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Antecedents of Boundary Disturbances in Families with Young Children:
Intergenerational Transmission and Parent-Infant Caregiving Patterns

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Abstract

This study investigated antecedents of early triadic family interaction patterns characterized by boundary disturbances between parents and their toddlers. Parents' memories of involving/role-reversed experiences with their own parents, and parents' current representations of attachment relationships, were assessed when they were expecting their first child, and their caregiving interactions were assessed when their infant was 8 months old. Two types of boundary disturbance patterns were identified from triadic interactions observed when children were 24 months old: *enmeshed*, in which a parent uses guilt-inducing, coy or helpless behavior to "pull in" the child to meet his or her needs, and *controlling*, in which a parent uses more power-assertive tactics. Results indicated that *enmeshed* boundary disturbances were predicted primarily by fathers' memories of having involving, role-reversed relationships with their own mothers, and by fathers' hostile and role-reversed infant caregiving patterns. In contrast, *controlling* boundary disturbances were predicted primary by *mothers'* current mental representations of attachment. Implications of these data for understanding different pathways to family boundary disturbances were discussed.

Antecedents of Boundary Disturbances in Families with Toddlers:

Intergenerational Transmission and Infant Caregiving

For decades, family system theorists and therapists have suggested that individual development can be better understood by examining the interconnected family systems within which they occur (Cox & Paley, 1997; P. Minuchin, 1985). In particular, the adaptive functioning of the family system requires the maintenance of clear boundaries between family subsystems, such that spouses' needs for intimacy are met within the marital subsystem and children's needs for nurturance and guidance are met within the parenting subsystem (Bowen, 1978; S. Minuchin, 1974). An abundant clinical literature suggests that violations of the emotional, psychological and behavioral rules concerning appropriate and functional interaction patterns within and between subsystems, termed *boundary disturbances*, predict children's later development of social-emotional problems (Barnett & Parker, 1998; Boszomenyi-Nagy & Spark, 1973; Byng-Hall, 2002; S. Minuchin, 1974). Recent empirical studies support this view, linking self-reports or observations of family boundary disturbances during childhood to children's later development of Attention-Deficit Hyperactivity Disorder (Jacobvitz & Sroufe, 1987; Carlson, Jacobvitz & Sroufe, 1995), and externalizing and internalizing behavior in childhood (Kerig, 1995), as well as symptoms of depression, anxiety, and low self-esteem in adolescence (Jacobvitz & Bush, 1996).

Findings from our own longitudinal sample indicated that boundary disturbances observed as early as 24 months predicted children's depression and anxiety at age 7 (Jacobvitz, Hazen, Curran, & Hitchens, 2004). Further, boundary disturbances observed in family interactions when children were 3 ½ years old predicted social-emotional problems at age 13 better than boundary disturbances observed concurrently (Heister, 1995 March), highlighting the importance of identifying boundary disturbances that occur with very young children, as well as the antecedents

that put families at risk for early boundary disturbances. Yet few studies have examined antecedents of boundary disturbances, particularly in the early years of family development. Thus, the primary goal of the present study was to identify early patterns of triadic family interaction indicative of boundary disturbances, and to investigate antecedents of these patterns.

Assessment of Boundary Disturbances in the Family

Specific types of structural boundary disturbances identified by family systems theorists include *spousification*, in which a parent turns to the child for companionship and intimacy (Sroufe, Jacobvitz, Manglesdorf, DeAngelo, & Ward, 1985), *parentification*, in which a child is pulled into a parent's role and asked to bear parenting responsibilities in an inappropriate fashion (e.g., caregiving of parent) (Barnett & Parker, 1998) and *triangulation*, whereby one parent aligns with the child and tries to enlist his or her support in undermining the other parent's authority, particularly when the couple experiences high marital conflict (Kerig, 1995). Although toddlers are too young to be able to take on specific inappropriate family roles as yet (e.g., the role of intimate partner, parent, or parental confidant), we identified two types of triad interaction patterns indicative of early boundary disturbances in the family, *enmeshing* and *controlling*, which would seem likely to lead to later spousification, parentification, or triangulation.

The *enmeshing* boundary disturbance pattern is one of family over-engagement, in which one parent attempts to "pull in" the child to meet his or her needs without providing the child with needed guidance. Enmeshing interactions that may lead to later spousification include the parent engaging in inappropriate or unusual touching of the child, for example, repeatedly kissing and caressing the child when he or she does not invite, and may even resist, such overtures. Enmeshing interactions that may lead to later parentification include the parent becoming childlike or helpless and inappropriately deferring to the child for parental guidance (Byng-Hall, 2002). Enmeshing

behaviors also include the using guilt-inducing comments (“Now poor Mommy has to clean this up!”), and manipulating using coy sweetness.

Controlling boundary disturbances are indicated when one member of the triad dominates the interaction, dismisses or excludes other members, or makes decisions for the other family members without letting them express themselves. Controlling behaviors are similar to enmeshing behaviors conceptually in that one member of the couple does not show respect for another person’s physical or psychological space. In both cases, one parent may reduce the other to a child-like status, or one or both parents may allow the child to dominate and assume a parent-like status. However, rather than using tactics that are guilt-inducing, coy or helpless, one family member attempts to dominate the others using tactics that are more direct and power-assertive.

These two styles of boundary disturbances are not mutually exclusive; in fact they often co-occur. For example, a parent may alternate between using controlling and enmeshing techniques to draw a child into an alliance, or one parent may act controlling while the other acts helpless, or a parent may be enmeshing toward a child but controlling toward a spouse. Both types of boundary disturbances are also likely to include hostile interaction patterns between parent and child, or between spouses. For example, mothers who act seductive and enmeshing toward their sons are likely to show hostility and derision toward their daughters (Sroufe, et al., 1985), controlling parents are often simultaneously hostile toward their children (Marchand, Hock, & Widaman, 2002), and when one parent is enmeshed with a child, the other parent is likely to be hostile and/or disengaged (Jacobvitz, Riggs, & Johnson, 2002). It is useful, however, to distinguish different types of boundary disturbances since they may have different consequences for children. In our longitudinal sample, for example, we found that enmeshing boundary disturbances predicted affective disorders in girls and somatic disorders in both boys and girls,

while controlling boundary disturbances predicted anxiety in boys and girls (Jacobvitz, et al., 2004).

