

THE RELATIONSHIP BETWEEN PARENTS' SPIRITUAL WELL-BEING AND
THE CHILDREN'S PERCEPTION OF THE
PARENT-CHILD RELATIONSHIP

by

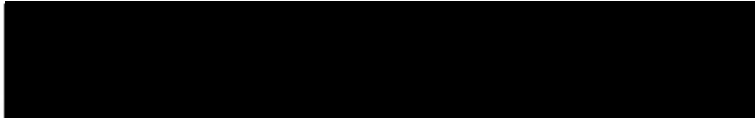
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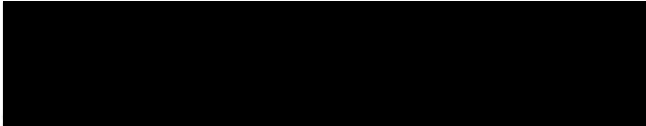
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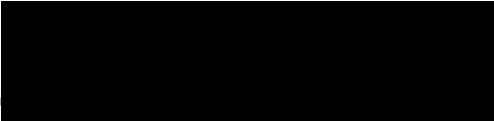
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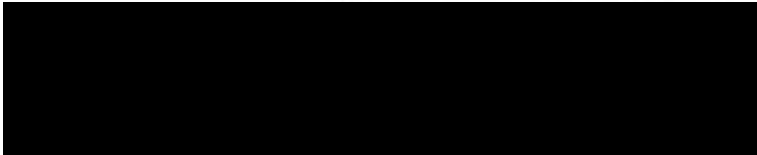
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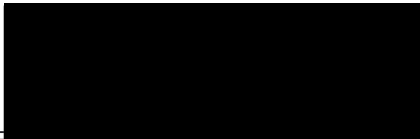
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Chapter I

Introduction

Nurses have had a long standing interest in family relationships. Specifically, maternity, pediatric, and mental health nurses have realized the impact the family has on the patient. Parent-child relationships, only part of family interactions, have long been believed by many to be significant in the development of mental health, family health and child development (Barnes, 1984; Coopersmith, 1967; and Rohner, 1986).

Most people want to participate in mutually satisfying family relationships, but find that they seldom experience them. There are, however, some who do share meaningful relationships. This process of relating to other individuals begins very early in life and is easily influenced.

Nurses have long recognized the importance of research in the areas of parenting, parent-child relationships and family (Barnard, 1984; Mischke-Berkey, Warner, & Hanson, 1989). Barnard (1984), suggests two ways of viewing the family for research: as the environment in which individuals develop; as a "unit of adaptation" (p. 21). When viewing the family as the environment in which an individual develops

nurses realize that the family is an ad hoc classroom where its members receive their primary education in building and maintaining relationships (Mischke-Berkey, Warner, & Hanson, 1989). Unfortunately, many parents have minimal preparation for the teacher role. This may be a contributing factor to the lack of adequate role models and effective education in the subject of building and maintaining meaningful relationships. The skills learned and acquired in this family setting are then transferred to all other relationships throughout life. Nursing theorists are active investigators in the area of family relationships and recognize that "no behavior occurs in isolation" (Wright & Leahey, 1985, p. 104). That is, an identified patient is better understood as nurses understand the family.

Today, many families are characterized by turmoil and rebellion. However, there are some families in which the family members share unity and enjoy the company of one another. Dr. Nick Stinnett, Dean of the Graduate School of Education and Psychology at Pepperdine University in Los Angeles, with Dr. John DeFrain from the Department of Human Development and the Family, College of Home Economics, University of Nebraska in Lincoln, completed a research project and authored a book on strong families. Stinnett and DeFrain (1985), in their study of family strengths, found six characteristics consistently repeated in what they identified

as strong families: 1) commitment--members of strong families value unity and each other's happiness; 2) appreciation--members of strong families frequently show appreciation for one another; 3) communication--members of strong families demonstrate constructive communication skills; 4) time--members of strong families spend considerable time with each other; 5) spiritual wellness--members of strong families believe in an "unseen power that can change lives, can give strength to endure the darkest times, can provide hope and purpose," (p. 100); and 6) coping ability--members of strong families have the ability to cope during stressful circumstances. Characteristics one through four speak specifically about family relationships. There are many combinations of relationships within any given family; for example child-child and the significant parent-child. The focus of this research project was on this influential parent-child relationship.

Some attributes of family relationships and spirituality were also identified by Virginia Satir (1988). When describing the ideal family she suggested that the adult members "demonstrate their ability to share through understanding, kindness, and affection; use common sense; show their spiritual nature; and are realistic and responsible" (Satir, 1988, p. 244). Although good parent-child relationships and spiritual well-being were

characteristics of strong families, it was unknown whether there was a relationship between these two variables.

Meadow and Kahoe (1984), recommended further research to determine the relationship between these two variables.

Nurses support and encourage healthy environments for their patients. If there is a relationship, it is imperative that nurses encourage the interaction between family members in health care settings to include these variables.

The purpose of this study was to explore, in well families, the relationship between the spiritual well-being of the parents and the children's perception of the quality of the parent-child relationship. That is, how do various levels of parental spiritual well-being relate with the child's perception of the parent-child relationship? This research is divided into five chapters: 1) introduction, 2) review of literature, 3) methods, 4) results, and 5) discussion.

Chapter II

Review of Literature

The review of literature was comprised of a search for the two major variables under investigation: spiritual well-being and parent-child relationships. Nurses as well as other professionals are investigating spiritual well-being with renewed interest. Guided by nursing's philosophy that individuals consist of three dimensions: physical, psychological, and spiritual, nurses have sought support for relating spiritual well-being to such diverse variables as coping skills, mental health, and family interaction. Parent-child relationships, only part of family interactions, have long been believed by many to be significant in the development of mental health, family health and child development. Theoretical advances and empirical research were examined for each variable.

Spiritual Well-being

Spiritual Well-being: Theoretical Work For years, nurses have treated the individual from a holistic approach which consists of three dimensions: physical, psychological, and spiritual (Blattner, 1981; Macrae, 1981; Stallwood & Stoll, 1975; Stoll, 1979). Although much has been written

about physical and psychological well-being, comparatively little has been written about the spiritual dimension of well-being. However, several writers have contributed to a clearer understanding of the concept of spiritual well-being. Definitions of spiritual well-being have been offered by some to expand this concept; five of these definitions will be presented. First, the National Interfaith Coalition on Aging (1975) defined spiritual well-being as " the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness" (p. 1). Second, the Seventh National Conference of the North American Nursing Diagnosis Association (Gordon, 1987) approved the diagnosis of Spiritual Distress (Distress of the Human Spirit) and defined it as "a disruption in the life principle which pervades a person's entire being and which integrates and transcends biopsychosocial nature" (p. 306). To some this transcending of life principles is a relationship with God.

Similar to these two organizations, several theorists concentrated on operationally defining spiritual well-being. In a third definition, Ellison (1983) suggested that spiritual well-being included the concept of "transcendence, stepping back from or moving beyond what is" (p. 333). He further stated that an individual's ability to go beyond self and beyond the here and now is especially important in two

areas: one's relationship to God, and one's relationship to others. Fourth, Moberg (1986) agreed that transcendence is important; however, it may possibly be beyond objective observation. Yet the effects of the relationship were measurable. Fifth, two other theorists, Stallwood and Stoll (1975), defined spiritual well-being as "any factors necessary to establish and maintain a person's dynamic personal relationship with God (as defined by that individual)" (p. 1088). They found it necessary to delineate five spiritual needs of individuals in order to complete their enhancement of spiritual well-being:

- 1) forgiveness--from God, self, and others;
- 2) love--unconditional love from God, self, and others;
- 3) hope--believing in a future;
- 4) trust--knowing help is available;
- and 5) meaning and purpose in life--finding value in life's experiences (see Table 1).

Fish and Shelly (1983) also suggested that individuals have spiritual needs. They summarized spiritual needs into three categories: 1) meaning and purpose, 2) love and relatedness, and 3) forgiveness (see Table 1).

A common component can be identified from these definitions: spiritual well-being consists of an ability to transcend, to go beyond oneself. This point may direct one to the Bible as a possible resource for additional information. The concept of moving beyond oneself in

relation to God and to others is similar to the concept that Jesus recommended in Matthew 22:39, love God and love others; all other commandments stem from these two.

In a search for an understanding of this concept, many theorists have delineated and defined spiritual needs which have contributed to a clearer understanding of the concept of spiritual well-being. A summary of the spiritual needs identified in the literature is provided in Table 1.

Table 1

Summary of Proposed Theoretical Dimensions of Spiritual Needs

Needs	Definitions	Authors
1. Belonging	1. Having a place within a group	1. Bower, 1987; Still, 1984.
2. Transcendence	2. Looking to God for help with one's needs	2. Bower, 1987; Ellison, 1983; Highfield & Cason, 1983.
3. Meaning and purpose in life	3. Searching for the value in what the individual is experiencing	3. Bower, 1987; Burkhardt & Nagai-Jacobsen, 1985; Ellerhorst-Ryan, 1985; Fish & Shelly, 1983; Highfield & Cason, 1983; Piepgras, 1968; Sodestrom & Martinson, 1987; Still, 1979; Stoll, 1979.
4. Creativity	4. Expressing one's self and values	4. Bower, 1987; Highfield & Cason, 1983.
5. Forgiveness	5. Seeking and accepting forgiveness from God and others	5. Burkhardt & Nagai-Jacobsen, 1985; Ellerhorst-Ryan, 1985; Fish & Shelly, 1983; Still 1984.
6. Love	6. Experiencing unconditional love from God	6. Burkhardt & Nagai-Jacobsen, 1985; Ellerhorst-Ryan, 1985; Highfield & Cason, 1983; Still, 1984.
7. Hope	7. Believing in a future	7. Burkhardt & Nagai-Jacobsen, 1985; Ellerhorst-Ryan, 1985; Highfield & Cason, 1983; Stoll, 1979.
8. Trust	8. Knowing help is available	8. Burkhardt & Nagai-Jacobsen, 1985; Ellerhorst-Ryan, 1985; Stoll, 1979.

The theoretical work revealed three common components of spiritual well-being: transcendence, a relationship with God, and a relationship with others. Also, the review of literature identified three basic human needs: 1) love and relatedness, 2) meaning and purpose, and 3) forgiveness.

It is acknowledged that one complete area of theory and research relating to spiritual well-being has been excluded. That is theory dealing with any 12 step group. These programs are designed to assist individuals in their recovery from dependent and/or addictive behaviors. Some of the steps make reference to "a Power greater than ourselves," or "God as we understood Him" (Recovery Publications, 1988). Examples of groups that use the 12 step approach are Alcoholics Anonymous, Al-Anon, Cocaine Anonymous, Adult children Anonymous, Emotions Anonymous, and Parents Anonymous.

The following section continues to focus on spiritual well-being. Attention is directed to the empirical research in the field.

Spiritual Well-being: Empirical Research Much of the research in the field of spiritual well-being investigated the relationship between spiritual well-being and a second variable. It focused on the spiritual needs of the lonely, the elderly, and terminally ill children. Loneliness was found to be negatively correlated to spiritual well-being: lonely individuals were likely to have low levels of spiritual well-being (Paloutzian & Ellison, 1982; Miller, 1985). Research emphasized the importance of spiritual well-being to ill individuals (Bufford, 1987; Granstrom, 1985; Miller, 1985; Sodestrom & Martinson, 1987; Still, 1984) and

to the elderly (Malcolm, 1987; Ortega, Crutchfield, & Rushing, 1983; Peterson, 1982).

Miller (1985) also investigated the relationship of spiritual well-being and loneliness. In contrast to some research in this field, Miller employed a comparison group in her design. One group consisted of 64 healthy university faculty members, and the other was a sample of convenience consisting of 64 individuals with rheumatoid arthritis. The results suggest a negative correlation for both groups, that is, as loneliness increased, spiritual well-being decreased.

Sodestrom and Martinson (1987) focused on nurses' perceptions of patients' spiritual dimension by questioning 25 nurses and 25 patients. The patients were asked about their religion, spiritual beliefs, and use of spiritual activities and resource people. Subsequently, the nurses were asked to identify the aforementioned items. The results showed that a variety of spiritual activities were used by 88% of the subjects while coping with cancer. This study supported those researchers who suggested that the spiritual dimension is important to the coping strategies of ill individuals. However, nurses had difficulty identifying these spiritual activities. Similarly, Highfield and Cason (1983) looked at nurses' ability to identify spiritual needs of their patients. Their descriptive study employed a questionnaire as the instrument of data collection. Like

much of the research in the field of spiritual well-being, the sample of 35 nurses came from a private institution. The results also suggested that nurses have difficulty identifying patient behaviors that indicated spiritual problems.

