactions to daily life events. The data collected from this quantitative study will be used to complete my MSW Thesis and may also be used in publications and presentations.

If you are currently a part or full-time MSW student or an MSW graduate, please consider participating in this research. The study, itself, consists of a one-time anonymous online survey, which you can access here [Link to study through Qualtrics]. Your participation in this research may offer important insight for the field of social work and illuminate opportunities to strengthen the support, education, and training social workers receive.

As I am hoping to reach as many and as broad a range of social workers as possible, I ask that you consider sharing this link with friends, peers, and colleagues, who are MSW graduates or MSW graduate students, that may be interested in participating in this study. If you have any questions or concerns about the study or participation, please don't hesitate to contact me at ███████████ or ██████████.

Many thanks,

Aphrodite Easton
MSW Candidate 16'
Smith College School for Social Work

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix D

Agency Recruitment Approval

From: ████████
Sent: Monday, November 23, 2015 8:32 AM
To: Aphrodite Easton
Subject: RE: Thesis Inquiry for ██ Intern Aphrodite Easton

You can go ahead with the project. Sorry for the delay.

██

~

From: Aphrodite Easton
Sent: Tuesday, October 27, 2015 1:20 PM
To: ████████
Cc: ████████████████████
Subject: 2nd Year ████ Intern: Thesis Inquiry

Dear ████████,

My name is Aphrodite Easton, and I am a second year clinical social work intern at ████████
████████████████████. I am reaching out to inquire about the possibility of surveying
program staff for my master's thesis this winter and spring. I am specifically interested
in exploring the family of origin experiences and various coping strategies of master's level
social workers. I feel that this line of inquiry can offer important insight and contributions for
direct practice, supervision, and social work education.

My proposed project will go through a formal Human Subjects Review (HSR) through Smith
College School for Social Work before any data can be collected. I will be distributing a
recruitment letter, informed consent, and survey instruments electronically through [Qualtrics].
All participants' data will remain anonymous and no identifying information will be gathered
beyond basic demographic information. If I am approved to send the recruitment and study
instruments to ██ program staff, I would plan on providing the agency with my HSR approval
as well as a copy of my survey instruments.

I would sincerely appreciate the opportunity to discuss this opportunity and would welcome a
phone conversation or in person meeting. I can be reached through my agency email,
████████████████████, as well as ████████████ and my cell phone, ████████. I
have cc'd my supervisor, ████████, and the ████████████████████ supervisor, ████
████████. I have also included contact information for my research adviser below:

Daniel P. O'Donnell, Ph.D.
Research Advisor
Smith College School of Social Work
████████████████

Many thanks for your time and consideration,
Aphrodite Easton
BA Counseling & Health Psychology
MSW Candidate 16'

Appendix E

Brief Presentation Talking Points

- My name is Aphrodite Easton, and I am a Master of Social Work (MSW) Candidate at Smith College School for Social Work.
- I am currently working on completing my MSW thesis focusing on social workers' experiences of family caregiving and reactions to daily life events.
- This research may offer a more thorough and balanced understanding of social workers' caregiving experiences in their family of origin as well as opportunities to strengthen the support, education, and training social workers receive.
- Participants for this study should be part- or full-time MSW students or MSW graduates.
- The study itself consists of a one-time, anonymous on-line survey that asks participants for basic demographic information as well as experiences of family caregiving and reactions to daily life events.
- The study survey takes 30-45 minutes to complete, and there are no other tasks involved in participation.
- If you would like to receive an emailed recruitment letter, with a link to the study, I will ask that you fill out the blank sheet of paper I have provided with your email, but not your name, after the question and answer period. If you do not wish to receive the recruitment letter, you may leave the sheet blank or write the word "declined."
- Thank you for your time and allowing me to share this information with you.
- I invite you to ask any questions you may have at this time.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Appendix F

Study Screening Questions

1. Are you currently enrolled in an MSW graduate program as a part or full-time student?

□ Yes

□ No

2. Have you completed a graduate social work program and earned your MSW degree?
□ Yes

□ No

Study Consent Agreement

Smith College 2015-2016

Consent to Participate in a Research Study

Smith College School for Social Work ● Northampton, MA

………………………………………………………………………………..

Title of Study: Filial Responsibility in the Family of Origin Experiences of Social Workers

Investigator(s): Aphrodite Easton**,** Smith College School for Social Work Candidate, ███████
████

………………………………………………………………………………..