Intergenerational Transmission of Boundary Disturbances

Family therapists have long held that the key antecedents of family boundary disturbances lie in the couple's families of origin, yet empirical studies examining the intergenerational transmission of boundary disturbances are still sparse. Mothers who showed seductive behavior toward their sons were found to be more likely to have experienced inappropriate sexual interactions with their fathers (Sroufe et al., 1985), and mothers' and fathers' memories of overly involving, role-reversed care by their own mothers was found to predict role-reversed dyadic interactions with their sons (Macfie & Houts, 2003 April). The present study builds on this research by examining whether parents' memories of having experienced overly involving, role-reversed caregiving during childhood predicts triadic boundary disturbances with their own children.

Researchers studying the intergenerational transmission of parent-child relationships have distinguished between *what* parents say happened to them during childhood – e.g., being role-reversed by their parents —and *how* they talk about their relationship with their parents during childhood, which provides insight into parents' current mental representations of family relationships (Main, Caplan, & Cassidy, 1985). Thus, we will examine the intergenerational origins of boundaries disturbances in the family triad (mother, father and child) by assessing not only parents' recollections of parent-child role-reversal during childhood, but also the qualities of their discourse indicating whether or not they are still caught up with or entangled with their parents. According to attachment theory, adults who experienced sensitive and responsive care during childhood will generally carry forward representations of parent-child relationships as caring and nurturing, and will repeat such interaction patterns with their own children, while adults

who experienced parental rejection, neglect, or maltreatment will carry forward similar negative patterns. However, some adults who experienced insensitive care or even maltreatment as children are able to overcome their past experiences and thus to develop new, more positive current representations of attachment. These adults are likely to be effective parents despite having experienced insensitive parenting themselves (Main et al., 1985). Thus, attachment theory predicts that adults' current mental representations of attachment relationships should be even stronger predictors of their current parenting quality than their memories of their childhood experiences of being parented.

According to attachment theory, adults with secure representations of attachment are able to openly discuss and evaluate their childhood experiences with their parents, whether positive or negative, in a balanced, coherent and objective way (Hesse, 1999). In contrast, the two primary types of insecure adults, *dismissing* and *preoccupied*, lack coherent representations of attachment. Dismissing adults tend to idealize or derogate their childhood attachment relationships, often claiming lack of memory for their childhoods. Preoccupied adults appear still caught-up or entangled with their caregivers, often speaking though they were still in the child role when discussing their childhood experiences. In addition to their primary classification as secure, dismissing or preoccupied, adults may also be unresolved for loss or trauma, based on signs of mental disorganization during discussions of loss of important persons and/or sexual or physical abuse.

Although numerous studies have found that secure attachment representations predict sensitive and responsive caregiving in both mothers and fathers (see van IJzendoorn, 1995, for a review and meta-analysis of these studies), the relation of parents' attachment representations to their triadic interaction patterns, including boundary disturbances, has not been examined.

Following attachment theory, we expect that parents who are preoccupied or unresolved/insecure

to be most likely to become involved in triadic boundary disturbances. Preoccupied parents are theorized to be still confused and entangled with their own past attachment experiences, and thus too concerned with their own attachment needs to be consistently responsive to their children's attachment needs. Thus, they may look to their children to meet their own attachment needs, increasingly engaging in role-reversing behavior as their children get older (Byng-Hall, 2002).

We also expect unresolved parents to be more likely than other parents to become involved in triadic boundary disturbances. These adults are believed to experience fear in attachment relationships as a result of past loss or trauma (Main & Hesse, 1990). This fear may manifest itself in odd, unpredictable caregiving behavior that is frightening to the child, or behavior that indicates that the parent may be frightened of the child (which may also be experienced by the child as frightening). Children of unresolved parents are likely to develop disorganized attachment patterns as a consequence of fearing the very same attachment figure from whom they want comfort and care. During the preschool years, mothers of disorganized children have been found to be more likely than other mothers to perceive themselves as helpless and abdicate care of the child, or to exert high control as a defense against fear and helplessness (George & Solomon, 1999). Consequently, their children may attempt to control the parent by using compulsive-caregiving strategies (George & Solomon, 1999; Jacobvitz & Hazen, 1999, Main & Cassidy, 1988).

Because some studies have shown that unresolved parents who are nonetheless secure are less likely to show frightening care with infants, and to interact more like secure parents, at least when they are not under high stress (Jacobvitz, Leon, & Hazen, 2004, Lyons-Ruth & Jacobvitz, 1999; Schuengel, van IJzendoorn, & Bakermans-Kranenburg, 1999), we do not expect boundary dissolution to be predicted by parents with unresolved-secure attachment representations. Thus, both preoccupied and unresolved-insecure parents are expected to become involved in caregiving patterns that will induce the child to assume an inappropriate role in the family system, in which

the child provides caregiving or emotional support to the parent, while the parent either abandons the parental role or attempts to hold onto it by exerting power-assertive controlling strategies.

Caregiving Antecedents of Boundary Disturbances in the Family

If boundary disturbances are intergenerationally transmitted, by what process does this occur? One possible transmission mechanism is the dyadic patterns of caregiving that each parent brings to the family from their own families of origin. In the only study examining caregiving antecedents of boundary disturbances in triads, parent-infant mutual engagement assessed at 9 months did not predict triadic boundary disturbances at age 4 (Fish, Belsky, & Youngblade, 1991). However, the patterns of parent-infant interaction that would seem mostly likely to predict later boundary disturbances would be enmeshing/role-reversing caregiving (in which the parent induces the infant to attend to the parent's feelings and follow the parent's agenda, and acts hurt if he does not), and controlling/ interfering caregiving (e.g., the parent may force the child to play with a particular toy or eat when he or she tries to turn away). These patterns are expected to co-occur with hostile patterns of infant care.

