Gender, Family Competence and Psychological Symptoms

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Theory:

There is a connection between individual psychological symptoms and family competence with an emphasis on gender.
Hypothesis:

The psychological health of men is as strongly related to their perceptions of family competence as women’s.
Things to first consider:

- Family Competence is the ability of a family to get along and function productively through problem solving, organization and providing a positive emotional climate.

- Gender is crucial to the study because it shapes how people experience themselves and others and has an influence on their psychological health and well being.
Theoretical Construct I:

Family Competence
Corresponding Operational Definition:

Beavers Family Interactional Scales (BFIS)- self report inventory (SFI) and family competence dimension (FIS-C)
Theoretical Construct II:

Psychological Symptoms
Corresponding Operation Definition:

SCL-90-R symptoms checklist- self report
Study

Quasi-experimental
Subjects:

- 82 Volunteer families from Protestant and Catholic churches and 15 families currently enrolled in family therapy at a university training clinic.
- 72% First Marriages
- 20% Remarriages
- 7.7% Divorced
Independent Variable I:

- Gender
- Scale of Measurement: Qualitative Ratio
- Levels- male and female
Independent Variable II:

- Individual Psychological Symptoms
- Scale of Measurement: Qualitative Ratio
- Levels: high occurrence and low occurrence
Dependent Variable

Family Competence
Results:

- Main Effect I: Overall perceptions of family health were more associated with psychological symptoms than any other interaction pattern.
- Main Effect II: The researchers originally thought there would be no relationship between gender and family competence, at least not for men. There was in fact a relationship between men and their overall family competence that was stronger than anything found before.
Interaction Effect

Perceived family competence accounted for greater amounts of variance in psychological symptoms for men than women.
Did the operational definitions correspond with the theoretical constructs?

Yes, the methods used to measure the theoretical constructs measured what was intended. The results were conclusive and yielded more than was anticipated for the researchers.
If the results were significant, did they have a big effect?

Yes, the results of the study showed that male psychological symptoms were related to the perceptions of family competence. This is a huge effect because of the myth that women are more cohesive and emotionally needy in a relationship. The results, though only the beginning of research of this type, are showing that men have just as much need for the cohesion and emotional stability that comes with relationships as women do.
What are the potential confounds?

- The setting the observations took place in. Ex: a lab setting verses a more personal setting.
- Intimidation of being watched
- Lying or not being fully honest in the answers given.
- The assumptions of women’s roles in relationships going into the study. Ex: feeling like they are supposed to be more emotionally needy.
Do you agree with the authors?

I do. I think this is a great study and is the beginning of a good topic that deserves further research.
How would you have done the study differently?

I would have done the observational data collection differently. The researchers themselves said that the possibly with different people acting as observers, the study would have yielded different results because of the observers own personal interpretation of the subjects thoughts.
Even if you are completely happy with the study, what would you do next?

I would continue to expand on the research. Maybe use a different subject pool or use better trained observers in the field of family therapy to weed out the potential for observer error. I believe this topic could have a great effect on the future of family therapy if it continues to be shown that men have more emotional involvement in their relationships than what is perceived now.