Introduction

- You are being asked to participate in a research study about social workers' experiences of family caregiving, or filial responsibility, and reactions to daily life events.

- You were selected as a possible participant because you meet one of the following eligibility criteria:

  - You are currently enrolled in an MSW graduate program as a part- or full-time student.

  - You have earned your MSW degree by completion of a graduate social work program.

- Please read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

- The purpose of the study is to explore family of origin experiences of filial responsibility among social workers. Additionally, this study aims to examine the relationship between these experiences and social workers responses to daily life events.

- This study is being conducted as a research requirement for my master's in social work degree. The study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC). I have completed the Collaborative Institutional Training Initiative (CITI) on line training course prior to HSR approval. The certificate of completion is on file at the SSW and was completed within the past four years.

- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to complete an anonymous, online survey through Qualtrics that will take approximately 30-45 minutes of your time.

- The survey asks for your responses to demographic questions, past and current experiences of filial responsibility, and reactions to daily life events.

Risks/Discomforts of Being in this Study

- The risks of participation are limited and may include distress related to thoughts or feelings

about your family of origin experiences and your reactions to daily life events.

- You may decline to answer any questions, or withdraw from the study entirely by exiting the survey page or closing your web browser, should you experience any discomfort or distress.

Benefits of Being in the Study

- The benefits of participation are the opportunity for self-reflection and personal insights regarding family of origin experiences and your reactions to daily life events as well as the knowledge that you are contributing to important research for the field.

- The benefits to social work/society are a more thorough and balanced understanding of social workers' caregiving experiences in their family of origin, which may illuminate important opportunities to strengthen the support, education, and training social workers receive.

- Ultimately, increased self-awareness for social workers can translate to enhanced insight for the profession, more informed practice, and better outcomes for clients.

Confidentiality

- Your participation in this study is anonymous. Your responses cannot be connected to you.

- The records of this study will be kept strictly confidential. Only the researcher, research advisor, and Smith College statistician will have access to study data.

- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. I will not include any information in any report I may publish that would make it possible to identify you.

Payments/gift

- You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study without affecting your relationship with the researcher of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw from the study completely by navigating away from the survey, which will delete all of your previously collected responses. Once you have submitted your completed survey, you will be unable to withdraw from the study, as the anonymous nature will prevent me from identifying and deleting your responses.

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study at any time, feel free to contact me, Aphrodite Easton, at ▮▮▮▮▮▮▮▮ or by telephone at ▮▮▮▮▮▮▮. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a

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research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- By selecting "I agree" below, you are indicating that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. Please print a copy of this page for your records.

☐ I agree

☐ I disagree

Appendix H

Demographic Questions

Please provide the following demographic information:

1. Age:

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2. Gender identity:

□ Female

□ Male

□ Transgender

□ Other, please specify:

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3. Sexual orientation, please specify:

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4. Race/ethnicity:

□ Hispanic or Latino

□ Black or African American

□ Native American

□ Pacific Islander

□ Asian

□ White or European American

□ Mixed race, please specify:

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□ Other, please specify:

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5. Did you grow up as an only child in your family of origin?

□ Yes

□ No

6. Including internships, how many years of social work practice have you completed?

Appendix I

Filial Responsibility Scale—Adult

Gregory J. Jurkovic, Ph.D., and Alison Thirkield, Ph.D.

Past

The following 30 statements are descriptions of experiences you may have had as a child growing-up in your family. Because each person's experiences are unique, there are no right or wrong answers. Just try to respond with the rating that fits best. Please respond to every statement.

1. I did a lot of the shopping (e.g., for groceries or clothes) for my family.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

2. At times I felt I was the only one my mother or father could turn to.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

3. I helped my brothers or sisters a lot with their homework.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

4. Even though my parents meant well, I couldn't really depend on them to meet my needs.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

5. In my family, I was often described as being mature for my age.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

6. I was frequently responsible for the physical care of some member of my family (e.g., washing, feeding, or dressing him or her).