Parents who experienced role-reversed care in childhood, or who have preoccupied or unresolved-insecure representations of attachment, may show more role-reversed or controlling patterns of care with their infants, which might then contribute to the emergence of boundary disturbances in the family. If, however, intergenerational antecedents predict boundary disturbances even after controlling for parental caregiving, additional transmission mechanisms must be involved whereby the parents unwittingly recreate boundary disturbances in the second generation through their choice of spouses and/or through the way they interact with their spouses, which may subsequently affect the spouses' caregiving patterns, or couples' co-parenting.

In summary, intergeneration antecedents, in particular, parents' memories of involving role-reversal with their own parents in childhood and parents' preoccupied or unresolved-insecure

adult attachment representations, are expected to predict both mothers' and fathers' role-reversing, controlling, and hostile interactions with their 8-month old infants, as well as later triadic family boundary disturbances when their children are toddlers. Both mothers' and fathers' role-reversing, controlling, and hostile interactions with their infants are also expected to predict later boundary disturbances in the family. We will also examine the unique variance contributed by intergeneration antecedents and infant caregiving antecedents in predicting boundary disturbances. We expect that intergeneration antecedents, especially attachment representations, will predict boundary disturbances over and above the effects of caregiving patterns since they may predict family systems patterns that go beyond dyadic caregiving.

Method

Participants

Participants were part of a longitudinal study investigating the relationship of parents' attachment representations to their subsequent marital, caregiving, and family interaction patterns, and to their children's developmental outcomes (Curran, Hazen, Jacobvitz, & Feldman, 2004; Jacobvitz, et al., 2004; Jacobvitz, et al., 2004; Leon, Jacobvitz, & Hazen, in press). When the women were in their third trimester of pregnancy, 125 couples were recruited through birthing classes, public service radio announcements, and flyers distributed at maternity stores in the Austin area. Only couples expecting their first child and living together (94.4% were married) were included in the study. Couples had a median family income of \$30,000-\$45,000, and the mean age of participants was 30.5 years. The majority reported education beyond the high school level, with 60% earning a bachelor's or graduate degree and another 30% reporting some college or trade/business school coursework. Ethnic distribution was predominantly Caucasian (85%) but also included Hispanic (8%), African American (3%), and biracial and/or "other" (4%) identifications. In return for their participation in the study, couples were offered a \$50 savings

bond for their child at each of the three phases (for a total of \$150 in savings bonds) as well as bimonthly project newsletters, a T-shirt for their infant, and an audiotape of lullabies. When their children were 24 months old, 108 families remained in the sample. Of the 17 families no longer in the study, twelve had moved away, three were too busy to participate, and two could not be located. Ninety-six families (including 59 with male children and 37 with female children) were available to participate in triadic interactions because 12 couples who remained in the study had divorced. Participants from the families who left the study did not differ significantly from these 96 families on AAI ratings or classifications, or on ratings of parent-infant interactions.

Procedure

Families participated in 4 phases of data collection: (1) Prenatal (when the mother was in her third trimester of pregnancy), (2) Infancy (when the infant was 8 months old), (3) Toddlerhood (when the child was 24 months old), and (4) School-aged (when the child was 7-8 years old). Only data from the first 3 phases is included in this study. During phase 1, the Adult Attachment Interview (George, Kaplan & Main, 1985/1996) was separately administered to both members of each couple in a laboratory setting. During phase 2, mothers and fathers were videotaped separately while interacting with their 8-month-old infants in their own homes. During Phase 3, home visits were conducted in which family triads (including mother, father and their 24-month old toddler) participated together on a series of triadic interaction tasks.

Measures

Adult Attachment Interview. The Adult Attachment Interview, a semi-structured interview containing questions that require respondents to describe and evaluate their early attachment-related experiences and explain how those experiences affected their lives (George et al., 1985/1996), was used to assess individual differences in current mental representations of attachment in both parents. Interviews lasted between 60 and 90 minutes and were audiotaped and

transcribed verbatim by trained undergraduate research assistants blind to all hypotheses. Coding of the AAI proceeded in two stages. First, the interviews were rated on two types of scales: Childhood Experience scales, which assess the content of the adults' childhood experiences and State of Mind scales, which assess the coherence of the interview. Second, individuals' overall attachment representation is categorized based on largely on the State of Mind scales, following procedures described by Main and colleagues (Main, Goldwyn, & Hesse, 1985/2002).

The Childhood Experiences scales consists of five single-item Likert-type scales ranging from 1 (low or absent) to 9 (high). In the present study, only the *involving/role-reversing* scale was examined. This scale, which is rated separately for childhood experiences with mother and with father, assesses the extent to which each adults' parent made him or herself the object of the child's attention, or depended on the child's presence for the maintenance of his or her own sense of security.

Next, based largely on the coherence of the interview, each individual was assigned to a primary classification of *secure*, *dismissing*, or *preoccupied*. As described earlier, secure individuals are able to openly and coherently discuss their childhood experiences. Dismissing adults lack coherence in that they minimize the effects of negative early experience by insisting they cannot remember what happened to them during childhood and/or idealizing one or both parents, while preoccupied adults lack coherence in that they become consumed with discussing their childhood relationships by becoming angrily caught up in recounting negative relationship experiences, or by rambling off topic while using vague or passive speech. In addition to the three primary classifications, adults are classified according to whether or not they were *unresolved* for loss or trauma, based on indices of mental disorganization while discussing loss of attachment figures or abuse by attachment figures. Adults who show a mixture of secure, dismissing, and/or preoccupied strategies are categorized as "cannot-classify."