Unlike most research on spiritual well-being, Bauwens, Johnson, and Peterson (1984) employed an open-ended questionnaire to collect data on spiritual well-being and spiritual well-being self-care. In contrast to many other samples, their subjects did not come from private institutions; they came from wellness clinics, senior citizen programs and blood pressure clinics. The research defined nine important categories of spiritual activities: faith, serenity, self-esteem, personal relationship with God/Creator, right relationship with others, thankfulness, help with coping, relationship between God and health and religious values. Additionally, their research identified four categories of well-being self-care commonly practiced by the subjects: "stay active and interested; positive thinking; interaction with family and friends; relationship with God, prayer and religious activities" (p. 17). Unlike most other research, they looked at the responsibilities of individuals in maintaining their spiritual well-being.

Spiritual well-being was also positively correlated with self-reported parent-child relationships; the higher the

spiritual well-being the more effective the perceived parent-child relationship (Bufford, 1984; Ellison, 1983; Potvin, 1977). Meadow and Kahoe (1984), after reviewing the literature on spiritual well-being, recommended further research to determine the relationship between spiritual well-being and parent-child relationships.

Brennan, Fehring, and Keller (1984), in their study of depression in college students, proposed spiritual well-being to be a modifying factor in the relationship between life change and depression. Their descriptive study consisted of mailing four questionnaires to 970 students from a private Midwestern university. Although the results supported their hypothesis, the question of the limited variability in subjects comes up when the sample was chosen from a private college.

Research in the field of spiritual well-being is characterized by selecting subjects for study from private institutions. This practice limits the variability and generalizability in the selected sample. Likewise, the descriptive design is utilized to look at the relationship between spiritual well-being and some other variable such as loneliness or depression. The subjects have mostly been individuals rather than families. Research which investigates spiritual well-being within the family is needed. As can be seen by these recent publication dates,

research in the field of spiritual well-being is relatively new. Consequently, it is sparse and diverse. There is an obvious need for further research in this field.

The second variable under investigation is the concept of parent-child relationships. Theoretical work as well as empirical research in this field will be reviewed.

Parent-Child Relationships

Parent-Child Relationships: Theoretical Work From the beginning of modern nursing, environmental interventions which included families have been part of nursing care. Nightingale recommended that nursing practises were to include the room and the children of the patient (Ham & Chamings, 1983). As nurses socialize other nurses they emphasize the significance of understanding the family as an important window to understanding the individual. One particular division of nursing that focuses on families is maternity nursing. A contributing factor is that in this area nurses often care for two members of the same family (Olds, London, and Ladewig, 1988). Phipps (1980) states that families characteristically respond with reciprocal interactions. Thus disturbances are not isolated to an individual, but they reside within the family. Although an individual is the identified patient, assessment and intervention should include the family's interaction process.

Professionals in health care and related fields have long believed that the quality of parent-child relationships has great significance in the areas of mental health (Haddock & Sporakowski, 1982), family health (Coopersmith, 1967; Mischke-Berkey, Warner, & Hanson, 1989; Rohner & Pettengill, 1985; Stodgill, 1936), and child development (Barnes, 1984; Becker, Peterson, Luria, Shoemaker, & Hellmer, 1962; Greenberg, Siegel, & Leitch, 1983; Schaefer & Bell, 1958). Although these theorists agree that parental behavior affects parent-child relationships, their examinations have largely focused on the child's perception of these behaviors. A review of the literature revealed that much of the research described parent-child relationships in terms of various bipolar continuums (Roe, 1957; Rohner, 1986; Schaefer, 1963). According to Roe (1957), a child perceives a parent's behavior as being either warm or cold. Warm parenting behaviors were grouped into three descriptive categories: "casual, loving, and overprotecting" (p. 216). Cold parenting behaviors were also grouped into three categories: "demanding, rejecting, and neglecting" (p. 216).

Hauser, Powers, Noam, Jacobson, Weiss, and Follansbee (1981) also proposed a theory similar to Roe (1957); however, the behaviors were labeled as constraining and enabling. These two end-points on this continuum were further delineated into cognitive and affective behaviors. These

theorists defined cognitive constraining behaviors as those which are distracting, withholding, and indifferent. Affective constraining behaviors were defined as excessive gratifying, judging, and devaluing. Cognitive enabling behaviors on the other hand are defined as focusing, problem solving, curiosity, and explaining; affective enabling behaviors are defined as acceptance and empathy.

Rohner (1986) introduced the "warmth dimension" (p. 19) which was described as a continuum with acceptance at one end and rejection at the opposite end. He further divided each of these extremes into "physical and verbal" (p. 20) attitudes of expression (cf. figure 1). Rohner's Parental Acceptance-Rejection Theory (1986) included four dimensions: warmth/affection, aggression/hostility, neglect/indifference, and rejection (cf. figure 1). These dimensions are included in his questionnaire as four subscales. The subscales were correlated with previously constructed questionnaires for validation. The warmth/affection, neglect/indifference, and rejection subscales were validated with Schaefer's questionnaire and the Pearson's r values were 0.83, 0.64, and 0.74 respectively. The aggression/hostility sub-scale was validated with Bronfenbrenner's questionnaire; the correlation value was 0.55. These results suggested that all subscales correlated positively with their validation scales (Rohner, 1984).

In contrast to the singular bipolar dimension theory, Schaefer (1963) described parental behavior as consisting of two interacting dimensions. Schaefer labeled these two dimensions as love-hostility and autonomy-control. One dimension of each pole related to each dimension of the other pole. That is, a parent's behavior may be perceived by the child as love and autonomy, while another behavior is perceived as love and control.

Becker (1964), another theorist interested in parent-child relationships, added a third dimension to his description. His first two dimensions are similar to Schaefer's two dimensional theory: acceptance-rejection and autonomy-control. However, he adds a third dimension of calm detachment-anxious emotional involvement. According to this theory, parental behavior is the result of the interaction of these dimensions. For example, parental behavior may be perceived as accepting while at the same time remaining autonomous and detached.

A common component in all of the theoretical work reviewed was the bipolar continuum of acceptance-rejection. The next section looks at the empirical research in this field.

Parent-Child Relationships: Empirical Research

Although a significant amount of empirical research has already been performed, research in the realm of parent-child

relationships is quite diverse. Major work in the field of parent-child relationships was co-ordinated by Schaefer (1963), as he organized perceived similarities of other theorists. By defining a theory in parent-child relationships, he organized the field into operationalized concepts readily accessible for evaluation. Schaefer and Bell (1958), with the help of three clinical psychologists, delineated 32 major categories characterizing attitudes toward childrearing. Attitude scales for each of these categories were constructed to develop an instrument to measure parental attitudes toward childrearing. They tested these scales on 59 mothers of infants and evaluated the results by factor analysis. After interpreting the results, Schaefer concluded that the mothers' parental behavior could be classified into two opposite end points: love-rejection, and autonomy-control. Schaefer and Bell (1958), and later Coopersmith (1967), focused their research solely on mother-child relationships, while Kagan, Hosken, and Watson (1961) included the father-child relationship as well.

Some research also compared parent-child relationships with behavior problems in kindergarten children (Becker, Peterson, Luria, Shoemaker, & Hellmer, 1962). Other research focused on isolating specific parental behaviors and evaluated the parent-child relationship in families with adolescent children and families with fifth grade children

(Barnes, 1984; Cox & Leaper, 1961; Rohner, 1986; Rohner & Pettengill, 1985). Matejcek and Schuller's longitudinal study of unwanted pregnancies in Czechoslovakia (cited in Rohner, 1986) revealed that children who perceived parental rejection exhibited the same behavioral characteristics. There has been empirical research directed at the parental behavior in abusive and nonabusive families with fourth grade children (Serot & Teevan, 1961). In contrast to studying parental behaviors, others looked at the behaviors of college age children in response to the parents. Siegelman (1963) was specifically interested in studying the predictive ability of parent-child relationships on introverted and extroverted behavior in college students. The impact of parent-child relationships on adolescent alcohol and drug abuse has also been researched (Barnes, 1984).

Some theories of adolescence suggest that peers are the key providers of nurturance and counsel during the teen years. Greenberg, Siegel and Leitch (1983), in their study of 213 adolescents, stated that parents continue throughout their children's high school years to be key providers of nurturance and counsel.

Unlike many of the previous researchers, Bronfenbrenner (1961) looked at the consequences of the parent-child relationship and the behavioral differences between males and females in the 10th grade. He compared parent-child

relationships with two variables: responsibility and leadership. Similar to other recent studies, Kagan and Lemkin (1960) supported the concept that fathers and mothers are perceived differently by their three to nine-year-old children. However, they expanded this concept and suggested that generally boys and girls share common perceptions of their fathers as well as of their mothers.

Serot and Teevan (1961) also compared the parent-child relationship with another variable: the child's adjustment. Their results suggested that the well-adjusted fourth grade child perceived his parent-child relationship as relatively happy. However, in contrast to recent research, Serot and Teevan did not separate the mother-child relationship from the father-child relationship. Likewise, male and female children were not differentiated in the data collection process.

Rohner (1986) studied children in eight countries and concluded that generally children around the world perceived themselves to be accepted by their parents. The cross-national mean score was 107.1. Rohner suggested that a score of 150 or greater implied significant rejection. In three separate samples totalling 764 American school-age children, Rohner obtained an overall mean score of 106. This compared similarly with his previous study. This study implied that these American children also perceived themselves to be

accepted by their parents. Many researchers used clinical or other disturbed populations as the setting for their studies. In contrast Rohner's (1986) work focused on well families.

Much of the research in parent-child relationships focused on theory development. A common component of these theories was parental acceptance. Some researchers included parental control in their framework. Although early research concentrated on the mother-child relationship, this is changing. Recently fathers have been included in research. Likewise, a trend in research is to differentiate boys from girls in the study of parent-child relationships. Although some researchers have compared parent-child relationships with other potentially relevant variables, more study needs to be done in this area. The intention of this investigation was to correct some of the aforementioned limitations by studying families and individual members, quantifying components of the variables spiritual well-being and parent-child relationships. The purpose of this study is to investigate the possible relationship between spiritual well-being and parent-child relationships.

Conceptual Framework

This study was based upon the theoretical works of Rohner (1986) and Ellison (1983). Rohner (1986) is a major theorist who has done research in the field of parent-child relationships. Ellison (1983) is a researcher and major theorist in the field of spiritual well-being.

