

**GENERATIONAL BOUNDARY DISSOLUTION
IN POST-DIVORCE PARENT-CHILD RELATIONSHIPS**

by

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B.A., Simon Fraser University 1994

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**Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy**

in the Department

of

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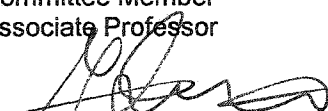
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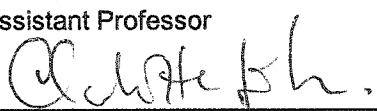
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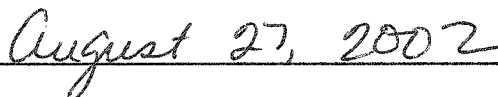

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ABSTRACT

This study examined the relationships among maternal and interparental functioning, generational boundary dissolution, and children's adjustment. Participants included 111 recently divorced mothers and their eight to twelve year old eldest child. A factor analysis was completed on the Parent-Child Boundaries Scale, a 35 item parent-report measure of various subtypes of boundary dissolution. Four of five hypothesized factors were supported by an exploratory factor analysis. The mediational effects of three subtypes of boundary dissolution on the relationship between maternal and interparental functioning and child adjustment were investigated. Increased interparental hostility and decreased maternal functioning predicted mothers' engagement in boundary violations with their children. A spousification boundary subtype was found to mediate the relationship between interparental conflict and children's externalizing behavior problems. Boundary dissolution was not found to mediate the relationships between maternal and interparental functioning and children's internalizing symptoms. For boys and girls, maternal depression predicted mothers' engagement in a confidante relationship with their children. For boys, a confidante relationship was significantly correlated with a spousification boundary violation, and predicted higher levels of self-reported depression. For girls, a confidante relationship with their mother predicted lower levels of self-reported depression. These findings contribute to an understanding of the risk factors for generational boundary dissolution and highlight the different implications for boys' and girls' adjustment and development.

To my husband, Paul David Brown
with love and thanks for all you have given along the way
to make this possible for me

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Generational Boundary Dissolution In Post-Divorce Parent-Child Relationships

The adjustment of children to parental divorce has received much research attention over the past few decades and while there is substantial evidence regarding the negative effects of parental divorce on several areas of children's functioning, there is also a great deal of inconsistency in the responses of children to divorce (Amato & Keith, 1991; Hetherington, 1989; Buchanan, Maccoby, & Dornbusch, 1996). Given this variability in the effects of divorce on children's psycho-social development, research has focused on the specific vulnerability and protective factors that protect children or place them at increased risk for experiencing the negative consequences of a parental divorce. One of these factors discussed in the literature is the breakdown in parent-child roles and boundaries following a divorce (Buchanan et al., 1996; Wallerstein & Kelly, 1980). Parent-child relationships following a divorce have been characterized by increased intensity in both the levels of intimacy and expressed conflict (Hetherington & Clingempeel, 1992; Walker & Hennig, 1997). This emotional intensity may reflect an increased dependence of a parent on a child and the child's caretaking responses to their parents' needs during this stressful time (Wallerstein & Kelly, 1980). From a family systems perspective, the increased intensity in parent-child relationships may be associated with the dissolution of emotional boundaries between family members as they cope with stress and transition following a divorce.

The purpose of the present study was to examine parental factors that may increase the process of boundary dissolution between parents and children following a

divorce and to test a mediational model of the relationships between the breakdown in these emotional boundaries and children's adjustment.

Generational Boundary Dissolution

While the divorce literature discusses changes in parent-child relationships that reflect processes of boundary dissolution, the construct of generational boundary dissolution has been most notably outlined in the family systems literature. According to family systems theory, members of the family unit form several relationship subsystems that are interrelated, yet separated by emotional boundaries. The emotional boundaries of the various subsystems "are the rules defining who participates, and how" (Minuchin, 1974, p. 53). Ideally, family members follow the "rules" of their subsystem and avoid interfering in other subsystems by maintaining a differentiation of roles in a generational hierarchy (Boszormenyi-Nagy & Spark, 1973). For example, adults' needs for physical and emotional intimacy are met by other adults in the system, children's needs for nurturance are met by their parents, and the parents take on the leadership roles in the family (Hiester, 1995; Minuchin, 1974). In this way, clear boundaries are established that ensure that the developmental needs of family members are met (Sroufe & Fleeson, 1988). In families where there is generational boundary dissolution, children's own developmental needs may not be met, for example, when they have to provide emotional support to a parent (Howes & Cicchetti, 1993; Minuchin, 1974). This can result in long-term adjustment difficulties for children (Fullinwider-Bush & Jacobvitz, 1993; Hiester, 1995; Jacobvitz & Bush, 1996).

The presence of clear emotional boundaries between mothers and their children has a significant impact on children's psychosocial development (Minuchin, 1974). Researchers in the area of developmental psychopathology have emphasized

the importance of studying the child in the context of the family system of relationships (Howes & Cicchetti, 1993) and have begun to document the negative effects of inappropriate boundaries on children's adjustment (Fish, Belsky, & Youngblade, 1991; Fullinwider-Bush & Jacobvitz, 1993; Hiester, 1995; Jacobvitz & Bush, 1996; Jacobvitz & Sroufe, 1987; Kerig, 1995; Olver, Aries, & Batgos, 1989).