Two trained coders independently rated and coded 50% of the mothers' AAIs ($n = 60$) and 25% of the fathers' AAIs ($n = 30$). A third trained coder resolved disagreements. Reliability for the involving/role-reversing scales, based on intraclass correlations, was .84 for mothers with their mothers, .87 for mothers with their fathers, .87 for fathers with their mothers, and .34 for fathers with their fathers. Agreement on the 5-way classification (secure, dismissing, preoccupied, unresolved and cannot-classify), based on Cohen's kappa, was .83 for mothers and .78 for fathers. The discriminate validity of the AAI has been supported by meta-analyses in which AAI classifications were found to be independent of verbal and performance IQ, autobiographical memory, social desirability, personality, and narrative style when discussing topics other than loss or trauma (van IJzendoorn, 1995).

Eight month parent-infant interaction task and scales. Mothers and fathers were videotaped in their homes while separately interacting with their 8-month old infants during phase 2 of data collection. The interactions consisted of three different tasks: playing with the infant (12 minutes), feeding the infant (10-15 minutes), and changing the infant's clothes. The order of the interactions was counterbalanced, with half of the mother-child interactions occurring first, followed by the father-child interactions, and the other half in the reverse order. The purpose of the clothes change was to provide a mild stressor for parent and infant that they would typically experience on a daily basis.

The videotaped mother-infant and father-infant interactions from were rated on the *Infant Caregiving Scales (ICS)* developed by Nancy Hazen (1998). The ICS includes 90 items rated on 7-point Likert-type scales which were derived from examples of caregiving described in Ainsworth's global scales for assessing sensitivity/insensitivity, acceptance/rejection, and cooperation/interference (Ainsworth Blehar, Waters, & Wall, 1978). Caregiving scales were derived from individual items using a criterion sort method. In this method, 7 expert judges rated

each of the 90 items according to the extent to which they were judged to be diagnostic of each particular caregiving construct. Items which judges agreed were highly diagnostic of a particular construct were used to create a scale to assess that construct. To create scores for each caregiving scale, the ratings on the items that made up each scale were averaged. The present study will examine 3 caregiving constructs expected to predict boundary disturbances: *role-reversing*, *interfering* and *hostile*. Coefficient alphas for the 3 caregiving scales (combining scores for fathers and mothers) were .92 for role-reversing, .90 for interfering, and .91 for hostile.

The *role-reversing* scale consists of 9 items assessing the extent to which parents turned toward their infants to meet their own emotional needs and expected infants to follow their interests. Some items on this scale included “Parent sees infant as an extension of him/herself” and “Parent shows annoyance or hurt feelings when baby does not respond to his/her initiations”. The *interfering* scale consists of 11 items assessing the extent to which parents interfered with their infants’ goals, invaded their physical space, and/or attempted to physically control their infants’ behavior. Some items on this scale included “Mother violates baby's space by frequently moving baby around abruptly and without warning” and “Mother forces baby to eat”. The *hostile* scale consists of 10 items assessing the extent to which parents leaked negative, angry emotions toward their infants, either verbally or physically. Some items on this scale included “Parent sometimes uses harsh, sharp or sarcastic voice tone to baby” and “Parent shows veiled hostility to baby by using abrupt, jerky movements when handling him.” It is important to note that behaviors associated with these caregiving constructs are expected to change as the child develops. For example, parents’ role-reversed caregiving always refers to caregiving practices in which parents turn to the child to meet their own emotional needs. However, with older children, this may involve the parent confiding inappropriately in the child or expecting the child to assume

developmentally inappropriate parental responsibilities, whereas with infants, it may simply involve reacting with obvious hurt feelings when the infant does not respond to him or her.

Mothers and fathers were rated separately by 8 trained raters. Two raters rated each videotaped interaction. Ratings were averaged across raters. Only one rater rated both mother and father interactions, but she had no knowledge of which parents were couples. Inter-rater reliability, (intraclass correlations) for mothers and fathers, respectively, were .64 and .65 for role-reversing, .73 and .73 and for interfering, and .82 and .74 for hostile.

24-month triadic interaction task and boundary disturbance scales. When their children were 24 months old, mother, father and child were videotaped in their homes for about 30 minutes while completing a series of tasks. The purpose of the tasks was to provide an interaction context designed to elicit the parental planning and negotiation involved in juggling the daily tasks of work and child care under time constraints, thus revealing interaction patterns typical to the family. Mothers and fathers were asked to complete a Q-Sort together regarding attitudes about parenting and to come to an agreement about how Q-sort items should be classified. The content of the Q-Sorts was not coded. In addition to the Q-Sort task, families were asked to provide their child with a snack and change the child's clothing. If the families finished within 20 minutes, then the child was given a ring sorting task to complete. The parents and child were shown the completed task with colored rings on pegs in the correct sequential order. The experimenter then took the rings off the pegs and explained that the task was for the child to put the rings back on the pegs. The parents were also told that task was designed to be difficult for toddlers and they could help the child as they normally would. No other instructions were given.

Two single-item 7-point Likert-type scales were developed to code three-way family interactions for the two different types of boundary disturbances, *enmeshing* and *controlling*. High scores on *enmeshing boundary disturbances* indicate that at least one parent attempts to draw the

child into an alliance using manipulation, guilt-inducing, or helplessness, while withdrawing from or undermining the other parent, while high scores on *controlling boundary disturbances* indicate the extent to which one family member dominates the family and uses power assertive techniques to draw the child into an inappropriate family role. Low scores on both scales indicate that parents acted as a cohesive and supportive unit to make decisions and care for the child during the task.

Two raters, blind to all other assessments, independently coded the 96 triadic interactions on these scales. If ratings differed by more than two points, then a third trained coder scored the videotapes. Averaged ratings were used in the data analysis. Interrater reliability, based on interclass correlation coefficients, was .82 for enmeshed boundary disturbances and .83 for controlling boundary disturbances.