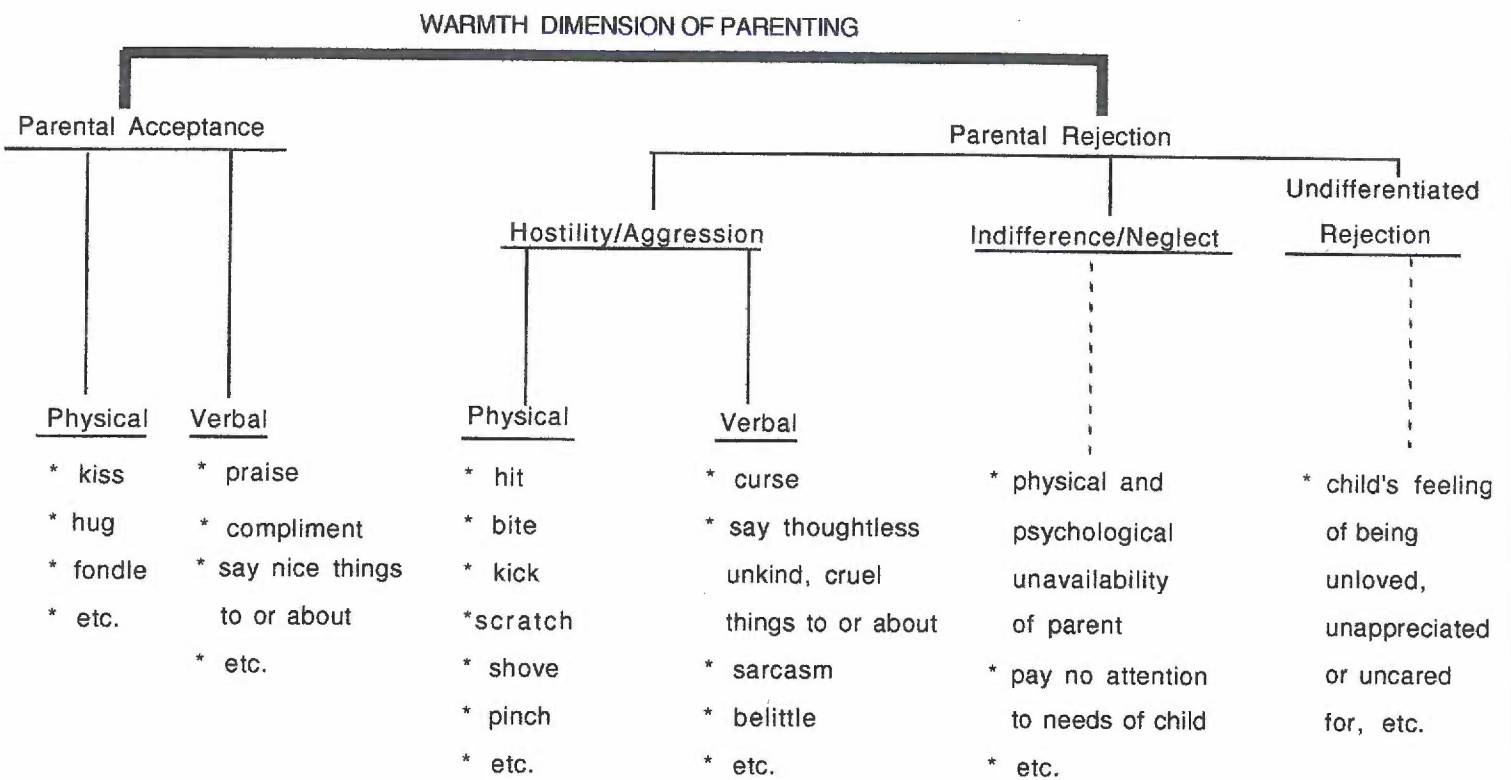
Rohner's interest in the parent-child relationship led him to conduct international and cross-cultural comparative studies. These studies contributed to the formulation of his Parental Acceptance-Rejection Theory. Rohner (1986) introduced this theory as the "warmth dimension" (p. 19), a continuum ranging from parental acceptance to parental rejection (cf. figure 1). He suggested that the affection that most of us have experienced as a result of our interactions with significant individuals can range from "a great deal to virtually none" (p. 19). The extremes of the continuum were further divided into attitudes of both "physical and verbal" expression (p. 20). Warmth, affection, and love were words used by Rohner to describe the parental attitude at the acceptance end of this warmth continuum. Rohner's examples of physical expressions of warmth were "hugging, fondling, caressing, approving glances, kissing, smiling" (p. 21). The verbal expressions of warmth that he listed were: "praising, complimenting, saying nice things to

or about a child, perhaps singing songs or telling stories" (p. 21).

On the opposite end of the warmth continuum was rejection. Rohner (1986) divided rejection into three subsections: 1) hostility/aggression, 2) indifference/neglect, and 3) undifferentiated rejection. Hostility was an attitude held by the parent and included feelings of anger, resentment, enmity, and "ill will or malice toward the child." (p. 21). Aggression was parental behavior which stemmed from a hostile attitude and, like acceptance, it had two forms of expression: physical and verbal. "Hitting, biting, pushing, shaking, pinching, scratching, scalding, burning, tying up," (p. 21) all characterized the subsection of physical aggression. Rohner considered verbal aggression as "sarcasm, belittling, cursing, scapegoating, denigrating, and saying other thoughtless, unkind, cruel things to or about the child" (p. 21). Indifference was described by Rohner as "a lack of concern for the child, or not really caring about him or her" (p. 21). Undifferentiated rejection was the child's perception of not being cared for without the above parental behavior's contributing to it. In agreement with Kagan and Lemkin (1960) this conceptual framework emphasizes the importance of separating mothers and fathers in the data collection process.

Figure 1

Parental Acceptance-Rejection Theory



The second variable of interest to this research project was spiritual well-being. Ellison (1983) acknowledged that all three human dimensions; mental, physical, and spiritual, provide an integrative force in the individual. Thus, he suggested that spirituality does not exist in isolation from the mental or physical dimensions. Although these dimensions were integrative, Ellison was interested in operationally defining spiritual well-being. Ellison hoped to provide a measuring tool devoid of specific theological issues and recommended that further research be done in specific or ideological orientations (Ellison, 1983). However, this research suggests that Ellison's tool was based on a Judeo-Christian concept of God.

Ellison (1983) defined spirituality as "transcendence, stepping back from or moving beyond what is." He divided spiritual well-being into two subscales: religious well-being and existential well-being. Religious well-being referred to an individual's perception of his/her relation with God. Specifically these concepts were measured by items that identified the individual's search for God, such as church attendance, prayer, and reading the Bible. Existential well-being included items that pertained to an individual's life direction and satisfaction.

The present researcher suggests that an ability to transcend oneself as defined in spiritual well-being may

influence the parent-child relationship. Children's perception of their parent-child relationship and the parents' perception of their spiritual well-being may be interactive. A search for God, and having direction and satisfaction in life may relate to perceived acceptance within the parent-child relationship.

This study was based on a singular perspective, that of Christianity. The researcher acknowledges that there are other points of view, however, this work was not intended to be a review of all religious philosophies. Nonetheless, the researcher values the contribution this work can add to the knowledge base of spiritual well-being.

Operational Definitions

To clarify major terminology contained in this research, the following concepts have been operationally defined.

1. Family--was defined as at least one parent and one child living in the same home.
2. Healthy family--was defined as families having no known illnesses and was self defined by the participants in this study.
3. Perception--an acquired impression which has been influenced by the senses (Merriam-Webster, 1965).
4. Parent-child relationship--the state of an adult and a child being legally and/or emotionally united, and is operationalized by the use of Rohner's Parental Acceptance-Rejection Questionnaire.
5. Spiritual well-being--includes transcendence, the characteristic of going beyond oneself. It was operationalized by the use of Ellison's Spiritual Well-being Scale.

Research Questions

The empirical research in spiritual well-being and parent-child relationships has been summarized in the preceding pages. To further explore the correlation between parent-child relationships and spiritual well-being using Rohner's Parental Acceptance-Rejection Theory and Ellison's

Spiritual Well-being Theory, the following research questions were posed:

1. What is the relationship between children's perceptions of their parent-child relationship and fathers' perceptions of their own spiritual well-being?

2. What is the relationship between children's perceptions of their parent-child relationship and mothers' perceptions of their own spiritual well-being?

3. What is the relationship between fathers' perceptions of their spiritual well-being and mothers' perceptions of their spiritual well-being?

Chapter III

Methods

This chapter addresses how the data was generated while focusing on three research questions:

1. What is the relationship between children's perceptions of their parent-child relationship and fathers' perceptions of their own spiritual well-being?
2. What is the relationship between children's perceptions of their parent-child relationship and mothers' perceptions of their own spiritual well-being?
3. What is the relationship between fathers' perceptions of their spiritual well-being and mothers' perceptions of their spiritual well-being? This section has five divisions: design, subjects, instrumentation, procedure, and analysis.

Design

The descriptive correlational design was employed in this study. This type of design does not include manipulation of variables nor random assignment of subjects to groups. The descriptive design is aimed at describing phenomena and is valuable for laying groundwork for later research (Polit & Hungler, 1987). The aim of descriptive

correlational studies is to describe the association between variables. According to Brink and Wood (1988), descriptive design could be applied when little information concerning the topic is known or the actions of the specific variables cannot be predicted. This study complied with both of the criteria suggested (Brink & Wood, 1988) for adopting the descriptive design. The review of literature demonstrated that the field of spiritual well-being was characterized by recent publication dates and that little was known about the relationship between the two variables of parent-child relationships and spiritual well-being. The variables under investigation in this study included: 1) the spiritual well-being of mothers, 2) the spiritual well-being of fathers, 3) the father-child relationship as perceived by the children, and 4) the mother-child relationship as perceived by the children.

Rationale for Design. The intent of this study was to explore some components of parental spiritual well-being and parent-child relationships within the context of childrearing families. This is most effectively accomplished through the utilization of questionnaires and/or interviews (Brink & Wood, 1988).

Brink and Wood (1988) suggested five advantages of employing the self-administered questionnaire strategy to obtain information: 1) the cost and time constraints are

less; 2) anonymity is perceived by the subjects; 3) the questions are regulated (this increases the generalizability of the instrument); 4) large areas can be covered; and 5) a large sum of data incorporating a wide range of topics may be assembled. Although face-to-face interviews serve a good purpose to insure that questions are understood and often obtain additional useful and informative qualitative data, they are also time consuming and expensive. Considering these advantages, this investigator chose to use self-administered questionnaires for data collection.

Although questionnaires are descriptive and non-experimental in design, precautions must be taken to insure internal and external validity. For instance, Polit and Hungler (1987) specify at least five categories in which possible threats to internal validity may occur in research: 1) history, 2) selection, 3) maturation, 4) testing, and 5) mortality. To improve the probability of internal validity the following procedures were included:

- 1) History--although the original plan was for questionnaires to be completed within one month to preclude drastic external differences, several home visits were required in order to collect the data which prolonged the time of completion to ten months. Considering the variables measured the effect of this time was deemed minimal.

2) Selection--demographic data was collected at the time of testing. It was planned to contact two groups to reduce the threat to internal validity due to the use of volunteers. However, these two groups were not equal in size, thus possibly increasing the risk to sample validity.

3) Maturation--subjects were tested one time, therefore, the threat of maturation was minimal.

4) Testing--pre-tests were not given to participants.

5) Mortality--measurements were taken only once, and short questionnaires were used to decrease fatigue on the part of the participants and to minimize subject loss. None of the respondents who volunteered were lost.

Consideration was also given to the external validity. Two groups were used to increase the heterogeneity of the subjects and to strengthen the generalizability of this study. The environment of the study was considered, and due to the descriptive correlational design the natural setting was chosen and no treatment was implemented. Thus, there was no interaction between treatment and environment. Participants may, however, have been influenced simply by their involvement in a research project.

The participants were informed that the test forms were coded only to identify the participants as father, mother, or child in order to diminish the possibility of participants giving socially acceptable responses rather than their true

feelings. The purpose for this was to decrease the potential for response set biases, and to augment anonymity. Also, the same individual contacted each family so that all participants would experience the same researcher effect.

Subjects A sample of families with children in the fifth or sixth grade was utilized in order to obtain the perceptions of children in regard to parent-child relationships and the perceptions of fathers and mothers concerning parental spiritual well-being. These families were recruited from a large metropolitan city in the Pacific Northwest. The children of these families were enrolled in two local parochial schools. The families selected met the following criteria: 1) self-identified healthy families, 2) at least one child in the fifth or sixth grade (if a family had more than one child between the ages of 10 to 12, the child closest to 11 was selected), and 3) consent to participate. To limit confounding variables, it was important that the participants have no illness. This requirement was included on the consent form. Another limiting factor was the child's reading level. The test was designed for children with a fifth grade reading level. Therefore, the families were recruited from children in the fifth and sixth grades at local parochial schools.

The researcher invited 150 families to participate in the study, with a desire to have at least 30 families

involved. The actual number of families who participated was 12. It was planned that the two groups would consist of 15 families from each parochial school. The actual arrangement of the groups was 11 families from one school and one family from the other school.

Human Subjects This proposal was reviewed and approved by the Human Subjects Committee at The Oregon Health Sciences University prior to data collection. Anonymity was assured by using code numbers on instruments rather than the family name. The list identifying each family with its code number was kept in a confidential and separate location from the completed research data and was destroyed when the data analysis was complete. Confidentiality was assured by calculating data as a group: fathers, mothers, and children. Also, to insure that the right to informed consent had been met, all participants signed a consent form prior to data collection.

Letters explaining the research project (see appendix A), letters indicating the approval of the principal, and consent forms (see appendix B) were given to the schools to distribute to their fifth and sixth grade classes. The Human Subjects Committee did not want the rosters of the fifth and sixth grades given to the researcher. Thus contact with families was made only after signed consents were returned. Potential participants were informed that their participation

was voluntary and that they had the right to withdraw at any time with no effect on their child's grade or status. A possible risk was related to the intimate nature of the subject material. This topic could have brought up issues that may have been sensitive to the family or that they may not have discussed previously. A time for debriefing was made available for participants following the completion of the questionnaires. The researcher had to insure that the schools' protocols would be met.