Even though disturbances in parent-child roles and boundaries have been noted as important concerns in single parent families, and particularly in families following the stress and transition of a divorce (Walker & Hennig, 1997), empirical research has just begun to address these issues with this population (Buchanan et al., 1996). Integrating these perspectives into the research on risk and protective factors in families of divorce and the mechanisms through which divorce negatively impacts children's development will increase our understanding of the developmental paths of children who experience parental separation.

Parent-Child Relationships in Divorced Families

Change in parent-child relationships following a divorce is one of the important factors noted in the research with regard to variability in children's post-divorce adjustment. There are a wide range of responses from parents as they work through this period of stress and transition (Emery, 1988; Hetherington, Cox, & Cox, 1982; Wallerstein & Kelly, 1980) that includes changes in the family structure, visitation and custody issues, and alignments between parents and their children (Emery, 1988; Wallerstein & Kelly, 1980). These changes and adjustments to new household routines and parent-child roles increases the emotional intensity between parents and children, demonstrating both the potential for increased nurturance between parents and children and increased conflict in the parent-child relationship (Wallerstein & Kelly, 1980). In

general, these relationships have been described as more “affectively charged” in single-parent households (Walker & Hennig, 1997, p. 3) as generational boundaries alter and potentially blur when family members draw together for support or pull apart in response to the conflict and tension (Wallerstein & Kelly, 1980).

When the marital subsystem is distressed, there is an increased risk for inappropriate boundaries between parents and their children (Fish et al., 1991; Hiester, 1995; Kerig, 1995). Parents who are unable to receive adequate support or emotional satisfaction from their partners may be more likely to seek support from their children or become increasingly involved emotionally with their children (Howes & Cicchetti, 1993; Osofsky, 1995). Empirical research has found that mothers experiencing difficulties in their marital relationships engaged in higher levels of boundary dissolution with their children (Fish et al., 1991; Hiester, 1995). These families were also noted to have an increased likelihood for insecure mother-child attachments when children were ages one and three.

These concerns discussed in the divorce literature reflect three distinct types of boundary dissolution that may occur between parents and children, which will be the focus of the present study: 1) a “caregiving role-reversal” (Buchanan et al., 1996) when parents rely on their children to perform parental caregiving functions (also referred to as the “adult-like child”, Hiester, 1995; “instrumental parentification”, Jurkovic, 1997; and “parentification”, Mika, Bergner, & Baum, 1987; Sroufe, Jacobvitz, Magelsdorf, DeAngelo, & Ward, 1985), 2) a “confidante role-reversal” (Buchanan et al., 1996) where the child provides emotional intimacy or peer-like support to a parent (also referred to as the “child-like parent”, Hiester, 1995 and “expressive parentification”, Jurkovic, 1997), and 3) “spousification” (Hiester, 1995) or “spill-over” (Engfer, 1988;

Kerig, Cowan, & Cowan, 1993) where parents displace hostility towards their ex-partners onto their children (Buchanan et al., 1996; Wallerstein & Kelly, 1980).

Caregiving Role-Reversal

With regards to the “caregiving role-reversal”, there is some evidence that single parent families are less hierarchical and more egalitarian, resulting in a blurring of the roles of parents and children (Hanson, 1988; Hetherington & Clingempeel, 1992). While changes in the family structure and the establishment of new routines demand increased time and energy from a parent, children during this post-divorce period often feel that their parents are somewhat withdrawn as they cope with their own emotional distress (Wallerstein & Kelly, 1980). Changes in the family authority or hierarchy may therefore occur as children take on some parental roles following a divorce, becoming what has been referred to as the “overburdened child” (Wallerstein & Blakeslee, 1989; Wallerstein & Kelly, 1980). Given the increased stress, single mothers may rely more heavily on children to take an active role in the household and children may respond with pseudo-intellectual and emotional growth as they care for depressed or stressed parents (Hetherington et al., 1982). As a result, children find themselves having to take over household routines and take on the responsibility of family members for themselves, resulting in a weakening of generational boundaries described as role-reversal of the caregiving type (Buchanan et al., 1996; Emery, 1988; Walker & Hennig, 1997; Wallerstein & Kelly, 1980).

Confidante Role-Reversal

With regards to the “confidante role-reversal”, the increase in nurturance and dependence occurs when parents turn to their children for emotional support and counsel. This type of parent-child relationship is also described as a process of role-

reversal, but it is characterized by a peer-like or confidante nature between parents and children. As parents attempt to manage their own emotional distress, there may be confusion by parents at this time in distinguishing their own needs from those of their children. Parents after divorce may have few other adult relationships established and so they turn to their children as new sources of support and love. Children may be placed in a position where they are being an advisor to their parent and a provider of psychological support. Children may take on their parents' worries and attempt to help their parents manage psychological distress, such as depression, low self-esteem and loneliness. In discussing their clinical work with post-divorce families, Wallerstein and Blakeslee (1989) note that children become very sensitive to their parents' needs which has negative repercussions for their own development. Although children attempt to appear competent when trying to support emotionally overwhelmed parents, underneath they may be experiencing intense feelings of anxiety or a loss of their own identity. In Wallerstein and Kelly's work with post-divorce families (1980), they note that this peer-like support is most often provided to parents by pre-adolescent daughters and most notably in the first couple years following the separation. These girls have been found to support their mothers emotionally with a maturity well beyond their years. Wallerstein & Kelly (1980) conclude that this type of parent-child relationship can lead to significant disturbances when parents are socially isolated or experiencing more serious psychological turmoil that the child must take on. For a few children, a long-term pattern of role-reversal may occur which results in a severe compromise of their own development.