Results

Descriptive statistics of the measures are presented first, followed by tests of the following hypotheses: 1) Intergenerational antecedents (i.e., mothers' and fathers' AAI ratings assessing memories of involving/role-reversed care in their childhood, and preoccupied or unresolved/insecure AAI status) will predict ratings of enmeshed and controlling boundary disturbances at 24 months; 2) These intergenerational antecedents will also predict parents' role-reversed, controlling, and hostile caregiving patterns with their infants; 3) Parents' role-reversed, controlling, and hostile interaction patterns with their infants will also predict ratings of later family boundary disturbances, and 4) Intergenerational antecedents, particularly parents' AAI status, will predict later family boundary disturbances over and above the effects of mothers' and fathers' dyadic infant caregiving. Because the key outcome measure in this study is triadic boundary disturbances, only the data from the 96 families for whom triadic data was available are included in the analyses.

Descriptive Statistics.

Table 1 shows the means and standard deviations for the AAI rating scales for parents' memories of involving/role-reversed caregiving and for parent-infant interaction scales for both mothers and fathers, as well as differences between mothers' and fathers' scores on each. Mothers and fathers did not differ in their caregiving ratings, but mothers were significantly more likely than fathers to report memories of involving/role-reversing care with their own fathers during childhood, and marginally more likely to recall involving/role-reversed caregiving with their mothers. Significant correlations were found between fathers' memories of role-reversal with their mothers and with their fathers, $r(89) = .28, p < .01$, as well as mothers' memories of role-reversal with their mothers and with their fathers, $r(91) = .20, p < .05$. Neither mothers' nor fathers' involving/role-reversing ratings were correlated with those of their spouses.

Of the 96 families for whom triadic interaction data was available, AAI data was unavailable for four mothers and five fathers due to equipment failure. For the data analyses, individuals judged as "cannot classify" (7 mothers and 8 fathers) were forced into their best-fitting alternative classification. The distribution of AAI classifications for the remaining 92 mothers was 45 secure, 16 dismissing, 4 preoccupied, 13 unresolved-secure, and 14 unresolved-insecure. The distribution for the remaining 91 fathers was 43 secure, 29 dismissing, 7 preoccupied, 3 unresolved-secure, and 9 unresolved-insecure.

Table 2 shows correlations within and between mothers' and fathers' parent-infant interaction scales. Mothers' scores were significantly correlated with fathers' scores for each caregiving scale. In addition, both mothers' and fathers' caregiving scores were highly intercorrelated. Child gender differences in mother-infant and father-infant caregiving patterns were also examined for each of the caregiving scales; none were significant.

Means and standard deviations for the triadic boundary disturbance scales obtained at 24 months were $M = 3.17, SD = 1.54$ for enmeshed boundary disturbances and $M = 2.43, SD = 1.70$

for controlling boundary disturbances. Enmeshed and controlling boundary disturbances were also moderately correlated, $r(95) = .43, p < .01$.

Intergenerational Transmission of Dyadic Parent-Infant Caregiving

First, the relations between parents' AAI ratings of involving role-reversal with their own parents and their infant caregiving patterns were examined. Mothers' and fathers' memories of involving/role-reversed care with their own mothers and fathers were not significantly correlated with their own or their spouse's role-reversed, interfering, and hostile caregiving.

To examine the relation of mothers' and fathers' adult attachment status to their parent-infant caregiving ratings, separate one-way analyses of variance were conducted in which fathers' and mothers' role-reversed, interfering, and hostile caregiving ratings were the dependant variables, and mothers' and fathers' AAI classifications were the independent variables. Because it was hypothesized that preoccupied and unresolved-insecure parents should be more likely to engage in infant caregiving patterns leading to boundary disturbances than other parents, and since the number of preoccupied parents was so small, the preoccupied and unresolved-insecure groups were combined for these analyses. In addition, because it was hypothesized that unresolved/secure parents would be similar to secure parents in their family interaction patterns, they were combined with the secure parents. Dismissing parents were examined as a separate group to ascertain whether caregiving interactions characteristic of boundary disturbances were predicted specifically by preoccupied and insecure/unresolved parents, rather than by any type of insecure attachment.

As shown in Table 3A, mothers' AAI classification was just marginally related to mothers' role-reversing caregiving, but interestingly, it was also significantly related to fathers' role-reversed caregiving and marginally related to fathers' hostile caregiving. Planned comparisons indicated that, as expected, mothers who were preoccupied or unresolved/insecure were the most likely to show role-reversing caregiving patterns with their infants, although they differed

significantly only from dismissing mothers. Also, fathers with secure wives were significantly less likely than other fathers to show hostile or role-reversed caregiving. Fathers' AAI classifications predicted fathers' role-reversed caregiving and marginally predicted fathers' hostile caregiving, but were not related to mothers' caregiving ratings. As expected, planned comparisons indicated that fathers who were preoccupied or unresolved-insecure were more likely than other fathers to show role-reversed caregiving, and more likely than secure father to show hostile caregiving.

Intergenerational Transmission of Triadic Boundary Disturbances.

Correlations between triadic boundary disturbances at 24 months and mothers' and fathers' AAI ratings of involving/role-reversed care with their own fathers and mothers indicated that, as expected, fathers' memories of involving/role-reversed care with their mothers predicted enmeshed boundary disturbances at 24 months, $r(90) = .28, p < .01$. However, no other correlations were significant.

To examine the relation of parents' AAI classifications to triadic boundary disturbances, separate one-way ANOVAs were conducted using enmeshed and controlling boundary disturbance ratings as the dependant measures. The AAI groups were the same as those described in the previous section to examine the relation of AAI classifications to parent-infant caregiving. As shown in Table 3B, if mothers were preoccupied or unresolved-insecure, their families were more likely than other families to show controlling boundary disturbances by the time their children were 24 months old, and more likely than families with dismissing mothers to show enmeshed boundary disturbances. Fathers' AAI classifications did not predict boundary disturbance ratings.