Instrumentation

Data was collected by the use of three previously constructed instruments. The instruments chosen were Ellison's (1983) Spiritual Well-being Scale (see appendix C), Rohner's (1987) Parental Acceptance-Rejection Questionnaire (see appendix D), and Rohner's (1987) Background Data Schedule (see appendices C and D). Their psychometric properties are summarized below.

Spiritual Well-being Scale The study of spiritual well-being was relatively new. Consequently, there were not many tools from which to choose. The SWB scale was chosen for this study because it had been field tested and utilized a clear definition of spirituality which supported its potential usefulness for research purposes. The purpose of this scale was for the individual to evaluate his/her relationship with God and others. The Spiritual Well-being

Scale (SWB) developed by Ellison (1983) consists of 20 questions. The answers were limited to a six-point scale ranging from "strongly agree" to "strongly disagree." Higher scores represent higher spiritual well-being. The negatively worded statements were scored in reverse order; "strongly disagree" was a 6 and "strongly agree" was a 1. The SWB scale was composed of two subscales: 1) Religious Well-Being (RWB), and 2) Existential Well-Being (EWB). The RWB contained items which referred to God and the EWB contained items which did not refer to God. A SWB score was derived by adding the scores from each statement.

Paloutzian and Ellison (1982) reported the following reliability coefficients: test-retest reliabilities were .93 (SWB), .96 (RWB), and .78 (EWB); coefficient alphas were .89, .87, and .78 respectively. Construct validity was examined through factor analysis of the SWB items. All of the items referring to God loaded on the RWB subscale; the remaining items loaded on two sub-factors of the EWB subscale, one emphasizing life direction and the other life satisfaction (Ellison, 1983).

Parental Acceptance-Rejection Questionnaire (PARO) The PARQ was chosen because it had been field tested and utilized a theory that clearly defined the essential components of the parent-child relationship. The purpose of this scale was for the child to evaluate his/her relationship with his/her

father and mother. The PARQ was developed by Rohner (1986). This self-report questionnaire consists of 60 statements which evaluate parental behaviors. Children record their responses to these statements on a four-point Likert-like scale. Responses ranged from "almost always true," "sometimes true," "rarely true," to "almost never true." The total scores on the PARQ range from a possible low of 42 to a possible high of 240. To obtain a total PARQ score the warmth subscale was reverse scored. This was accomplished by subtracting the warmth subscale from 100. This put the scale in line with the other subscales measuring rejection. For example, a score of 80 on the warmth subscale measured the amount of acceptance the child perceived in the relationship. Subtracting the score of 80 from 100 gave a score of 20. This score of 20 would indicate the opposite of acceptance, rejection. This score of 20 would then be added to the other subscale scores for a total PARQ. A high score, 150, reveals that the respondent perceives more rejection than acceptance in this specific relationship. The PARQ was composed of four subscales: 1) warmth/affection, 2) neglect/indifference, 3) aggression/hostility, and 4) rejection. Rohner (1987) reported the following Pearson's r values for the four subscales respectively, 0.83, 0.64, 0.55, and 0.74.

Background Data Schedule The purpose of this schedule was to collect demographic information from each participant.

The Background Data Schedule was developed by Rohner (1987) and was divided into three sections: mother, father, and child. This schedule was separated so each section was self-contained and then administered to each individual appropriately. The child answered questions dealing with his/her age and level of education. The father and the mother each answered questions concerning his/her age, education, employment, and occupation. The mother expanded on the family composition and the birth order of the child participating in the study.

Procedure

The following is a description of the sequence of events for this research project and conforms to the research methods proposed by Jaeger (1988).

1. Gained permission from schools. The local district office for public schools was approached in order to gain permission for fifth and sixth graders to be contacted as possible participants in this research project. Likewise, the principals of several local parochial schools were contacted for permission to invite fifth and sixth graders to participate in this research project. The public schools declined participation due to legal restraints on access.

2. Sent first mailing. Information was distributed by the schools to potential participants in which the study was described, including potential risks and benefits of

participating, as well as the participants' rights. The consent form with instruction for its use was also included. As signed consent forms were received, individuals were assigned code numbers. Code numbers were in numerical order, with the first returned consent form being assigned the code number 001. This code number was displayed on all of the instruments distributed to a specific family. The master list identifying families with their code number was kept as a hard copy in a file separate from collected data.

3. Sent second mailing. A reminder was sent to potential participants to encourage those interested in participating to return the signed consent form. This mailing took place two weeks following the first mailing.

4. Made appointments with parents. Home visits were made and instructions were given regarding the use of the instruments. The instruments were identified to minimize any question as to who was to complete it.

5. Administered child's questionnaire. A testing time was set up at one of the schools, at which time the researcher administered the instruments to five participating children. The PARQ was designed to be administered to mothers. The questions were worded referring to mother and using the word her. The tool wording was not revised to accommodate fathers. The researcher gave directions explaining how to complete the questionnaires for fathers and

was present to answer any questions. The researcher made individual appointments with all remaining participants, and administered the instruments at a later date. This increased the potential for providing privacy and the rights of the children.

6. Sent instrument reminders to parents. A reminder to complete questionnaires was sent to the parents two weeks following the mailing of the instruments.

7. Attend debriefing sessions. Families were informed that they may attend debriefing sessions. This was optional for the participating families.

8. Sent third mailing. Cards of thanks were mailed following the return of completed questionnaires.

9. Compilation of findings. Results of study will be summarized and sent to all families who returned completed questionnaires. The following section further describes the specifics of the compilation and analysis of data.

Analysis

The purpose of this section is to present the statistical analysis. Frequencies were run for every question on each tool: Spiritual Well-being Scale, Parental Acceptance-Rejection Questionnaire, and Background Data Schedule. Additionally, three other indices were calculated on the data: mean, range, and standard deviation. The mean was used because it is the most stable and reliable measure

of central tendency (Polit & Hungler, 1987). The range and the standard deviation were utilized as indices of variability. The range described the distance between the highest and lowest scores, while the standard deviation described the average deviation from the mean (Polit & Hungler, 1987). The mean, range, and standard deviation were computed on the fathers' SWB scores, the mothers' SWB scores, the children's father-PARQ scores, and the children's mother-PARQ scores. Likewise, these computations were done with the demographic data of the fathers, the mothers, and the children.

After these first level descriptive statistics were done, these data were used to explore the research focus, that is to learn if a relationship existed between the self-perceived spiritual well-being of parents and the children's perception of the parent-child relationships. The index to discern relationships used in this study was Pearson's product-moment correlation coefficient. Correlation coefficients were performed on: 1) the fathers' SWB scores and the children's father-PARQ scores, 2) the mothers' SWB scores and the children's mother-PARQ scores, 3) the fathers' SWB scores and the mothers' SWB scores, and 4) the children's father-PARQ scores and the children's mother-PARQ scores. Pearson's r is "a number ranging from -1.00 through 0.00 to +1.00 that reflects the extent of a linear relationship"

(McCall, 1986, p.123). A linear relationship is an association between two variables that are related to a straight line. That is, 0.00 would suggest no association, while -1.00 would suggest that one score increases as the other score decreases. A +1.00 would suggest that as one score increases the other score increases.

A correlation of at least .35 at the .05 level of significance was the minimum significance accepted to show relationships between the variables under investigation. A sample size of 30 family sets was desired to detect this relationship (Fisher & Yates, 1970). The study sample of 12 mother-child sets, 9 father-child sets, and 9 mother-father sets were used.

Chapter IV

Results

The purpose of this study was to explore the relationship between spiritual well-being of parents and the child's perception of the quality of the parent-child relationship. This chapter reports the data generated exploring the three research questions:

1. What is the relationship between children's perceptions of their parent-child relationship and fathers' perceptions of their own spiritual well-being?

2. What is the relationship between children's perceptions of their parent-child relationship and mothers' perceptions of their own spiritual well-being?

3. What is the relationship between fathers' perceptions of their spiritual well-being and mothers' perceptions of their spiritual well-being?

This chapter is divided into two areas: general description and specific data. The general description section describes how the research was accomplished. The specific data section presents the data, including demographic information of parents and children, frequencies and variability generated by the parent-child relationship

questionnaire, and the spiritual well-being questionnaire as they relate to the research questions. The specific data section will also report correlations of the parent-child relationship questionnaire and spiritual well-being scale concerned with the research questions. Included in the second section are alpha scores reflecting internal validity of the tools for the Parental Acceptance-Rejection Questionnaire and the Spiritual Well-Being Scale.

General Description

The principals of several primary schools, both parochial and public, were contacted to discuss the research project. The initial goal was to attain permission to contact families of the fifth and sixth grade students as potential participants of this research project. However, only two schools accepted the request and granted permission. Both schools were parochial, but of different faiths: protestant and catholic.

The school principals were given several items to distribute to the fifth and sixth grade students: letters of introduction describing the research project, copies of consent forms, and self-addressed stamped envelopes. Participants were contacted in this manner due to a restriction from the Human Subjects Committee to obtain rosters of the fifth and sixth grades. There were one-hundred fifty students collectively in the fifth and sixth

grades from the two schools. Twelve families returned signed consent forms: eleven from the protestant school and one from the catholic school.

Two weeks after the first invitation, a second invitation was distributed to remind any families thinking about participating in the research project to return their signed consent form. No new participants responded. By the time approval was acquired to transact the research project, the school year was coming to a close. This limited the researcher's ability to set up testing times at both schools. However, a testing time at one school was obtained and five students were able to attend.

The testing time was during the lunch period, consequently participants were invited to bring their lunches. The testing place was the band room. The room had a tiered floor which was carpeted. The participants chose to sit on the tiers. The researcher identified herself and described the research project. The participants were informed that their parents had consented to participate in the research project. They were given the choice to participate or not. The consent forms were then distributed to be signed. Next the demographic tool was distributed which was simple and needed little explanation. Finally, the Parental Acceptance-Rejection Questionnaire (PARQ) was distributed along with directions for it's completion.

Participants were asked to identify on the top of each tool the parent (mother or father) being described. Time was then allowed to complete the questionnaire. A majority of the participants completed the PARQ in about 30 minutes; some completed it in less time.

The remaining student participants were contacted and appointments made to administer the questionnaires in their homes. Likewise, the parents were contacted and appointments were made to administer the questionnaires personally by the researcher. This was done in an attempt to increase the rate of return. Four parents were unable to make appointments, thus, tools were delivered to their homes. Of these parents, three returned completed forms. In all, 12 children and 21 parents responded: nine fathers and 12 mothers. There were a total of 33 background data forms, 24 PARQ forms, and 21 SWB forms.

Specific Data

Frequencies were computed on the results from the background data of parents and children. Frequencies were also computed on the PARQ with it's four subscales, and on the SWB with it's two subscales.

Background data of parents A summary of the demographic data of parents is displayed in Table 2. The ages of the mothers ranged from 30-46 years old, with the mean of 37 years. Similarly, the fathers' ages ranged from 34 to 47

years old, with a mean of 39.5 years. Education level for eight mothers was, at the least, one year of college. The fathers' education level for 11 participants was a college graduate or greater. Six fathers had post graduate degrees. Eleven of the mothers were employed at least half-time, while all fathers were employed full-time. The household composition ranged from two to five members, with the mean being 3.8. The mean number of children in each family was 1.9. The most children in any family was three. The majority of children participating in this study were first born.

Table 2
Parents' Background Data

	\bar{X}	S D	range
Father's age in years	39.5	4.92	34-47
Mother's age in years	37.18	4.89	30-46
Father's education	college	---	11-20
Mother's education	college	---	11-18
Number of members	3.8	---	2-5
Birth order 1= first born 2= second born	1.2	---	1-2
Father's employment	full-time	---	full-time
Mother's employment	part-time	---	---

N = 21

Mother's N = 12

Father's N = 9

Children's N = 12

Background data of children A summary of the background data for the students (children) is shown in Table 3. Six females and six males participated in this project. The ages ranged from 11 to 13 years. All 12 of them were in the sixth grade when they answered the questionnaires. Time span of data collection was spring and autumn of 1989.