Spousification

With regards to “spousification”, in addition to this increased intimacy and caregiving between parents and children following divorce, the literature also highlights the increased conflict and hostility that is found in these parent-child relationships. Children and parents in single-parent households have been found to demonstrate poorer control over their emotions in verbal discussions than children in two-parent families, engaging in more conflict and disagreements in discussions (Walker & Hennig, 1997). As the boundaries between parents and children weaken and there is greater mutual dependence between parents and children, tensions occur as children may be angry or resentful of their new roles and as parents may resent their children’s competence in light of their own incompetence (Wallerstein & Kelly, 1980). Gender may be an influencing factor in the level of tension in parent-child relationships, as fathers may visit more with sons than with daughters or mothers may reject sons, displacing hostility towards ex-partners onto same-sex children (Hetherington et al., 1982; Wallerstein & Kelly, 1980).

Empirical studies have begun to investigate these processes of role-reversal, where parents place their children in parental or peer-like roles, and spousification, where feelings of hostility spill-over into the parent-child relationship. In a series of studies by L.A. Sroufe, D. Jacobvitz and colleagues (Carlson, Jacobvitz, & Sroufe, 1995; Jacobvitz & Sroufe, 1987; Sroufe et al., 1985), the process of role-reversal was empirically examined by investigating mothers’ seductive and intimate behaviors with their preschool aged children. Findings from these studies found a pattern of seductive behavior predominately between mothers and sons that corresponded with these same mothers expressing increased hostility towards their daughters (Sroufe et al., 1985).

Further studies investigating these patterns of role-reversal between mothers and young children diagnosed with Attention Deficit Hyperactivity Disorder found a pattern of maternal intrusiveness, seductiveness and over-stimulation which predicted the level of children's hyperactivity and attentional problems in preschool (Jacobvitz & Sroufe, 1987) and middle childhood (Carlson et al., 1995). Additional research into the boundary violation of role-reversal has also found a relationship between high levels of mother-child boundary dissolution and school-aged children's externalizing behavior problems (Hiester, 1995).

The work of Buchanan, Maccoby, and Dornbusch (1991; 1996) investigated the processes of role-reversal which occurred between adolescents and their parents following parental divorce. Their studies on role-reversal are part of a large-scale follow-up study of children whose families had participated in an earlier study on postdivorce issues. The term "role-reversal" was defined in their work as "the extent to which adolescents felt they needed to take care of a parent and the frequency of parents' confiding in their children and relying on them for emotional support" (Buchanan et al., 1996, p. 24). The results of this study found that mothers were more likely to confide in their children than fathers, and that while this was particularly true for girls, it was also notable between mothers and sons (also see Hetherington, 1999). It was also noted that adolescents in their sample were more likely to care for and nurture their mothers than their fathers. Effects for dual-residence versus sole custody were found, as adolescents in dual-residence arrangements were less likely to engage in role-reversals with their parents than those in mother-residence homes. In addition, increased visitation with fathers was related to less reported caregiving of mothers by adolescents.

In a series of studies of parentification by E.M. Hetherington (1999), comparisons were made regarding the effects of these processes of boundary dissolution in divorced versus non-divorced families. It was found that increased parentification occurred in divorced families as compared to non-divorced families, even when considering the role of conflict in both these types of families. The confidante relationship was found to increase with more intense interparental conflict, but was still found to occur at higher levels in divorced versus non-divorced families.

With regards to the effects for children's adjustment, Buchanan et al. (1996) found that mothers' confiding in adolescents was not related to adjustment difficulties, although fathers' confiding was related to increased school deviance in daughters. Caregiving of parents, however, was found to be related to pervasive adjustment difficulties in the adolescents. Increased caretaking by children was related to increased depression for girls and lower school performance for boys. The researchers hypothesized that caretaking was related to more negative consequences than a confidante relationship as caretaking implied to the adolescents that their parents were unable to cope, while a confidante relationship may be experienced as increased closeness by the adolescent. However, studies by Hetherington (1990) and Jurkovic et al. (2001) have found that both instrumental and emotional caretaking by adolescents is predictive of adjustment difficulties in young adulthood.