Mother-Infant and Father-Infant Caregiving as Predictors of Triadic Interaction Patterns.

Correlations between the mother-infant and father-infant interaction rating scales and triadic boundary disturbances are shown in Table 4. Enmeshed and controlling triadic family

patterns at 24 months were predicted by mothers' and fathers' role-reversing and hostile caregiving at 8 months, as well as by fathers' interfering caregiving. Controlling triadic interactions were also predicted by mothers' interfering caregiving.

Independent and Joint Contributions of Mothers' and Fathers' Intergenerational and Caregiving Measures to the Prediction of Triadic Interaction Patterns.

To examine the unique and joint contributions of intergenerational and caregiving predictors from both mothers and fathers in predicting triadic boundary disturbances, two multiple regressions were conducted with the variables that predicted each triadic rating scales entered simultaneously as predictors of that scale. Thus, to predict enmeshed boundary disturbances, fathers' involving/role-reversed care with their mothers, mothers' AAI classifications (dummy coded as preoccupied and unresolved/insecure vs. all others), mothers' role-reversed and hostile caregiving ratings, and fathers' role-reversed, interfering, and hostile caregiving ratings were entered as predictors. The full model predicted a significant proportion of variance in enmeshed boundary disturbances, $R^2 = .16$, $F(5, 83) = .16$, $p < .05$. As shown in Table 5, after controlling for all other predictor variables, enmeshed boundary disturbances were significantly predicted only by father's childhood experiences of involving/role-reversal with their mothers, and by fathers' hostile infant caregiving, and were marginally predicted by fathers' role-reversing infant caregiving.

To predict controlling boundary disturbances, mothers' AAI classifications (dummy coded as described above), and all six of the caregiving ratings for both parents were entered as predictors. Again, the model was significant, $R^2 = .20$, $F(7, 84) = .20$, $p < .01$., but only mothers' AAI classifications significantly predicted controlling boundary disturbances after controlling for all other predictors (see Table 5).

Discussion

Family therapists have long held that family boundary disturbances have their roots in parents' families of origin. Few studies have empirically investigated the antecedents of boundary disturbances, and fewer still have investigated their intergenerational roots. This study adds to the emerging literature demonstrating that memories of childhood boundary disturbances (i.e., involving role-reversal with parents) predict boundary disturbances across generations (Heister, March 2003; Sroufe et al., 1985), and is the first to demonstrate links between maternal representations of attachment and current boundary disturbances. As expected, both mothers' and fathers' engagement in over-involved interaction patterns with their 8-month old infants, especially hostile and role-reversing caregiving, predicted triadic boundary disturbances when their child was 24 months old. Also as expected, intergenerational antecedents predicted triadic boundary disturbances over and above caregiving antecedents. After controlling for the shared variance of all predictive antecedents, only fathers' memories of role-reversal with their mothers, and fathers' hostile and role-reversed caregiving, accounted for unique variance in predicting enmeshed boundary disturbances, while only mothers' preoccupied or unresolved-insecure attachment status accounted for unique variance in predicting controlling boundary disturbances. Thus, family boundary disturbances may develop when representations of family relationships that are carried forward by one or both parents influence family interaction patterns in ways that go beyond parent-child caregiving patterns.

Why might families with mothers who are preoccupied or unresolved-insecure be predisposed to developing controlling boundary disturbances? A simple explanation is that caregiving fully mediates the relationship between mothers' attachment status and triadic family interaction patterns, but that explanation is not strongly supported by our data. Mothers' preoccupied or unresolved-insecure attachment only marginally predicted her role-reversed caregiving, and in fact, was a stronger predictor of fathers' role-reversed caregiving. The finding

that mothers' attachment status predicts fathers' role-reversed and hostile care suggests that mothers' attachment representations affect co-parenting patterns and ultimately, the whole structure of the family system.

Attachment theory suggests that mothers who are preoccupied or unresolved (and especially mothers who are both preoccupied and unresolved) were never able to come to terms with an inconsistent, unpredictable, or frightening caregiver, and/or with a history of loss or trauma, experienced in childhood (Jacobvitz, et al., 2004). As a consequence, as adults, they may either be passive, helpless and inconsistent with respect to parenting (George & Solomon, 1999), or alternatively, they may have developed a compulsive caregiving strategy as a way of obtaining care and approval from an undependable caregiver (West & Keller, 1991). Thus, insecure mothers who experienced compulsive caregiving in childhood may bring this interaction patterns into their family relationships with both their spouses and their children, and these patterns may become increasingly entrenched over time, leading to the emergence and maintenance of controlling boundary disturbances.

In support of this idea, we have observed that although the prenatal marital interactions of preoccupied and unresolved-insecure mothers were not particularly controlling, in marital and triadic interactions that followed their children's birth, these mothers were particularly critical and controlling of their husbands' parenting. For example, one mother who was simultaneously preoccupied and unresolved gave her husband several examples of shortcomings in his parenting of their infant, and then told him, "I'm the primary caregiver, and I feel like I'm your teacher. I have to tell you every little thing to do." These spousal interaction patterns may lead the father to feel resentful toward the infant, leading to hostile caregiving patterns. Similar patterns were noted by Fish et al. (1991), who found that early family patterns indicative of boundary disturbances were related to mothers' undermining of their spouses' parenting, and to the gradual decline of

marital satisfaction, suggesting a transaction between the emergence of boundary disturbances, declines in the marital relationship, hostile and role-reversed caregiving patterns, and the strengthening of inappropriate parent-child alliances leading eventually to triangulation, parentification or spousification.