Table 3
Children's Background Data

	\bar{X}	SD	range
Age in years	11.67	0.65	11-13
Grade in school	6	0	6

N = 12

Parental Acceptance-Rejection Questionnaire The standard practice of using the mean of the completed items for the missing data (unanswered questions) was employed. Since the lowest answer on the scale was a one, giving the unanswered questions a zero would give false low scores.

The PARQ had four subscales: warmth, aggression, neglect, and indifference. The PARQ had a total of 60 questions with answers ranging from almost always true, sometimes true, rarely true, and almost never true. The items were scored with almost always given a value of 4, sometimes true had a value of 3, rarely true was 2, and almost never true was 1. The exception was that seven items in the neglect subscale: 7; 14; 21; 28; 35; 42; 49 were reverse scored. This reverse scoring was in keeping with the design of the test that a high score indicates maximum warmth, maximum aggression, maximum neglect, and maximum rejection. To obtain a total PARQ score the warmth subscale

was reverse scored. This was accomplished by subtracting the warmth subscale from 100. This put the scale in line with the other subscales measuring rejection. For example, a score of 80 on the warmth subscale measured the amount of acceptance the child perceived in the relationship. Subtracting the score of 80 from 100 gave a score of 20. This score of 20 would indicate the opposite of acceptance, rejection. This score of 20 would then be added to the other subscale scores for a total PARQ score. The higher the score the more rejection was perceived by the child; the lower the score the less rejection and more acceptance was perceived by the child. A summary of the PARQ central tendencies is displayed in Table 4.

The warmth subscale had a possible total of 80, with the high score implying acceptance was perceived by the child. To obtain a total PARQ score the warmth subscale was reverse scored. This was accomplished by subtracting the warmth subscale from 100. This put the scale in line with the other subscales measuring rejection. The warmth subscale for the mothers ranged from 56.84 to 79.00, with a reversed mean of 27.38, and a standard deviation of 5.93. The coefficient alpha for the mothers' warmth subscale was 0.70. The warmth subscale for fathers ranged from 58 to 79, with a reversed mean of 29.29, and a standard deviation 7.34. The coefficient alpha for the fathers' warmth subscale was 0.90.

The aggression subscale had a possible total of 60. Conversely, a high score suggested aggression was perceived by the child. The aggression subscale for mothers ranged from 17 to 30, with a mean of 21.92 and a standard deviation of 4.1. The coefficient alpha for the mothers' aggression subscale was 0.78. The aggression subscale for fathers ranged from 15 to 32, with a mean 20.07, and a standard deviation 5.62. The coefficient alpha for the fathers' aggression subscale was 0.91

The neglect subscale had a possible total of 60. Similarly, a high score indicated neglect was perceived by the child. The neglect subscale for mothers ranged from 16 to 29, with a mean of 22.38, and a standard deviation of 3.67. The coefficient alpha for mothers' neglect subscale was 0.69. The neglect subscale for fathers ranged from 16.07 to 33, with a mean of 22.55, and a standard deviation of 5.06. The coefficient alpha for fathers' neglect subscale was 0.79.

Finally, the indifferent subscale had a possible total of 40. Likewise, a high score suggested indifference perceived by the child. The indifferent subscale for mothers ranged from 13 to 18, with a mean of 14.90, and a standard deviation of 1.8. The coefficient alpha for mothers' indifferent subscale was 0.28. The indifferent subscale for fathers ranged from 10 to 21, with a mean of 14.57, and a

standard deviation of 3.17. The coefficient alpha for fathers' subscale was 0.69.

The total PARQ score had a possibility of 240. The higher the score the greater the rejection perceived by the child. The child's mother-PARQ scores ranged from 72 to 105, with a mean of 86.57, and a standard deviation of 10.01. The child's father-PARQ scores ranged from 67.21 to 128, with a mean 86.29, and a standard deviation 17.47.

Table 4

Parental Acceptance-Rejection Questionnaire Central Tendencies

	\bar{X}	S D	range
C. M. warm	27.38	5.94	56.84-79.00
C. F. warm	29.29	7.34	58.00-79.00
C. M. aggression	21.92	4.10	17.00-30.00
C. F. aggression	20.07	5.62	15.00-32.00
C. M. neglect	22.38	3.67	16.00-29.00
C. F. neglect	22.55	5.06	16.07-33.00
C. M. indifferent	14.90	1.81	13.00-18.00
C. F. indifferent	14.37	3.17	10.00-21.00
C. M. total	86.57	10.01	72.00-105.00
C. F. total	86.29	17.47	67.21-128.00

C = Child

M = Mother

F = Father

N = 12

Standard paired t-tests for significant differences between mothers and fathers on the total scores as well as the subscales yielded no significant differences for a $p=.05$.

Spiritual Well-being Scale The SWB questionnaire had a total of 20 items with answers ranging from strongly agree to strongly disagree. Eleven of the items were scored with strongly agree, given a value of 6; moderately agree given a

value of 5; agree, a value of 4; disagree, a value of 3; moderately disagree, a value of 2; and strongly disagree, given a value of 1. The remaining nine items were reverse scored with strongly agree given a value of 1 through strongly disagree which was given a value of 6. This was done due to the wording of these questions. The items were arranged so that the odd numbers were the RWB subscale and the even numbers were the EWB subscale. A total score was obtained by adding all the items. A high score indicated the subject perceived herself/himself to have a high level of spiritual well-being. The SWB questionnaire had a possible total score of 120 with high scores relating to greater perceived spiritual well-being. The scale was divided equally into two subscales: Religious Well-Being (RWB), questions concerning God; Existential Well-Being (EWB), questions concerning direction in life. Each subscale had a possible total of 60. A summary of the SWB central tendencies is given in Table 5. For mothers the RWB scores ranged from 38 to 60, with a mean of 48.90, and a standard deviation of 9.50. The fathers RWB scores ranged from 40 to 60, with a mean of 50, and a standard deviation of 6.08. It was noted that the mothers' EWB scores ranged from 27 to 60, with a mean of 45.17, and a standard deviation of 10.27. Further, the fathers' EWB score ranged from 33 to 57, with a mean of 47.56, and a standard deviation of 8.05. Finally, on

SWB, the mothers' total scores ranged from 65 to 120, with a mean of 94.07, and a standard deviation of 18.03. Along side these the fathers' total scores ranged from 73 to 112, with a mean of 97.56 and a standard deviation of 10.97. (see Table 5).

Table 5
Spiritual Well-being Scale Central Tendencies

	\bar{X}	SD	range
M-RWB	48.90	9.50	38.00-60.00
F-RWB	50.00	6.08	40.00-60.00
M-EWB	45.17	10.27	27.00-60.00
F-EWB	47.56	8.05	33.00-57.00
M-SWB	94.07	18.03	65.00-120.0
F-SWB	97.56	10.97	73.00-112.0

M = Mother

F = Father

Mother's N = 12

Father's N = 9

Analysis

This research study focused on the relationship between the self-perceived spiritual well-being of parents and the children's perception of the parent-child relationships. The

index to discern relationships used in this study was Pearson's product-moment correlation coefficient.

Correlations were performed for several relationships as they related to the research questions. For the children's perceived relationship with their fathers and the fathers' perceived spiritual well-being, research question number one $r = +0.10$. The total child father-PARQ scores were pooled with the total SWB scores. They were then correlated by using Pearson's r . This statistic was in keeping with the purpose of this project which was to explore the relationship between spiritual well-being of parents and the child's perception of the quality of the parent-child relationship. This correlation described the relationship between two variables in terms of a straight line. For research question number two, the children's perceived relationship with their mothers and the mothers' perceived spiritual well-being, the $r = +0.39$. Answering the third research question the fathers' perceived spiritual well-being and the mothers' perceived spiritual well-being was correlated, yielding $r = -0.02$. An additional correlation was done for the children's perceived relationship with their fathers and the children's perceived relationship with their mothers; the research was $r = +0.67$. A summary of the correlations is given in Table 6.

Table 6
Summary of Correlations

	CM-PARQ	CF-PARQ	F-SWB
M-SWB	r=0.39 p=0.21	na	r=-0.018 p=0.96
F-SWB	na	r=0.10 p=0.79	na
CM-PARQ	na	r=0.67 p=0.02	na

F = Father
M = Mother
C = Children

SWB = Spiritual Well Being
PARQ = Parental Acceptance Rejection Questionnaire

M-SWB N = 12 mother-child sets
F-SWB N = 9 father-child sets
CM-PARQ = 12 mother-child sets
CF-PARQ = 9 father-child sets

One final calculation to determine coefficient alphas suggesting the internal consistency of the PARQ was performed. The coefficient alpha yields values ranging from 0.00 to +1.00. Internal consistency is reflected by a higher alpha value. A coefficient alpha is a split-half correlation obtained for all possible ways of dividing the measure into two halves (Polit & Hungler, 1987). The calculated alphas for the subscales were: fathers' warmth 0.90, mothers' warmth 0.70, fathers' aggression 0.91, mothers' aggression

0.78, fathers' neglect 0.79, mothers' neglect 0.69, and fathers' indifference 0.69, mothers' indifference 0.28.

Chapter V

Discussion

The purpose of this chapter is to go beyond the data to the ideas and implications they suggest. It will examine the research questions that were generated and how the data contributes to the research questions. Ultimately this chapter will speak to the major findings and how they relate to the research questions. The meaning and the importance of the findings will also be discussed in regard to the uses they have for nursing. The expectations and any lack of correlations to the findings will be pointed out. Finally, theoretical and practical applications of the findings will be presented. This chapter will be divided into three sections: discussion, recommendations, and conclusions.

Question 1: What is the relationship between children's perception of their parent-child relationship and fathers' perception of their own spiritual well-being?

A correlation was obtained for the fathers' SWB scores and the children's father-PARQ scores: $r = +0.10$ (see Table 6). This data does not support the implied positive

relationship between parent-child relationship and fathers' spiritual well-being suggested by Bufford (1984), Ellison (1983), and Potvin (1977). However, this correlation was in the positive direction.

The children's father-PARQ scores yielded a mean of 86.29, a standard deviation of 17.47, and a range of 67.21-128.00. These results indicated the children perceived acceptance of themselves by their fathers. The PARQ has a potential total score of 240, with the higher score reflecting perceived rejection on the part of the child. Thus with a range of 67.21 to 128.00, the child who obtained a score of 128.00 perceived more rejection than the child who obtained a score of 67.21. With a potential of 240, a score of 128.00 is only about one-half the total possible, which suggested that this child perceived substantial amounts of acceptance from his/her father, or rather less rejection. This indicated that the student participants from these two parochial schools perceived general acceptance from their fathers, albeit, in varying degrees as reflected in the standard deviation of 17.47. These findings were similar to Rohner's (1986) study which had an overall mean score of 106, suggesting that the subjects in both of these studies perceived general acceptance from their care givers. Also, 128 doesn't reach a score of 150, which Rohner (1984) said indicated significant perceived rejection of the child.

The SWB scale has a possible total of 120. The father's SWB scores ranged from 73-112 which suggested that they perceived themselves as generally leaning toward spiritual well-being. The fathers' mean score was 97.56, which was in the upper 4th quartile and agreed with the suggestion of perceived spiritual well-being. These findings are similar to the results of other religious groups studied by Bufford, Paloutzian, & Ellison (1990). The fathers had mildly varying degrees of perceived spiritual well-being as implied by the standard deviation of 10.97.

To summarize the data related to research question number one, there is a slight correlation in the positive direction between the children's perceived relationship with their fathers and the fathers' perceived spiritual well-being, however, it is not statistically significant.

Question 2: What is the relationship between children's perceptions of their parent-child relationship and mothers' perception of their own spiritual well-being?

A correlation was obtained for the mother's SWB and the child's mother-PARQ. The value obtained was $r = +0.39$ (see Table 6). This statistic was not significant, although it is in the predicted direction.

These children perceived their relationship with their mother to be generally accepting. The range of children's mother-PARQ scores was 72-105. The possible total PARQ score was 240. A low score represented more acceptance and a high score represented more rejection (less acceptance). Since these figures were all less than one half the possible total score, it suggested that the children perceived acceptance by their mothers. A standard deviation of 10.01 for mothers' PARQ scores implied the variation for the mother was less than for the father. Again, these findings were similar to Rohner's (1986) study which had an overall mean score of 106, suggesting that the subjects in both of these studies perceived general acceptance from their care givers.