Predictors of Boundary Dissolution

It is important to note that not all research demonstrates consistently negative findings related to child adjustment and parent-child relationships when comparing single-parent to two-parent families (Hagan, Hollier, O'Connor, & Eisenberg, 1992; Ricciuti & Snow, 1997; Walker & Hennig, 1997). When considering the diversity in post-

divorce families in this regard, two important variables to consider are: 1) the emotional functioning of the individual parents, including level of stress, depression, and social support, and 2) the level of conflict in the interparental relationship. Both of these factors have been related to an increase in the breakdown of parent-child boundaries. Parents who are more stressed, depressed, or isolated are more likely to turn to their children for practical and emotional support, and ongoing, intense conflict between parents is more likely to spill-over onto parent-child relationships (Emery, Hetherington, & DiLalla, 1984).

Parental Functioning

With regard to parental stress, in general, families experiencing a separation are facing a time of increased stress as they cope with the emotional loss and changes in the family. Following parental divorce, it is generally mothers who take on custody of the children and experience tremendous stress as they take on childcare responsibility in addition to attempting to deal with new economic stresses and going back to work (Forgatch, Patterson, & Skinner, 1988; McLanahan & Sandefur, 1994). Maternal stress has an important impact on children's development and has been found to be related to children's behavior problems (Pianta, Egeland, & Sroufe, 1990) and poorer overall adjustment (Garmezy, Masten, & Tellegan, 1984). Parental stress negatively affects child adjustment through increasing parent-child conflict (Forgatch et al., 1988) and decreasing parental availability and warmth (Belsky, 1984; Klebanov, Brooks-Gunn, & Duncan, 1994). Maternal stress has been related to an increase in intrusive parenting behaviors (Egeland, Pianta, & O'Brien, 1993) and child maltreatment (Gelles, 1989; Pianta, Egeland, & Erikson, 1989). Alternatively, mothers reporting higher levels of stress and anxiety have been found to attribute more responsibility for caregiving difficulties to their children. These mothers also expressed a desire for children to be

more independent and self-reliant, in order to decrease their own parental responsibilities (Wefel, Frye, & Adam, 1997). These maternal responses to stress describe a process of boundary dissolution where mothers may be more intrusive with their children or may rely more on their children to meet their own needs.

Single parenthood following parental divorce not only increases life stress, but is also related to increases in maternal depressive symptoms (Hall & Sachs, 1993; Siegel, 1995). Research has found that children of depressed parents are at an increased risk for the development of psychopathology (Beardslee, Bemporad, Keller & Klerman, 1983; for a review, see Cummings & Davies, 1994). Maternal depression can negatively affect children by exposing them to depressive behavior and by changing the quality of parent-child interactions (Cummings, 1995; Cummings & Davies, 1994; Teti, Gelford, Messinger, & Isabella, 1995). Research has shown, for example, that depressed parents tend to be less psychologically available and more detached from their children or more intrusive and overinvolved with their children, reflecting a weakening of boundaries in the parent-child relationship (Biringen & Robinson, 1991; Gordon et al., 1989).

Maternal social support is a third important factor which may affect parent-child boundaries in post-divorce families. If parents are not supported in their child-rearing demands, then excessive strain will be placed on the parent-child relationship that increases the likelihood that any one family member will be overburdened (Chase, 1999). Several studies have reported that single mothers receive less social support than mothers in two-parent families (Klebanov et al., 1994; Nelson, 1995), which may result in these mothers relying on their children to meet their emotional needs. Research has found that single mothers who received instrumental support from work or

school associates and emotional support in personal relationships were at a lower risk for abusing their children (Moncher, 1995) and were more emotionally available to their children (Taylor & Chesler, 1993). In their study of boundary violations in two-parent families, Fish et al. (1991) found that wives who received low levels of social support were more likely to have mother-child relationships characterized by increased boundary dissolution.

Interparental Functioning

The level of interparental hostility and ongoing conflict may have an important impact on the occurrence of boundary violations following a divorce. Ongoing and severe interparental conflict has been found to be related to increased alliances between parents and children which includes the triangulation of children into the parental conflict (Wallerstein & Blakeslee, 1989). As parents form alliances with their children and the boundaries between parents and children become unclear, children are drawn into the tension and negotiations between parents which results in stress and confusion for the child (Buchanan, Maccoby, & Dornbusch, 1991; Johnston & Campbell, 1987; Minuchin, 1974; Wallerstein & Blakeslee, 1989). Children work hard to maintain equitable relationships with both parents, and become involved in more nurturing and caregiving relationships with their parents in order to reduce conflict between their parents and to relieve their own guilt and anxiety about their relationship with a particular parent. Alternatively, children and parents may experience increased hostility in their relationships as the level of interparental conflict increases. Children may express increased hostility or anger toward one parent as they ally with another parent and become involved in the parents' conflict (Wallerstein & Kelly, 1980). Parents may project

their anger towards their partner onto their children, allowing their feelings of anger to be displaced onto their child.

Developmental Issues

While there is little empirical research addressing developmental differences in parent-child boundary dissolution, developmental differences have been noted in the divorce literature with regard to children's adjustment to parental separation. With regard to latency aged children, it has been found that, in general, children ages nine to twelve show the fewest adjustment difficulties following parental divorce (Emery, 1988; Wallerstein & Kelly, 1980). This finding has been particularly noted with regard to girls who seem to fare better than boys until they reach adolescence, at which time increased difficulties have been found to occur. In general, research has found that the greatest impact occurs for females as they enter young adulthood (Wallerstein, Corbin, & Lewis, 1988).