It is unclear why mothers' AAI classifications were not a stronger predictor of enmeshed boundary disturbances, or why the key predictor of enmeshed boundary disturbances was fathers' recollections of role-reversed/involving maternal caregiving, rather than fathers' current representations of attachment (AAI classifications). Fathers in families with enmeshed boundary disturbances may have experienced involving, role-reversed caregiving in their own childhood; thus, the intrusive style of maternal and co-parenting behavior they view in their spouses fits with their model of family relationships. For example, the husband in the above example, who was judged secure although he reported that his mother was very "overprotective" and "possessive," not only agreed with his wife's criticisms of his allegedly inferior parenting, but in the triadic interaction, he hardly spoke to the child except for parroting his wife's instructions and guidance to the child nearly word for word. This particular triad was rated as very high in both the controlling and enmeshed boundary disturbance scales, since in addition to controlling the interaction, the mother also showed enmeshing, seductive behavior toward the child, as well as treating the spouse like a child. Thus, it may be that men who experienced involving, role-reversed maternal care in childhood expect such patterns and unwittingly recreate them.

It is also unclear why fathers' memories of role-reversal predict enmeshed but not controlling boundary problems. Perhaps most men find an enmeshing style of interaction more acceptable than a controlling style. Alternatively, some men who recall intrusive, controlling patterns of involving maternal care may marry passive women who seem very different from their mothers, but whose helpless, fearful, enmeshing caregiving style will eventually contribute to

enmeshed boundary disturbances. For example, one man, classified as secure, who reported that his mother had a “smothering relationship” with him that was “overbearing and burdensome,” married a preoccupied-unresolved woman who acted passive and helpless with both him and their son. By the time their son was 24 months old, his wife seemed to have developed an alliance with their son and would subtly undermine her spouse, albeit in a coy, sweet way. For example, at one point in the triadic interaction, the toddler hit the mother several times, and when the father told him to stop, the mother said sweetly, “It’s okay, I don’t mind”.

In the case of enmeshed triadic interaction, although the wives were the primary caregivers in virtually all of these families, it was the *husbands’* recollections of involving/role-reversed caregiving by their own mothers, and the *husbands’* hostile and role-reversed caregiving, that predicted above and beyond the other antecedents. We have found a similar pattern in couple’s marital interaction, such that poor emotional attunement in marriage is driven primarily by insecure husbands’ hostile interaction patterns (Jacobvitz, Boohar, & Hazen, 2001 February). In the present study, we observed that fathers who were role-reversing and hostile with their infants were also hostile and sarcastic toward their wives, who were often observed to be critical of the fathers’ parenting. For example, in one family that was rated high in enmeshed boundary disturbances, the father withdrew from most of the triad interaction and made sarcastic comments, leaving the mother to take charge of the interaction task.

It should be noted that the men in our sample who experienced involving/role-reversing maternal care were not more likely to marry preoccupied or unresolved-insecure women; thus, mate selection (or at least, selection of a preoccupied or unresolved-insecure mate) cannot completely explain how fathers who recall role-reversal with their mothers recreate these patterns in the second generation. Re-creation of boundary disturbances in the second generation is likely to involve a transaction of complex family interaction processes that emerge primarily after the

birth of the first child and become more stable and entrenched over time, such that one parent may become overinvolved with the child to the exclusion of the spouse, may try to control parenting and family decisions, or may increasingly withdraw from the spousal or parenting subsystem.

Clearly, these ideas concerning possible pathways to enmeshed and controlling boundary dissolution are speculative and must be examined using larger samples, as well as clinical samples showing a higher incidence of boundary disturbances. Use of larger and/or clinical samples would also permit examination of the separate effects of preoccupied versus unresolved attachment representations. In our sample, the majority of the unresolved-insecure individuals (including unresolved-cannot classify) were also as classified as preoccupied. Preoccupied and unresolved attachment patterns may lead to different outcomes, however; for example, preoccupied attachment representations may be more likely to predict enmeshed boundary disturbances while unresolved attachment may be more likely to predict controlling boundary disturbances.

Future research should also examine the development of enmeshed and controlling boundary disturbances over the course of family development. Issues to be explored include how various types of structural boundary disturbances (i.e., parentification, triangulation, and spousification) emerge from these early family interaction patterns, and the changing roles of different family members in these emerging patterns. In particular, as children develop and play an increasingly active role in the family, how does their input affect the emerging boundary disturbance? For example, in the case of the passive mother who was in the early stages of an enmeshing alliance with her son, as early as 24 months, the son began to show hostile, punitive responses to his mothers' passivity and abdication of the parental role. In the dyadic interaction, he persisted in throwing toys at her as she flinched and pleaded, "Please don't hurt me!" From this early pattern, we might expect that the child will grudgingly assume a caregiving role with the

mother, but it will likely be a punitive caregiving pattern because of his underlying resentment of her inability to provide reliable care.

Gender differences in children may also play an increasing role over the course of development; for example, if the child described above was a girl, she might be more likely to feel guilty and responsible, and to assume a more pleasing, compliant caregiving role (Barnett & Parker, 1998; Jacobvitz & Hazen, 1998). Clearly, understanding the different developmental pathways through which different types of boundary disturbances of emerge and develop requires an integration of empirical and clinical methods. Also, some enmeshed boundary disturbances that involve alliances between opposite sex parents and children may develop into later patterns of spousification.

This study is one of only a handful to lend empirical support to the idea long held by family therapists and family systems theorists that boundary disturbances in the family are transmitted across generations, and it is the first to demonstrate that mothers' representations of attachment relationships predict later boundary disturbances. It is important to note that factors that place men and women at risk for developing poor boundaries with their children are distinct. For men, memories of role-reversing relationships with their parents during childhood may put them at risk for forming disturbed family interaction pattern with their own spouse and child. For women, those who were still entangled and struggling to separate from their parents or who continued to suffer from unresolved loss or trauma were most likely to enter into enmeshing or controlling interactions with their spouse and child. Such findings are critical for identifying adults at risk for forming disturbed relationships with their spouse and children at the earliest stages of family development, and for developing interventions that prevent the transmission of boundary disturbance from one generation to the next.