The possible total for SWB scores was 120. The mothers' SWB scores ranged from 65 to 120. The mean score for mothers' SWB was 94.07, which was in the upper 4th quartile and agreed with the suggestion of perceived spiritual well-being. These findings are similar to the results of other religious groups studied by Bufford, Paloutzian, & Ellison (1990). The correlation was in the positive direction which suggested that the mothers generally perceived themselves as leaning toward spiritual well-being. The mothers' perceived SWB scores varied moderately, as implied by the standard deviation of 18.03 (see Table 5).

To summarize the data related to research question number two, there is a slight correlation in the positive direction between the children's perceived relationship with their mothers and the mothers' perceived spiritual well-being. However, it is not statistically significant. It should be noted that the correlation is greater than for fathers and of greater significance. This may be related to the larger sample size of mother-child sets.

Question 3: What is the relationship between fathers' perceptions of their spiritual well-being and mothers' perceptions of their spiritual well-being?

The correlation value of $r = -0.02$ suggested an absence of association between the father's spiritual well-being and the mother's spiritual well-being. This indicated that each parent's spiritual well-being was unrelated to his/her spouse's spiritual well-being. This suggested that spouses respond as separate individuals in this area and that a spouse's spiritual well-being was not dependent on his/her mate's spiritual well-being. That is, if the fathers' scores increased the mothers' scores may increase, decrease, or may remain the same.

The SWB questionnaire had a possible total of 120. The fathers' scores ranged from 73-112, and the mothers' scores

ranged from 65-120. The father's SWB mean score is 97.56. The mother's SWB mean score is 94.07. These scores agreed with the implication that both fathers and mothers perceived themselves as leaning toward spiritual well-being. On further comparison of father's spiritual well-being and mother's spiritual well-being in relation to the tools subscales it was noted that the Religious Well-being (RWB) subscale varied similarly: father's ranged from 40 to 60; mother's ranged from 38 to 60. These findings suggested that in this population both fathers and mothers were familiar with religious evaluation. Furthermore it was also noted that the Existential Well-being (EWB) scores varied slightly: father's ranging from 33 to 57; mother's ranging from 27 to 60. This suggested that fathers and mothers, in evaluating their spiritual well-being, perceived themselves to differ mostly in their existential well-being evaluation.

A researcher does not expect to find perfect scores on perceived spiritual well-being. A SWB score of 120 would imply that they had attained spiritual well-being, which would be contrary to the theory that spiritual well-being is a process. Ellison (1983) alluded to this process by including the need for transcendence, going beyond oneself, as part of spiritual well-being. Furthermore, he suggested that spiritual well-being was a continuous variable. The question he proposed was not whether we have it, but how

much, and how may we improve the degree of spiritual well-being we have. The above findings of spiritual well-being suggested that the participants perceived themselves as leaning toward spiritual well-being. However, because of the small sample size and homogeneity of the population generalizations should be limited to similar populations.

Further Discussion When comparing the correlation obtained for the fathers' SWB and the children's father-PARQ $r = 0.10$ (see Table 6) and the correlation obtained for the mothers' SWB and the children's mother-PARQ $r = +0.39$ (see Table 6), it was noted that both were in the positive direction. However, the correlation was much smaller for the fathers compared with the mothers. These findings suggested that the mothers were perceived as more accepting than the fathers. A possible explanation for this perceived difference is that mothers may spend more time giving care to the children than do fathers. This could also contribute to the perception that mothers are more accepting than fathers. Such discrimination between mother and father duties is partially imposed by society and culture. Another possible explanation is the difference in sample size. The mean values for both parents suggested that they were perceived almost the same by their children: father's mean = 86.29; mother's mean = 86.57. These values support the above suggestion that the fathers and mothers are perceived by the children as being

accepting. This data reiterated the value of using more than one statistic to describe outcomes.

A significant correlation was identified linking mother-PARQ to father-PARQ. The correlation value of $r = +0.67$ for mother's PARQ and for father's PARQ, suggested that there were similarities perceived by the children toward their parents; as the fathers' PARQ decreased the mothers' would decrease. Considering the above findings it is implied that the similarity is that both parents were perceived as generally accepting of the child. The correlation value also suggests that fathers and mothers were perceived differently by their children. If they were perceived exactly the same the correlation value would more closely approach +1.00. These findings supported Schaefer's (1963), and Kagan and Lemkin's (1960) findings that children perceived their relationship with their father differently from their relationship with their mother, and that parents should be tested separately.

As was acknowledged earlier a limitation of previous studies in spiritual well-being was the selection of subjects from private parochial schools, thus limiting the variability and generalizability of the findings. The goal of the researcher to obtain a heterogeneous sample, including both public and parochial schools was unattainable. Due to circumstances beyond the researchers control, it was

impossible to gain entrance to do this research project in a public school. Legal limitations of public school involvement were the deciding factor. A limitation of this research project was the homogeneity of the subjects; they were from two parochial schools. However they did represent two different Christian faiths, Protestant and Catholic. The generalizability is limited to families living in a large metropolitan area with children in parochial schools. Another limitation was the use of volunteers. People tend to volunteer for research projects dealing with content that they are interested in, and possibly produce skewed results.

Implications

The findings of this study, which explored the interaction of parent-child relationships and spiritual well-being, have important implications for nursing in the area of practice, education, theory development, and research. Research regarding parent-child relationships and spiritual well-being has contributed understanding and knowledge important for nurses to effect positive changes in the health of families. As health educators, nurses may implement information from this research to assist the patient and family to engage in self-care and self-responsibility. Nurses who are teaching formally or informally require current information; this research confirms and expands current information. Additionally, these findings may be

used to assist families in developing skills to cope with their health problems.

Nursing Practice Nurses, as deliverers and supervisors of care, may implement information from this study in all areas of the nursing process: assessing families and individuals at risk by identifying spiritual distress; planning specific outcomes; implementing interventions to facilitate desired outcomes; and evaluating interventions. As client advocates, nurses may implement information from this research to more adequately speak on behalf of their patients. Nurses, as coordinators, could use information from this study to make knowledgeable referrals. Likewise, information from this research may be used by nurses as they collaborate with other health professionals, serve as consultants, counsel patients, and encourage and arrange for environmental modifications.

Nursing interventions for improving the socialization of children and for focusing on strategies of increasing mutual understanding of perceptions of the parent-child relationship and spiritual well-being need to be based on factual information. This research contributes to this knowledge base. Studies such as this one, which has collected information on parent-child relationships and spiritual well-being from allied fields of psychology, sociology, and child development provide knowledge that may add to developing

theoretical models for the practice of family nursing. The socialization of children may be positively affected as nurses use this knowledge as a base for intervention in family counseling and in parent education in all areas of nursing.

The clinical area of maternity nursing has long emphasized family care. Data from this study suggested that the child's perception of the mother-child relationship was linked to the child's perception of the father-child relationship. This information could be used in the area of maternity in many ways: in prenatal classes where spouses are encouraged to attend together; in labor and delivery where fathers-to-be take an active part in coaching and caring for the mother; also in labor and delivery, at the birth of a stillborn or a child with an abnormality; in post partum where father and siblings are encouraged to interact with the mother and the new family member; also, in post partum when a mother has complications.

Pediatrics as well has emphasized family participation in caring for their patients. Findings from this study indicated that mothers may be more involved in relationships than fathers, thus their spiritual well-being could possibly be linked to having meaningful parent-child relationships. These findings could be used in the area of pediatrics when working with single-parent families; families with a disabled

child; families with a chronically ill child (e.g. diabetes or asthma); families involved in car accidents; and families involved in child abuse. Data from this study which inferred that husbands and wives don't necessarily have similar perceptions of their spiritual well-being could be used in the general medical area when working with families on the hemodialysis unit; families going through the crisis of cancer; families facing potential threats of death in the coronary care unit; families in the surgical area; and families in the emergency room. Nurses working in the clinical area of mental health have long been aware of the influence of the family "in precipitating, maintaining, and aggravating illness" (Wright & Leahey, 1985, p. 80).

Findings from this study which indicated that parents are viewed differently by children could be used in the areas of mental health, crisis intervention, and in-patient as well as out-patient care. Data from this study suggested that the ability to transcend self as defined by spiritual well-being may be related to parents' ability to transcend themselves in the parent-child relationship. Findings from this study which indicated that the parent's perception of their own spiritual well-being was related in the positive direction to the child's perception of the parent-child relationship, however, were not at a statistically significant level. These findings could be used in the area of school health

when nurses care for families with learning or behavioral difficulties and when assessing families with children who are not attending school regularly. Information from this study could be used in the area of occupational health when nurses care for families with alcohol or drug abuse and stress-related illnesses.

Nursing Education Information from this research may have implications for the education of nurses. This research has contributed further knowledge in the field of spiritual well-being and parent-child relationships that may reinforce and expand nursing's philosophical statement concerning the nature of the individual and the family. Data from this study could be used to write specific objectives for developing classes dealing with families and their coping strategies. Specifically, nurses could use these findings to write content regarding learning objectives for their classes. Maternity nurses could use this knowledge in the area of labor and delivery where families are encouraged to participate together; in post partum where families continue their interactions and where nursing students learn to assess family process and interaction. Pediatric nursing faculty could use this knowledge in writing learning objectives for students to assess and encourage parent-child interaction and attention to spiritual needs and well-being. Professors responsible for general medical and surgical nursing could

use this knowledge in writing learning objectives for students to assess, encourage, and assist with care for patients who are ill or are having surgery. Educators in mental health nursing could use this knowledge in writing learning objectives for students to assess, encourage, and assist with care as they counsel with inpatients as well as outpatients. Professors responsible for community health nursing could use this information when writing learning objectives for students to assess, encourage, and assist with care for clients in prevention programs, home care visits, occupational health, and when interacting with families as school health nurses.

Family Nursing Theory Development Nurses interested in theory development could also benefit from these results. Descriptive correlational studies provide bases for studies which could provide data with more predictive potential. Knowledge about the relationship of spiritual well-being and parent-child relationships has contributed information to the knowledge base of these phenomena and has generated further questions concerning the predictability of the relationships concerning these variables.

Nursing Research Information from this research may be implemented in the area of nursing research. Parent-child relationships and spiritual well-being have been operationally defined, and instruments have been developed to

measure them. Although the definitions have been revised, they have remained relatively consistent throughout the years. Various researchers have consistently identified the same criteria as being relevant to each phenomenon. This consistency of theory and instrument development contribute to the testability of these variables. Information from this research could be used in the development of a reliable tool to measure spiritual well-being in families or a tool to measure parent-child relationships which include the concept of transcendence. Information from this research could be used in the development of criteria for a nursing diagnosis related to patterns of parent-child relationships and to family spiritual well-being. Information from this research could possibly help nurse researchers as they identify patient behaviors that might assist with identifying spiritual problems in families.

Questions for further study Studying the theory and research dealing with parent-child relationships and spiritual well-being has inspired questions for further study, such as:

1. How is spiritual well-being improved?
2. How is a family's parent-child relationship improved?
3. How does this information concerning the children's perception of their relationship with their father compare to

how their father's perceived relationship with his father and his mother? Likewise, how does the children's perception of their relationship with their mother compare to how their mother perceived her relationship with her father and her mother?

4. How does change occur in parenting behaviors across generations?

5. What information can be ascertained when a researcher combines acceptance-rejection theory with family systems theory or with change theory?

6. Does the transcendence concept of the spiritual well-being theory allow parents to go beyond themselves and thus think of their children?

Conclusion

Research in the area of parent-child relationships has had a long history and continues to be of interest today. Although research in the area of spiritual well-being has a sporadic history, it has increased greatly in the last ten years. Interest in the family has greatly increased in recent years as can be seen by the inclusion of a distinct body of knowledge and a specific education system pertaining to family theories. The public has become more interested in improving family relationships. Research dealing with specific attributes of family systems has much to contribute to improving relationships. This research explored the

parent-child relationship and how it related to parental spiritual well-being. Three questions were addressed:

- 1) What is the relationship between children's perception of their parent-child relationship and fathers' perception of their spiritual well-being?
- 2) What is the relationship between children's perceptions of their parent-child relationship and mothers' perception of their own spiritual well-being?
- 3) What is the relationship between fathers' perceptions of their spiritual well-being and mothers' perceptions of their spiritual well-being?