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

7. It often seemed that my feelings weren't taken into account in my family.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

8. I worked to help make money for my family.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

9. I often felt like a referee in my family.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

10. I often felt let down by members of my family.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

11. In my family I often made sacrifices that went unnoticed.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

12. It seemed like family members were always bringing me their problems.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

13. I often did the family's laundry.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

14. If a member of my family were upset, I usually didn't get involved.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

15. My parents were very helpful when I had a problem.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

16. In my house I rarely did the cooking.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

17. My parents often tried to get me to take their side in conflicts.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

18. Even when my family did not need my help, I felt very responsible for them.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

19. I was rarely asked to look after my siblings.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

20. Sometimes it seemed that I was more responsible than my parents were.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

21. Members of my family understood me pretty well.

□ Strongly disagree □ Disagree □ Neither agree nor disagree □ Agree □ Strongly agree

22. My parents expected me to help discipline my siblings.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

23. My parents often criticized my efforts to help out at home.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

24. I often felt that my family could not get along without me.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

25. For some reason it was hard for me to trust my parents.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

26. I often felt caught in the middle of my parents' conflicts.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

27. I helped manage my family's financial affairs (e.g., making decisions about purchases or paying bills).

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

28. In my family, I often gave more than I received.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

29. It was hard sometimes to keep up in school because of my responsibilities at home.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

30. I often felt more like an adult than a child in my family.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

Current

The remaining statements are descriptions of experiences you may be currently having in your family of origin (the family in which you grew-up). Because each person's experiences are unique, there are no right or wrong answers. Just try to respond with the rating that fits best. Please respond to every statement.

31. At times I feel I am the only one my mother or father can turn to.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

32. I rarely find it necessary to help members of my family of origin with their household chores.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly

agree

33. Even though my parents mean well, I can't really depend on them to be there for me when I need them.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

34. I often feel guilty when doing things that don't involve my family of origin.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

35. My parents often seem so disappointed in me.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

36. I often feel that my family of origin could not get along without me.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

37. I sometimes give money to members of my family of origin to help them out.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

38. There are certain members of my family of origin I can handle better than anyone else.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

39. My parents expect me to help manage my siblings.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

40. I often feel let down by members of my family of origin.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

41. It is hard for me to enjoy myself knowing that members of my family of origin are unhappy.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

42. I help my brothers or sisters a lot with their job responsibilities.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

43. In my family of origin, I often make sacrifices that go unnoticed by other family members.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

44. It is sometimes hard to keep up with my own duties at home or work because of my

responsibilities to my family of origin.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

45. I am very uncomfortable when things are not going well for members of my family of origin.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

46. Members of my family of origin understand me pretty well.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

47. It often seems that my feelings aren't taken into account in my family of origin.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

48. In my mind, the welfare of my family of origin is my first priority.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

49. I am very active in managing the financial affairs (e.g., making decisions about purchases, paying bills) of a member of my family of origin.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

50. I often do the laundry for a member of my family of origin.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

51. For some reason it is hard for me to trust my parents.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

52. It seems that members of my family of origin are always bringing me their problems.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

53. I do a lot of the shopping (e.g., for groceries or clothes) for one or more members of my family of origin.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

54. My parents are very helpful when I have a problem.

☐ Strongly disagree　　☐ Disagree　　☐ Neither agree nor disagree　☐ Agree　　☐ Strongly agree

55. I am frequently responsible for the physical care of some member of my family of origin (e.g., washing, feeding, or dressing him or her).

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

56. If a member of my family of origin is upset, I usually don't get involved.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

57. I often feel like I am the adult, and my parents are the children.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

58. Even when members of my family of origin do not need my help, I feel very responsible for them.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

59. I hardly ever have to do the cooking for a member of my family of origin.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

60. Sometimes it seems that I am more responsible than my parents.

□ Strongly disagree   □ Disagree   □ Neither agree nor disagree □ Agree   □ Strongly agree

Appendix J

Reactions to Daily Events Questionnaire

Esther Greenglass, Ralf Schwarzer, and Steffen Taubert

The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box.

1. I am a "take charge" person.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

2. I try to let things work out on their own.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

3. After attaining a goal, I look for another, more challenging one.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

4. I like challenges and beating the odds.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

5. I visualise my dreams and try to achieve them.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

6. Despite numerous setbacks, I usually succeed in getting what I want.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

7. I try to pinpoint what I need to succeed.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

8. I always try to find a way to work around obstacles; nothing really stops me.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

9. I often see myself failing so I don't get my hopes up too high.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

10. When I apply for a position, I imagine myself filling it.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

11. I turn obstacles into positive experiences.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

12. If someone tells me I can't do something, you can be sure I will do it.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

13. When I experience a problem, I take the initiative in resolving it.

□ Not at all true　　　□ Barely true　□ Somewhat true　　　□ Completely true

14. When I have a problem, I usually see myself in a no-win situation.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