This apparent competency of latency-aged girls may affect the processes of boundary dissolution investigated in the current study as girls who engage in role-reversal relationships with their mothers may demonstrate minimal psychological distress as they readily take on this pseudo-mature stance with apparently few difficulties. Perhaps a compromise in children's adjustment and development may not be apparent until adolescence or young adulthood when young adults engaged in such relationships with their parents have been found to struggle with depression and the process of separation and individuation (Buchanan et al, 1996; Jacobvitz & Sroufe, 1996).

Alternatively, while Buchanan et al. (1996) did not find any negative effects associated with a confidante, peer-like relationship between parents and their

adolescent children, research with latency-aged children may find that this peer-like role is more stressful for younger children. While the sharing of personal and intimate information may be more age-appropriate with adolescent children, younger children may feel emotionally overwhelmed and burdened by such knowledge of their parents' struggles. One longitudinal study of the effects of generational boundary dissolution has found that higher levels of boundary violations between mothers and their infant and pre-school aged children was related to children's early and middle-school adjustment (Egeland, Pianta, & O'Brien, 1993; Jacobvitz & Sroufe, 1987).

Gender Issues

As noted, there are important gender differences in the responses of children to their parents' divorce (Emery, 1988). In addition, some gender differences in the process of generational boundary dissolution between parents and children have been noted in the literature. For example, it has been found that mothers who are unhappy with their marital relationship are more likely to interact with their sons as an intimate partner, but are more likely to place their daughters in a parenting role (Hiester, 1995; Mika et al., 1987; Valteau et al., 1995). Contradictory findings regarding gender differences have also emerged, however. Some studies report that mothers in maritally distressed relationships are more hostile with sons, allowing their feelings towards their partner to "spill over" onto their sons (Hetherington & Clingempeel, 1992; Kerig et al., 1993), while other studies report that these mothers are more intimate and "enmeshed" with their sons while engaging in more hostile interactions with their daughters (Hiester, 1995; Sroufe et al., 1985). The presence of cross-sex alliances in families has been noted to be particularly detrimental to children's development, with significant behavioural consequences reported for sons in role-reversals with their mothers and

significant emotional difficulties reported for daughters who experienced alliances with their fathers (Jacobvitz, Riggs, & Johnson, 1999). These gender issues have primarily been explored with adult children of divorce or with families experiencing high levels of marital conflict, rather than examining children's current experiences in a post-divorce parent-child relationship.

As a result of these gender differences reported in the literature, boundary dissolution in parent-child relationships may have different effects on boys and girls. Mothers may engage in different types of boundary violations depending on the gender of their child and this may result in unique patterns of adjustment difficulties for girls and boys.

Hypotheses

The present study investigated the relationships among maternal and interparental functioning, generational boundary dissolution, and children's adjustment (see Figure 1).

1. Higher levels of maternal distress and conflict in the parental relationship were predicted to be related to increased boundary dissolution of all three types between the mother and child.
2. The mediational effects of generational boundary dissolution on the relationships between maternal distress, interparental conflict, and children's adjustment were investigated. The extent to which mothers maintained clear boundaries with their children was hypothesized to protect children from experiencing significant emotional and behavioral difficulties.
3. Gender differences in mothers' engagement in various types of boundary dissolution with their children was examined. In addition, gender differences in the mediational

effects of boundary dissolution were explored. With regard to role-reversal caregiver, it was predicted that mothers may be more likely to place their daughters than their sons into a caregiving role, given the research evidence to date (Heister, 1995; Mika et al, 1987; Valleau et al., 1995). With regard to role-reversal confidante and spousification, the research evidence was less clear as to the effects of gender on these processes of intimacy and hostility between mothers and their children. Research evidence is equivocal with regard to mothers' formation of intimate relationships with sons versus daughters and mothers' expression and displacement of hostility onto sons versus daughters.

As part of the present study, a factor analysis of a new measure of parent-child boundaries, the Parent-Child Boundaries Scale (PBS), was completed. The PBS is a relatively new measure and while the internal consistencies and convergent and discriminant validity of the PBS scales has been established in previous research (Brown & Kerig, 1997; Brown, Kerig, & Scharfenberg, 1997), a factor analysis of the measure had not been completed. It was expected that the PBS would be made up of five factors related to the theoretical types of boundary dissolution on which the measure was based: Intrusiveness, Role-Reversal-Caregiving, Role-Reversal-Confidante, Spousification, and Enmeshment.

METHOD

Participants

The participants in this study included 123 mothers and their eldest child between the ages of 8 and 12 ($M = 10.51$ years; $SD = 1.24$ years). Twelve cases were not included in the study due to incomplete questionnaires and/or concerns regarding the child's comprehension and effort during the child interview. Therefore, 111 cases were included in the analyses for the present study. Of the 111 children, 53 were boys (Mean age = 10.49, $SD = 1.19$) and 58 were girls (Mean age = 10.53, and $SD = 1.29$). The mothers ranged in age from 26 to 52 years ($M = 38.96$, $SD = 5.29$).