Children and parents of 12 families were surveyed in relation to these research questions. The children responded to questions concerning their relationship with their father and with their mother. The parents answered questions concerning their spiritual well-being. Major findings suggested by this research were: 1) Children perceived their relationship with their mothers differently than their relationship with their fathers, 2) Children's perceived relationship with their mothers was positively correlated to their perceived relationship with their fathers, 3) Mother's spiritual well-being was not positively correlated with the father's spiritual well-being. Rohner (1986) suggested that the parent-child relationship could be described as the child perceiving acceptance or rejection. Rohner (1984) suggested that the international sample that he

studied perceived acceptance from their care giver. This research suggests similar findings, as this sample of parochial school students perceived acceptance from their mothers and their fathers. This research suggests that transcendence should possibly be included in the study of the parent-child relationship. This research supports the idea that parents' who perceive themselves as leaning toward spiritual well-being may have a positive relationship on their relationship with their children.

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Appendix A
Invitation Letter

June 29, 1989

Dear Potential Participants:

Susan Williams, R.N., a graduate student in the School of Family Nursing at Oregon Health Sciences University requests your cooperation during the data collection process of her master's thesis project.

Ms. Williams' study deals with the subject matter of parent-child relationships and spiritual well-being. If you should consent to sign, your participation would consist of answering two questionnaires. This process could take approximately 45 minutes.

The procedure would be:

1. Read consent form for information concerning this study.
2. Notice: If you have any questions concerning your participation, Ms. Williams may be contacted at 252-2260.
2. Sign consent form if willing to participate.
3. Return consent form in enclosed self addressed stamped envelope.
4. Wait: questionnaires will be mailed to parents, when the signed consent form is received.
5. Answer appropriate parent's questionnaire:
 - A. Father Spiritual Well-being questionnaire
 - B. Mother Spiritual Well-being questionnaire

* C. Children's testing session: Children attend testing session at their school where tests are administered by Ms. Williams. If a child is unable to attend the group testing session an appointment will be made by Ms. Williams to take the test at a later date.

6. Return questionnaires in enclosed self addressed stamped envelope.

7. Optional: Attend private debriefing session with Ms. Williams. This session is provided to answer questions that may have arisen while answering questionnaires.

Thank you for your time and consideration.

Sincerely,

Susan Williams

Appendix B
Consent Forms

Oregon Health Sciences University

Parent Consent Form

June 29, 1989

**The Relationship Between Parents' Spiritual Well-being
and the Children's Perception of the Parent-child
Relationship.**

I consent to participate in Susan Williams' research project entitled "The Relationship Between Parents' Spiritual Well-being and the Children's Perception of the Parent-child Relationship." This research project is designed to look at spiritual well-being and parent-child relationships in families of fifth and sixth graders. I have been asked to participate because my child is in the fifth or sixth grade. My participation is voluntary and I understand that I may withdraw at any time without affecting my relationship with the school or the Oregon Health Sciences University.

My participation in this study will consist of answering questionnaires, which will be mailed to me and which will take approximately 45 minutes to complete. The time and effort to complete and return the questionnaires is the only cost expected. I understand that participants of this study must have no known illnesses.

This study may involve the following side effect and/or discomfort: statements may bring up topics or feelings that

This study may involve the following side effect and/or discomfort: statements may bring up topics or feelings that we have not discussed as a family. However because of this, the option of attending a private family debriefing session with Ms. Williams will be available. No risk to my health will result from my participation. I may not receive any direct benefits from participating in this study, but what is learned may help other families in the future.

I understand that Susan Williams, R.N. can be reached at 252-2260, and will answer any questions I may have at any time concerning details of this study. If the study design or use of data is to be changed, I will be informed.

Neither my name nor identity will be used for publication or publicity purposes. I understand that data will be reported in group form: fathers', mothers', and children's-fathers', children's-mothers'. I understand that the name of the school my child attends will not be identified in any way.

The Oregon Health Sciences University, as an agency of the State, is covered by the State Liability Fund. If I suffer any injury from the research project, compensation would be available to me only if I establish that the injury occurred through the fault of the University, its officers or employees. If I have further questions, I may contact Dr. Michael Baird at (503) 279-8014.

I have read the foregoing and agree to participate in
this research project.

Signature Participant

Date

Signature Witness

Date

Oregon Health Sciences University

Child's Consent Form
June 29, 1989

**The Relationship Between Parents' Spiritual Well-being
and the Children's Perception of the Parent-child
Relationship**

I agree to take part in Susan Williams', nurse, research project entitled "A Study of the Relationship Between Parents' Spiritual Well-being and the Children's Perception of the Parent-child Relationship." This study plans to look at what parents' think about their spiritual well-being and what children think of their relationship with their parents.

I have been asked to be a part of this study because I am in the fifth or sixth grade. I know that I may stop any time without affecting my relationship with my school or the Oregon Health Sciences University.

My part in this study will be to answer written questions given to me at school by Ms. Williams, and this may take about 45 minutes to finish. If I can't attend the school testing Ms. Williams will make an appointment with me to give it to me at a later date.

This study may bring up subjects or feelings that we have not discussed as a family. However because of this, I can attend a private family rap session with Ms. Williams. I know that no risk to my health will result from my being involved in this study.

I may not get any benefits from being in this study, but what is learned may help other families in the future. I understand that Ms. Williams will mail the results of the study to me.

Susan Williams, nurse, can be reached at 252-2260, and will answer any questions I may have at any time concerning this study.

I understand that my name or identity will not be used in any written way. Also, my school will not be identified in any way. I understand that results of the study will be reported in group form: fathers', mothers', and children's.

The Oregon Health Sciences University, as a company of the State, is covered by the State Liability Fund. If I am injured from the research project, compensation would be available to me only if I showed that the injury happened through the fault of the University, its officers or employees. If I have further questions, I may call Dr. Michael Baird at (503) 279-8014.

I have read the foregoing and agree to participate in
this research project.

Signature Participant

Date

Signature Witness

Date

Appendix C

Parental Interview and Information Forms

BACKGROUND DATA SCHEDULE
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Name of respondent _____ Date _____
last first initial

B. *MOTHER DATA.* This section refers to (and is usually completed by) the mother or major female caretaker (if any) of the child described in section A above.

6. *What is your relationship to the child?*

_____ 1. Mother

_____ 2. Other _____ (please specify)

7. *Birth date:* Month _____ Day _____ Year _____

8. *Age:* How old were you on your last birthday? _____

9. *Ethnicity:* Are you a member of a minority (i.e., national or ethnic group)?

_____ 1. No

_____ 2. Yes (e.g., Black, Italian, Polish, Puerto Rican, etc.)

_____ name of minority group

10. *Language:* What is the major language you speak at home?

_____ 1. English

_____ 2. Other _____ (please specify)

11. *Religion:* What is your religious preference?

_____ 1. Protestant

_____ 2. Catholic

_____ 3. Jewish

_____ 4. None

_____ 5. Other _____ (please specify)

12. *Education:* What is the highest grade you completed in school?

_____ 1. Less than high school (grade 12)

_____ 2. High school (or passed high school equivalency test)

_____ 3. High school, plus business or trade school diploma or equivalent

_____ 4. One to four years of college, but did not graduate

_____ 5. Graduated from college with B.S., B.A., or equivalent degree

_____ 6. Postgraduate professional degree (e.g., M.A., M.S.W., D.D.S., L.L.D., Ph.D., M.D.)

13. *Employment:* Are you now employed?

_____ 1. Unemployed; not looking for work (including retired, sick, disabled, on strike, etc.)

_____ 2. Unemployed; looking for work

_____ 3. Employed part-time

_____ 4. Employed full-time

_____ 5. Other _____ (Please specify)

14. *Occupation:* What is (was) your usual or main occupation (including housewife)?

i. Occupation name or title _____ (please specify)
(Please give the most specific title appropriate)

ii. What are (were) your main duties _____

_____ (please be specific)

15. *Household composition:* List below all persons now living in your household and indicate their relationship to you. (Include persons who usually live with you but who are now absent.)

THE WARPATH DIMENSION

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Name _____ Age at Last Birthday _____ Sex _____ Relationship to You _____

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____

16. *Marital status:* Check all the following that are true.

- _____ 1. Married and living with husband
- _____ 2. Not married but living with someone (consensual union)
- _____ 3. Separated (i.e., married but not living with husband)
- _____ 4. Divorced
- _____ 5. Widowed
- _____ 6. Never married (including annulments)

17. *Children:* How many children do you have? _____

18. *Birth order:* Putting all your children in order from oldest (first born) to youngest (last born), where does child described in this research fall (e.g., only child, first born, second born, etc.)? _____

19. *Family stress:* Have you or your husband (or the "man of the house," if any) experienced any of the following problems during the past year?

- i. Death or desertion by someone you (or he) really cared for (e.g., spouse, close friend, relative)?
 - _____ 1. No
 - _____ 2. Yes
- ii. Divorced?
 - _____ 1. No
 - _____ 2. Yes
- iii. Serious physical or mental illness?
 - _____ 1. No
 - _____ 2. Yes

iv. Long-term unemployment?

- _____ 1. No
- _____ 2. Yes

v. Serious family conflict (e.g., marital conflict)

- _____ 1. No
- _____ 2. Yes

vi. Other serious problems?

- _____ 1. No
- _____ 2. Yes _____ (please specify)

20. *Recreational preferences:*

i. When you have free time, how often do you visit with friends or relatives (other than members of your own household)?

- _____ 1. Rarely or never
- _____ 2. Sometimes, but not often
- _____ 3. Often (or, "As often as I can")

ii. How often do you get outside your home, e.g., to visit friends, attend sports events, go to a movie, have dinner out, etc?

- _____ 1. Rarely or never
- _____ 2. Sometimes, but not often
- _____ 3. Often (or, "As often as I can")

THE WARYTH DIMENSION

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Name of respondent _____ Date _____
last first initial

C. FATHER DATA: This section is to be completed with reference to the child's father (or whoever the most significant male is in the child's life).

21. What is his relationship to the child?

_____ 1. Father
_____ 2. Other _____ (please specify)

22. Does the child's father (or "significant male") normally live in the same household with the child?

_____ 1. No
_____ 2. Yes

23. Birth date of father (or "significant male"):

Month _____ Day _____ Year _____

24. Age: How old was he on his last birthday? _____

25. Ethnicity: Is he a member of a minority (i.e., national or ethnic group)?

_____ 1. No
_____ 2. Yes (e.g., Black, Italian, Polish, Puerto Rican, etc.)
_____ name of minority group

26. Language: What is the major language he speaks at home?

_____ 1. English
_____ 2. Other _____ (please specify)

27. Religion: What is his religious preference?

_____ 1. Protestant
_____ 2. Catholic
_____ 3. Jewish
_____ 4. None

28. Education: What is the highest grade he completed in school?

_____ 1. Less than high school (grade 12)
_____ 2. High school (or passed high school equivalency test)
_____ 3. High school, plus business or trade school diploma or equivalent
_____ 4. One to four years of college, but did not graduate
_____ 5. Graduated from college with B.A., B.S., or equivalent degree
_____ 6. Postgraduate professional degree (e.g., M.A., M.S.W., D.D.S., L.L.D., Ph.D., M.D.)