15. I imagine myself solving difficult problems.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

16. Rather than acting impulsively, I usually think of various ways to solve a problem.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

17. In my mind I go through many different scenarios in order to prepare myself for different outcomes.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

18. I tackle a problem by thinking about realistic alternatives.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

19. When I have a problem with my co-workers, friends, or family, I imagine beforehand how I will deal with them successfully.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

20. Before tackling a difficult task I imagine success scenarios.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

21. I take action only after thinking carefully about a problem.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

22. I imagine myself solving a difficult problem before I actually have to face it.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

23. I address a problem from various angles until I find the appropriate action.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

24. When there are serious misunderstandings with co-workers, family members or friends, I practice before how I will deal with them.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

25. I think about every possible outcome to a problem before tackling it.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

26. I often find ways to break down difficult problems into manageable components.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

27. I make a plan and follow it.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

28. I break down a problem into smaller parts and do one part at a time.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

29. I make lists and try to focus on the most important things first.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

30. I plan for future eventualities.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

31. Rather than spending every cent I make, I like to save for a rainy day.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

32. I prepare for adverse events.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

33. Before disaster strikes I am well-prepared for its consequences.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

34. I plan my strategies to change a situation before I act.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

35. I develop my job skills to protect myself against unemployment.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

36. I make sure my family is well taken care of to protect them from adversity in the future.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

37. I think ahead to avoid dangerous situations.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

38. I plan strategies for what I hope will be the best possible outcome.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

39. I try to manage my money well in order to avoid being destitute in old age.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

40. When solving my own problems other people's advice can be helpful.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

41. I try to talk and explain my stress in order to get feedback from my friends.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

42. Information I get from others has often helped me deal with my problems.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

43. I can usually identify people who can help me develop my own solutions to problems.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

44. I ask others what they would do in my situation.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

45. Talking to others can be really useful because it provides another perspective on the problem.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

46. Before getting messed up with a problem I'll call a friend to talk about it.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

47. When I am in trouble I can usually work out something with the help of others.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

48. If I am depressed I know who I can call to help me feel better.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

49. Others help me feel cared for.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

50. I know who can be counted on when the chips are down.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

51. When I'm depressed I get out and talk to others.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

52. I confide my feelings in others to build up and maintain close relationships.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

53. When I have a problem I like to sleep on it.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

54. If I find a problem too difficult sometimes I put it aside until I'm ready to deal with it.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

55. When I have a problem I usually let it simmer on the back burner for a while.

□ Not at all true □ Barely true □ Somewhat true □ Completely true

Appendix K

Filial Responsibility Scale-Adult Scoring Instructions

(Jurkovic & Thirkield, 1999)

Compute scale scores by adding the item ratings as follows (*refers to reverse scored items):

Past

Instrumental Caregiving: 1, 3, 6, 8, 13, 16*, 19*, 22, 27, 29

Expressive Caregiving: 2, 5, 9, 12, 14*, 17, 18, 24, 26, 30

Unfairness: 4, 7, 10, 11, 15*, 20, 21*, 23, 25, 28

Current

Instrumental Caregiving: 32*, 37, 39, 42, 44, 49, 50, 53, 55, 59*

Expressive Caregiving: 31, 34, 36, 38, 41, 45, 48, 52, 56*, 58

Unfairness: 33, 35, 40, 43, 46*, 47, 51, 54*, 57, 60

<u>Note</u>. For more information on this questionnaire, contact Gregory J. Jurkovic, Ph.D., at gjurkovic@msn.com or 404-401-1778. The psychometric properties of the FRS-A are discussed in the following article:

Jurkovic, G.J., Thirkeild, A., & Morrell, R. (2001). Parentification in adult children of divorce: A multidimensional analysis. *Journal of Youth and Adolescence, 30*, 245-257.

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Appendix L

Proactive Coping Inventory: Directions and Scoring Instructions

(Greenglass & Fiksenbaum, 2015; Greenglass et al., 1999)

Title of Scale Given to Respondents: Reactions to Daily Events Questionnaire

"The following statements deal with reactions you may have to various situations. Indicate how true each of these statements is depending on how you feel about the situation. Do this by checking the most appropriate box."

In scoring responses, 1 is assigned to "not at all true, 2 to "barely true", 3 to "somewhat true" and 4 to "completely true". Responses should be added to obtain a summed score for each of the 7 subscales.

Reverse scored items: 2, 9, 14

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