Demographic information was provided by the mothers participating in the study. The modal income range reported by the mothers was \$20,000 to \$40,000 (46%). 23% of mothers reported income in the \$0 to \$10,000 range, 6% in the \$10,000 to \$20,000 range, 13% in the \$40,000 to \$60,000 range, and 5% above \$60,000. 7% of mothers did not respond to this question. Mothers reported that 60% of fathers provided child support and the average amount per month was \$526.66 ($SD = \519.21). 25% of fathers were also reported as providing alimony with the average amount per month being \$134.35 ($SD = \379.28). 30% of mothers reported receiving no financial support from fathers and 10 mothers did not respond to this question. With regard to maternal education, the modal response in this sample was "vocational or some college/university" (42%). With regard to the ethnic background of the sample, 81% of the sample was Caucasian, 8% was Asian, 2% was East Indian, 5% was First Nations, and 3% was Hispanic. One mother reported that her ethnic background did not fit any of these categories. 70% of mothers participating in the study reported that they had

previously or currently been involved in individual therapy and they reported that 30% of their children had been involved in child therapy.

The families participating in the current study had informed their children about the divorce/separation within the previous 24 months ($M = 9.73$ months, $SD = 8.96$ months; Range = 1 to 24 months) and the ex-partner had moved out within the previous 24 months ($M = 7.78$ months, $SD = 6.97$). Mothers were asked to describe the nature of the break-up with their child's father and 63% rated the break-up as either "somewhat angry" or "very angry", the highest two values on a five point Likert scale. 48% of mothers also indicated that their current relationship with their ex-partner is still "somewhat or very angry" and 4% of mother had no contact at all with their ex-partner. 22% of mothers indicated that they are currently involved in legal custody proceedings with their ex-partners. Most of the children in the current study resided primarily with their mothers after the separation, although in six cases children lived with their fathers and continued to have regular contact with their mothers. In these cases, the non-custodial mother completed the questionnaires for the study. For children living with their mothers, most children visited with their fathers weekly or more (81%), 9% visited monthly, 8% visited a few times per year, and 2% of children had no contact with their father.

Procedures

Families were notified about the project through an advertisement printed in elementary school newsletters and through flyers distributed to elementary school counselors, parenting classes, family court counselors, and community agencies. Seven school districts participated in the study included Surrey, Langley, Burnaby, Coquitlam, Vancouver, North Vancouver, and Richmond. In addition, articles about the project were

published in local newspapers and presentations were given at school counselor meetings. Advertisements and flyers described a free eight week support program which was offered for children who had experienced a parental divorce. It was noted that involvement in this program included participating in a two-hour research interview before the treatment group commenced.

Families who responded to the advertisement with children below or above the age guidelines for this project were given alternative community referrals for child services. In addition, families who called who did not meet the 24 month post-separation requirement of the study were placed on a waitlist and their children were placed in a therapy group if space allowed.

Research interviews were conducted by the author of this study and a co-investigator of the project who was also a Ph.D. student in psychology. Interviews were conducted at the Clinical Psychology Centre at Simon Fraser University or in the families' homes. Mothers completed a consent form informing them of the purposes of the research, the right to withdraw from the study at any time, the steps taken to ensure parents' and children's confidentiality, and the limits of confidentiality. In addition, mothers were provided with written information providing them with details about the research project and the treatment program. Children were also informed of the purposes of the study, their right to withdraw at anytime, and of the nature and limits of confidentiality. Children also completed a consent form and were asked if they agree to participate in both the research interview and the treatment program before beginning the interview. Lastly, mothers completed a consent form for a teacher-rating scale to be sent to their children's teachers, however, the low response rate for this data did not allow for analysis of this data.

Mothers completed their packet of questionnaires independently while children were interviewed privately by one of the two co-investigators of the study. Questionnaires were read aloud to each child in order to assess the child's comprehension of the material and in order to decrease the impact of children's reading ability on their performance. Children and mothers were informed that their responses would not be shared, except if a child revealed information which suggested a need for protection as required by law. Each child who participated in the current study was entered into an 8-week support group program for children of divorce that was held at either the S.F.U. Clinical Psychology Centre or at a location in the community. In addition to the 8 week treatment program, all participants were informed that they could receive a copy of the results of the study upon completion.

All procedures and questionnaires were approved by the Simon Fraser University Research Ethics Review Committee and by the Simon Fraser University Clinical Psychology Centre.

Measures

Demographic Information

Demographic information was collected from mothers in order to obtain a description of the sample participating in the study. Demographic data on age, ethnicity, income, and education was gathered. In addition, information about the context of the divorce and current family arrangements was obtained including ratings regarding the amicability of the divorce, the quality of the current interparental relationship, the length of time since the separation, and current visitation/contact arrangements between the noncustodial parent and the child.

Maternal Distress

The following measures of maternal distress were self-reports completed by the mother.