29. Employment: Is he now employed?

_____ 1. Unemployed; not looking for work (including retired, sick, disabled, on strike, etc.)
_____ 2. Unemployed; looking for work
_____ 3. Employed part-time
_____ 4. Employed full-time
_____ 5. Other _____ (please specify)

30. Occupation: What is (was) his usual or main occupation?

i. Occupation name or title: _____
(please give most specific title appropriate)

ii. What are (were) his main duties? _____

SPIRITUAL WELL-BEING SCALE

PARENT FORM

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For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree D = Disagree
 MA = Moderately Agree MD = Moderately Disagree
 A = Agree SD = Strongly Disagree

- | | |
|--|-----------------|
| 1. I don't find much satisfaction in private prayer with God. | SA MA A D MD SD |
| 2. I don't know who I am, where I came from, or where I am going. | SA MA A D MD SD |
| 3. I believe that God loves me and cares about me. | SA MA A D MD SD |
| 4. I feel that life is a positive experience. | SA MA A D MD SD |
| 5. I believe that God is impersonal and not interested in my daily situations. | SA MA A D MD SD |
| 6. I feel unsettled about my future. | SA MA A D MD SD |
| 7. I have a personally meaningful relationship with God. | SA MA A D MD SD |
| 8. I feel very fulfilled and satisfied with life. | SA MA A D MD SD |
| 9. I don't get much personal strength and support from my God. | SA MA A D MD SD |
| 10. I feel a sense of well-being about the direction my life is headed in. | SA MA A D MD SD |
| 11. I believe that God is concerned about my problems. | SA MA A D MD SD |
| 12. I don't enjoy much about life. | SA MA A D MD SD |
| 13. I don't have a personally satisfying relationship with God. | SA MA A D MD SD |
| 14. I feel good about my future. | SA MA A D MD SD |
| 15. My relationship with God helps me not to feel lonely. | SA MA A D MD SD |
| 16. I feel that life is full of conflict and unhappiness. | SA MA A D MD SD |
| 17. I feel most fulfilled when I'm in close communion with God. | SA MA A D MD SD |
| 18. Life doesn't have much meaning. | SA MA A D MD SD |
| 19. My relation with God contributes to my sense of well-being. | SA MA A D MD SD |
| 20. I believe there is some real purpose for my life. | SA MA A D MD SD |

Appendix D
Children's Interview and Information Forms

THE WARMTH DIMENSION

BACKGROUND DATA SCHEDULE

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Name of respondent _____ Date _____
 last first initial

A. *CHILD DATA*. This section refers to the child participating in the research.

1. *Name*: (or ID number of child) _____

2. *Sex*: _____ 1. Male _____ 2. Female

3. *Birth date*: Month _____ Day _____ Year _____

4. *Age*. How old was (s)he on his/her last birthday? _____

5. *Education*. What grade in school is (s)he in now? (If not in school, what grade was (s)he in when (s)he last attended school?)

_____ 1. First _____ 7. Seventh 13. Other (specify)

_____ 2. Second _____ 8. Eighth _____

_____ 3. Third _____ 9. Ninth _____

_____ 4. Fourth _____ 10. Tenth _____

_____ 5. Fifth _____ 11. Eleventh _____

_____ 6. Sixth _____ 12. Twelfth _____

Four lines are drawn after each sentence. If the statement is basically true about the way your mother treats you then ask yourself, "Is it almost *always* true?" or "Is it only *sometimes* true?" If you think your mother almost always treats you that way, put an X on the line **ALMOST ALWAYS TRUE**; if the statement is sometimes true about the way your mother treats you then mark **SOMETIMES TRUE**. If you feel the statement is *basically* untrue about the way your mother treats you then ask yourself, "Is it *rarely* true?"; "Is it almost *never* true?" If it is rarely true about the way your mother treats you put an X on the line **RARELY TRUE**; if you feel the statement is almost never true then mark **ALMOST NEVER TRUE**.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Answer each statement the way you feel your mother really is rather than the way you might like her to be. For example, if your mother almost always hugs and kisses you when you are good, you should mark the item as follows:

	TRUE OF MY MOTHER	NOT TRUE OF MY MOTHER
	Almost Always True	Sometimes True
1. My mother hugs and kisses me when I am good.....	X	Rarely True

Relationship of Referent _____ Questionnaire Administered By _____
 to Respondent (if not Mother)

Okay, now let's try three more to make sure you know how to answer these questions.

	TRUE OF MY MOTHER	NOT TRUE OF MY MOTHER
	Almost Always True	Sometimes True
My Mother		
1. thinks it is my own fault if I get into trouble.....		
2. likes for me to hang around friends home.....		
3. spends as much time with me as she can.....		

**CHILD PARQ:
 PARENTAL ACCEPTANCE-REJECTION
 QUESTIONNAIRE**
 ©1976 by Ronald P. Rohrer

Name (or I.D. number) _____ Date _____

Here are some statements about the way mothers act toward their children. I want you to think about how each one of these fits the way your mother treats you.

Remember, there are no right or wrong answers, so answer each sentence the way you really feel.

	TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<u>My Mother</u>				
1. says nice things about me	_____	_____	_____	_____
2. nags or criticizes me when I am bad	_____	_____	_____	_____
3. totally ignores me	_____	_____	_____	_____
4. does not really love me	_____	_____	_____	_____
5. talks to me about our plans and listens to what I have to say	_____	_____	_____	_____
6. complains about me to others when I do not listen to her	_____	_____	_____	_____
7. takes an active interest in me	_____	_____	_____	_____
8. encourages me to bring my friends home, and tries to make things pleasant for them	_____	_____	_____	_____
9. ridicules and makes fun of me	_____	_____	_____	_____
10. ignores me as long as I do not do anything to bother her	_____	_____	_____	_____
11. yells at me when she is angry	_____	_____	_____	_____
12. makes it easy for me to tell her things that are important	_____	_____	_____	_____
13. treats me harshly	_____	_____	_____	_____
14. enjoys having me around her	_____	_____	_____	_____
15. makes me feel proud when I do well	_____	_____	_____	_____
16. hits me, even when I do not deserve it	_____	_____	_____	_____
17. forgets things she is supposed to do for me	_____	_____	_____	_____
18. sees me as a big brother	_____	_____	_____	_____

	TRUE OF MY MOTHER		NOT TRUE OF MY MOTHER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
<u>My Mother</u>				
19. praises me to others	_____	_____	_____	_____
20. punishes me severely when she is angry	_____	_____	_____	_____
21. makes sure I have the right kind of food to eat	_____	_____	_____	_____
22. talks to me in a warm and loving way	_____	_____	_____	_____
23. gets angry at me easily	_____	_____	_____	_____
24. is too busy to answer my questions	_____	_____	_____	_____
25. seems to dislike me	_____	_____	_____	_____
26. says nice things to me when I deserve them	_____	_____	_____	_____
27. gets mad quickly and picks on me	_____	_____	_____	_____
28. is concerned who my friends are	_____	_____	_____	_____
29. is really interested in what I do	_____	_____	_____	_____
30. says many unkind things to me	_____	_____	_____	_____
31. ignores me when I ask for help	_____	_____	_____	_____
32. thinks it is my own fault when I am having trouble	_____	_____	_____	_____
33. makes me feel wanted and needed	_____	_____	_____	_____
34. tells me that I let her nerves	_____	_____	_____	_____
35. pays a lot of attention to me	_____	_____	_____	_____
36. tells me how proud she is of me when I am good	_____	_____	_____	_____
37. goes out of her way to hurt my feelings	_____	_____	_____	_____
38. forgets important things I think she should remember	_____	_____	_____	_____
39. makes me feel I am not loved any more if I misbehave	_____	_____	_____	_____
40. makes me feel what I do is important	_____	_____	_____	_____

THE WARMTH DIMENSION

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My Mother _____

TRUE OF MY MOTHER	NOT TRUE OF MY MOTHER
Almost Always	Almost Never
Sometimes True	Rarely True

- 21. frightens or threatens me when I do something wrong.....
- 22. likes to spend time with me.....
- 23. tries to help me when I am scared or upset.....
- 24. shames me in front of my playmates when I misbehave.....
- 25. tries to stay away from me.....
- 26. complains about me.....
- 27. cares about what I think and likes me to talk about it.....
- 28. feels other children are better than I am no matter what I do.....
- 29. cares about what I would like when she makes plans.....
- 30. lets me do things I think are important, even if it is inconvenient for her.....
- 31. thinks other children behave better than I do.....
- 32. makes other people take care of me (for example a neighbor or relative).....
- 33. lets me know I am not wanted.....
- 34. is interested in the things I do.....
- 35. tries to make me feel better when I am hurt or sick.....
- 36. tells me how ashamed she is when I misbehave.....
- 37. lets me know she loves me.....

My Mother _____

TRUE OF MY MOTHER	NOT TRUE OF MY MOTHER
Almost Always	Almost Never
Sometimes True	Rarely True

- 58. treats me gently and with kindness.....
- 59. makes me feel ashamed or guilty when I misbehave.....
- 60. tries to make me happy.....

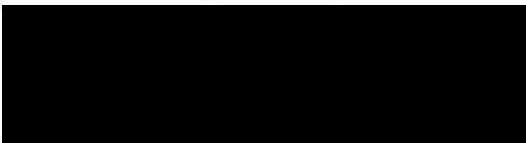
Appendix E
Permission Letters

December 6, 1988
For Susie Williams

PERMISSION FOR USE AND REPRINTING OF ARTICLES AND INDEXES BY
CRAIG W. ELLISON:

Permission is granted to individuals requesting the use of the Spiritual Well-Being Scale and/or the Spiritual Maturity Index for research purposes only, providing written summary of research results are promptly sent to Dr. Craig Ellison and proper credit is given in any publication of said research.

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Craig W. Ellison, Ph.D.
Director of Urban Programs
Psychologist, Professor

Susie Williams
13026 S. E. Ankeny
Portland, Or. 97233

November 9, 1988

Ronald P. Rohner, Ph.D.
University of Connecticut
CSPAR U- 158
Manchester Hall
Storrs, Connecticut 06268

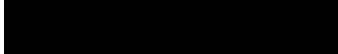
Dear Dr. Rohner:

I would like to use your Child Parent Acceptance Rejection Questionnaire, conceptual framework model, and Background Data Schedule for my research project. Let me introduce myself and tell you something about my proposed research. I am a graduate nursing student at Oregon Health Sciences University in the Childrearing Family Department. I am proposing to look at the relationship between the spiritual well-being of the mothers and the parent-child relationship as perceived by their children. Fathers and their children will also be studied.

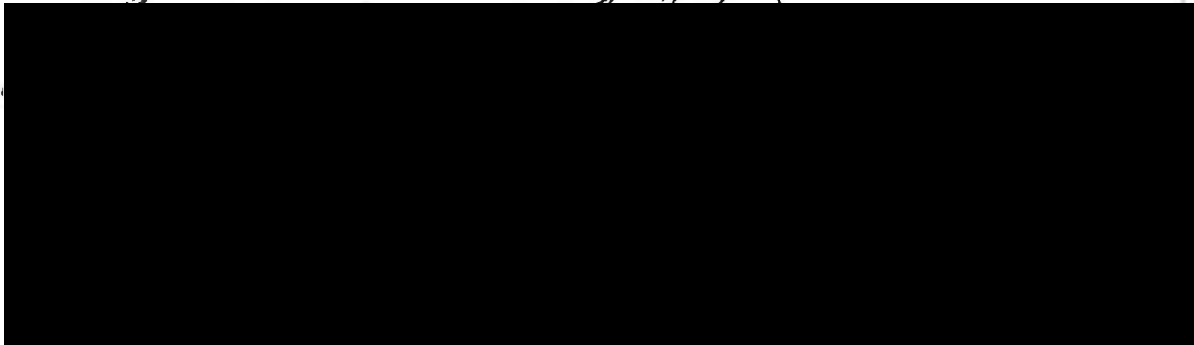
I would like written permission to use your instrument the Child Parent Acceptance Rejection Questionnaire. If it is agreeable with you, your signature on this letter would suffice as permission granted. Please return the signed letter in the enclosed stamped self-addressed envelope.

Thank you for your time and help in the completion of my research project.

Sincerely,


Susie William

Enclosed: one stamped self-addressed envelope.



Abstract

Title: The Relationship Between Parent's Spiritual Well-Being and the Child's Perception of the Parent-Child Relationship

Author: Susan Mae Williams

Approved:

MARSHA HELMS R.N., M.S., ADVISOR

This descriptive correlational study explored the parent-child relationship and how it related to spiritual well-being. Three questions were addressed: 1. What is the relationship between children's perception of their parent-child relationship and fathers' perception of their own spiritual well-being? 2. What is the relationship between children's perceptions of their parent-child relationship and mothers' perception of their own spiritual well-being? 3. What is the relationship between fathers' perceptions of their spiritual well-being and mothers' perceptions of their spiritual well-being? Children and parents of 12 families were surveyed in relation to these research questions. The children responded to questions concerning their relationship with their father and with their mother. The parents answered questions concerning their spiritual well-being.

Major findings suggested by this research were: 1. Children perceived their mothers different than their fathers. 2. Children's perceived relationship with their mothers was linked to their perceived relationship with their fathers. 3. Mother's spiritual well-being was not correlated to father's spiritual well-being. Factors limiting generalizability of these findings include the small sample size, homogeneity of the subjects; subjects were from two parochial schools, and the subjects were volunteers.

The findings suggest several implications for practice. Nurses should be aware that a mother's spiritual well-being may be related to how her child perceives their relationship. Parents are perceived differently by their children. This research supports the concept that parents' who perceive themselves as leaning toward spiritual well-being may have a positive effect on their relationships with their children.