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Table 1

Mother and Father Infant Dyadic Caregiving Scales and AAI Rating Scales: Descriptive Statistics and T-Tests

	<u>Mothers</u>	<u>Fathers</u>	
	Mean (SD)	Mean (SD)	<i>t</i>
<i>AAI Rating Scales</i>			
Mother Involving/Role-reversing	3.08 (2.13)	2.57 (1.78)	1.74+
Father Involving/Role-reversing	1.71 (1.19)	1.35 (.82)	2.29*
<i>Dyadic Caregiving Scales</i>			
Role-reversing	2.78 (1.12)	2.88 (1.07)	-.73
Interfering	3.34 (.83)	3.50 (.96)	-1.42
Hostile	2.82 (.83)	2.84 (1.01)	-.22

Note: N = 92 mothers and 90 fathers

⁺p<.10, *p<.05, **p<.01

Table 2

*Intercorrelations of Mother-Infant Caregiving Ratings (Above Diagonal),
Intercorrelations of Father-Infant Caregiving Ratings (Below Diagonal), and Correlations
between Mother and Fathers' Caregiving Ratings (On Diagonal, in Bold,) at 8 Months.*

	Role-reversing	Interfering	Hostile
Role-reversing	.26**	.78**	.85**
Interfering	.75**	.33**	.72**
Hostile	.88**	.66**	.24*

Note: N = 92 for mother-infant ratings intercorrelations, 90 for father-infant ratings intercorrelations, and 90 for correlations between mothers' and fathers' ratings.

p<.05, ** p<.01

Table 3

*Dyadic Parent-Infant Caregiving and Triadic Boundary Disturbance Ratings by Adult Attachment**Interview Classification*

		Secure & Unresolved-Secure		Dismissing		Preoccupied & Unresolved-Insecure		F
		(Mothers N= 58) (Fathers N=46)		(Mothers N=16) (Fathers N=29)		(Mothers N=18) (Fathers N=16)		
		Mean	(SD)	Mean	(SD)	Mean	(SD)	
<i>A. Parent-Infant Caregiving Ratings</i>								
Mother Role-Reversing	Mothers	2.72 _{ab}	(1.07)	2.46 _b	(.79)	3.26 _a	(1.47)	2.39 ⁺
	Fathers	2.59	(.99)	2.98	(1.17)	2.82	(1.21)	1.16
Mother Interfering	Mothers	3.24	(.97)	3.25	(.85)	3.28	(.99)	.175
	Fathers	3.14	(.92)	3.46	(.92)	3.40	(.81)	1.24
Mother Hostile	Mothers	2.78	(.79)	2.64	(.57)	3.11	(1.12)	1.52
	Fathers	2.61	(.63)	3.00	(.91)	2.87	(.93)	2.78
Father Role-Reversing	Mothers	2.60 _b	(.95)	3.28 _a	(.99)	3.37 _a	(1.28)	5.76**
	Fathers	2.60 _b	(.91)	2.88 _b	(1.13)	3.45 _a	(.90)	4.40**
Father Interfering	Mothers	3.38	(.92)	3.48	(.97)	3.85	(1.28)	1.51
	Fathers	3.35	(.94)	3.50	(1.06)	3.76	(1.03)	1.03
Father Hostile	Mothers	2.64 _b	(.88)	3.15 _a	(.87)	3.07 _a	(1.05)	2.81 ⁺
	Fathers	2.62 _b	(.87)	2.97 _{ab}	(1.05)	3.15 _a	(.84)	2.44 ⁺
<i>B. Boundary Disturbance Ratings</i>								
Enmeshing	Mothers	2.35 _{ab}	(1.63)	1.94 _b	(1.18)	3.17 _a	(2.17)	2.46 ⁺
	Fathers	2.41	(1.81)	2.31	(1.69)	2.81	(1.42)	.47
Controlling	Mothers	2.94 _a	(1.55)	2.70 _a	(1.13)	4.25 _b	(1.45)	6.41**
	Fathers	3.18	(1.49)	3.24	(1.82)	3.15	(1.19)	.02

Note: Means with different subscripts significantly differ from each other according to planned comparisons, $p < .05$.

+ $p < .10$, * $p < .05$, ** $p < .01$.

Table 4

Correlations between 24-month triadic boundary disturbances and 8-month mother-infant and father-infant caregiving ratings.

Parent-Infant Caregiving	Enmeshing Boundary Disturbance	Controlling Boundary Disturbance
Mother Role-reversing	.20*	.27**
Mother Interfering	.16	.25**
Mother Hostile	.20*	.31**
Father Role-reversing	.18*	.26**
Father Interfering	.18*	.20*
Father Hostile	.26**	.26**

Note: N = 92 for correlations with mother ratings and 90 for correlations with father ratings.

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

Table 5

Multiple Regressions Examining Unique Variance Explained by Predictors of 24-Month

Triadic Interaction Ratings.

Predictors	Enmeshed Boundary Disturbance			Controlling Boundary Disturbance		
	B	SE B	β	B	SE B	β
Fathers' Memories of Involving/Role-Reversing Mother	.35	.10	.32**	--	--	--
Mother AAI Preoccupied or Unresolved/Insecure	.75	.46	.17	1.16	.39	.298**
Mother Role-Reversing Infant Caregiving	.35	.31	.23	-.03	.29	.01
Mother Interfering Infant Caregiving	---	---	---	.02	.26	.01
Mother Hostile Infant Caregiving	-.24	.43	-.11	.43	.37	.23
Father Role-Reversing Infant Caregiving	-.77	.43	-.46 ⁺	-.03	.35	-.02
Father Interfering Infant Caregiving	.10	.27	.06	-.02	.24	-.02
Father Hostile Infant Caregiving	1.00	.42	.53*	.28	.35	.17

⁺p < .10, *p < .05, **p < .01