1. Depression: The Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983). The BSI is a 53-item self-report symptom scale which is a brief form of the Symptom Checklist-90-R (SCL-90-R). It measures nine symptom dimensions (Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobia, Paranoia, and Psychopathy) and provides three global indices of functioning (Global Severity, Positive Symptom Distress, and, Positive Symptom Total). Psychometric evaluations have found the short version to be a reliable and valid version of the SCL-90-R. Both test-retest (correlations ranging from .68-.91) and internal consistencies (alphas ranging from .71-.85) were found to be acceptable and correlations with the SCL-90-R are high. In terms of validation, high convergence between the BSI scales and the similar dimensions of the MMPI have been noted. For the current study, the Depression subscale was used.

2. Stress: The Daily Hassles Scale (DHS; Kanner, A.D., Coyne, J.C., Schaefer, C., & Lazarus, R.S., 1981). The Daily Hassles Scale is a measure of everyday frustrating and distressing events and demands which over time have a major impact on psychological functioning and may represent more global ongoing issues (Kanner et al., 1981). Mothers rate on 3 point Likert scale the degree to which an event or issue is a hassle for them ('somewhat' to 'a great deal').

3. Social Support: The Social Support Questionnaire (SSQ; Sarason, Levine, Basham, & Sarason, 1983). The SSQ is a 6 item measure of perceived available support. Each item has two parts: the number of available others the person can turn to

in times of need in a variety of situations and the degree of satisfaction with the perceived support. In the present study, mothers' satisfaction ratings were used since the degree of satisfaction is anticipated to be more representative of mothers' sense of well-being than simply the total number of persons available (Sarason, Shearin, Pierce, & Sarason, 1987). SSQ scores have been found to be related to depression, anxiety, hostility, perceived separation anxiety in childhood, loneliness, and shyness (Sarason et al., 1987). In addition, it has been found to correlate with other well-used measures of social support (Sarason et al., 1987).

Interparental Relationship

1. Frequency of Fights: The Conflicts and Problem-Solving Scales (CPS; Kerig, 1996). The CPS is a parent-report measure which assesses the qualities of interparental conflict which have been empirically shown to affect child adjustment. Dimensions of the conflict such as Frequency, Intensity, Resolution, and Efficacy are assessed as well as a variety of conflict strategies such as Cooperation, Avoidance/Capitulation, Stonewalling, Physical Aggression, Verbal Aggression, and Child Involvement. For the current study, ratings of the frequency of minor and major arguments during the past year were used. Convergent validity for the CPS scales has been indicated by significant correlations between conceptually related scales of the CPS and other measures of interparental conflict and marital satisfaction (Kerig, 1996).

2. Amicability of Divorce: As noted above, the demographic questionnaire includes mothers' ratings of various aspects of their relationships with their ex-partners including the amicability of the divorce (How would you describe your break-up with your ex-partner?) and the quality of the current interparental relationship (How would you describe your relationship with your ex-partner now?). Mothers responded to these two

questions on a 5 point Likert scale from 'very friendly' to 'very angry' and, for the current study, the sum of these two items were utilized.

3. Children's Exposure: The O'Leary Porter Scale (OPS; Porter & O'Leary, 1980). The OPS is a parent-report measure of the extent of marital conflict that occurs in the presence of the child. The OPS has demonstrated good internal consistency ($\alpha = .86$), test-retest reliability over a two-week period ($r = .96$), and concurrent validity with other measures of interparental conflict (Porter & O'Leary, 1980).

Generational Boundary Dissolution

Parent-Child Boundaries Scale - Parent Version (PBS-P; Kerig & Brown, 1996). This 35-item measure is based on the various types of boundaries discussed in the literature, including five types of boundary dissolution: intrusiveness, spousification, role-reversal - caregiver, role-reversal – confidante, and enmeshment (see Appendix A). The Parent-Child Boundaries Scale has demonstrated good reliability and validity in previous research, and the subscales of the PBS correlated in expected ways with theoretically-related parenting scales derived from other measures (Brown & Kerig, 1998; Brown et al., 1997). The internal consistency of the total score in previous research was $\alpha = .89$ and the reliabilities of the five subscales ranged from .72 (enmeshment) to .85 (spousification). The scales being used for the present study are the spousification and two role-reversal scales (caregiver and confidante). With regard to construct validity, mothers' reports of total boundary dissolution and role-reversal on the PBS-P have been found to be significantly correlated with the role-reversal scale of the Adult-Adolescent Parenting Inventory (Bavolek, 1986), and the correlation between the role-reversal scales are stronger than the correlation between the PBS-total score and the AAPI role-reversal scale. When partial correlations were calculated between the

AAPI role-reversal scale and all scales of the PBS-P, it was only significantly correlated with the PBS-Role-Reversal scales. With regard to the intrusiveness scale of the PBS-P, the intrusiveness scale was significantly negatively correlated with the independence scale of the Parental Attitudes Towards Childrearing Questionnaire (Goldberg & Easterbrooks, 1984). The independence scale of the PACQ was not significantly related to any other PBS-P scales. Lastly, PBS-P total boundary dissolution score was correlated significantly with total parenting stress score, social isolation, and sense of competence on the Parenting Stress Index (Abidin, 1986).

Child Adjustment

Measures of child adjustment were completed by mothers and children. Mothers completed the Child Behavior Checklist and children completed the Children's Depression Inventory.

1. **Internalizing and Externalizing Behaviors:** The Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1993). The CBCL is a parent-report measure of the child's competencies and problem behaviors. The scales of primary interest for the present study included the Internalizing and Externalizing scales. The CBCL is a widely used measure of children's behavior problems which has demonstrated good reliability, as well as content, construct, and criterion-related validity (Achenbach & Edelbrock, 1993).

2. **Self-Reported Depression:** The Children's Depression Inventory (CDI; Kovacs, 1985). The CDI is a 27 item self-report measure of children's depressive symptomatology. Children respond to each symptom as being not at all true, somewhat true, or always true for them. Good test-retest reliability and internal consistencies are reported in the literature (Finch, Saylor, Edwards, & McIntosh, 1987, Kovacs, 1985).

The CDI has demonstrated good correlations with other self-report measures of children's internalizing problems.

Child Session Evaluation

This is an evaluative form completed by the child interviewer to rate the degree to which the child understood each questionnaire and answered honestly. Children who did not understand a given task, who were perceived to be responding in a random or invalid manner, or who were unable to sustain the attention necessary to complete the interview had their data removed from the study.

RESULTS

The results of the current study will be presented in two sections: 1) factor analysis of the Parent-Child Boundaries Scale, and 2) testing of the relationships between maternal and interparental functioning, boundary dissolution, and child adjustment (see the model outlined in Figure 1).

Parent-Child Boundaries Scale

Data

In order to analyze the factor structure of the Parent-Child Boundaries Scale (PBS), an additional 75 cases were added to the 111 cases derived from the present study. These 75 cases came from a previous study of 86 single mothers who completed the PBS. The samples were combined in order to create an adequate sample size necessary for completing a factor analysis of this 35 item questionnaire.

Both samples consisted of single mothers who had experienced a separation/divorce and who had an eldest child between the ages of 8 to 12 participating in the research study. One difference between the two groups was that in the present study, the divorce or separation occurred no longer than 24 months ago. The length of time since divorce has been noted to impact the degree of boundary dissolution in the parent-child relationship, with more intense boundary violations being theoretically proposed as occurring closer to the time of the divorce (Wallerstein, Corbin, & Lewis, 1988). While there is no research to date on this issue, any subjects in the previous study who had been separated for longer than 24 months were excluded from the present study. This resulted in 11 mothers being excluded. Correlations between the

length of time since the separation, boundary dissolution, and children's adjustment were examined on the remaining 186 subjects. No significant correlations were found.

The combined data set, consisting of 186 single mothers, was screened to find missing values. 9 values out of 6510 values were missing and were estimated using the TWOSTEP procedure of the BMDP-AM program. This procedure estimates the missing value by regressing the variable on up to two variables selected by a stepwise regression. These numbers were then rounded to the nearest whole number. Chi square analyses of the missing data indicated that the missing data were random.

Histograms of the PBS items were examined in order to assess item distributions. The item responses ranged from 1 to 5 with 1 indicating "never" engaging in the behavior (low boundary dissolution) and a 5 indicating "almost always" engaging in the behavior (high boundary dissolution). The total possible range of responses on the 5 point Likert scale was utilized for 31 of the 35 items. For three of the four remaining items, the range of responses was from 1 to 4 out of the 5 point scale (items #19, 23, and 24) and for the one item (item #11) the range was from 1 to 3. In these items, and in several other items of the PBS, a slight positive skew was found.

In order to test the fit of item distributions of the PBS to the normal model, an examination of the polychoric correlation matrix among all item pairs was conducted. Of the 595 correlations among item pairs, only 1.2% of the correlations exceeded the .05 significance level for the test that the root mean square error of approximation is less than or equal to .05 ($RMSEA < .05$). This suggests that, in general, the polychoric correlation matrix of the PBS items is consistent with the assumptions of the normal model.

Internal Consistency

Cronbach's alphas were computed for each boundary subscale as an index of the internal consistency of each subscale (see Table 1). The PBS total score and four of the five boundary subscales were at acceptable levels of internal consistency (i.e., $\alpha > .70$, Kaplan & Sacuzzo, 1993); the Intrusiveness subscale demonstrated a lower internal consistency.

Confirmatory Factor Analysis of the PBS

A confirmatory factor analysis was conducted on 32 items of the PBS using LISREL-8 (Joreskog & Sorbom, 1993). The confirmatory factor analysis specified that these 32 items of the PBS would load onto their respective boundary subscales (see Appendix B for item loading descriptions). The three items that do not load on any factor, but only contribute to the total PBS score, were excluded from the factor analysis of the 5 subscales. The confirmatory factor analysis was completed twice: once using the matrix of pearson correlations and once using the matrix of polychoric correlations. A comparison of the matrix of pearson correlations among item pairs with the matrix of polychoric correlations among item pairs found that the pattern of correlations among item pairs was similar. The only difference was that the polychoric correlations were slightly higher in all cases. In general, polychoric correlations are recommended for use with ordinally-scaled data. However, there are limitations associated with their use for factor analyses (Joreskog & Sorbom, 1993) and, therefore, an examination of both matrices was conducted. The fit between the hypothesized model and the sample data was examined using the chi-square goodness of fit test (χ^2), the adjusted goodness of fit index (AGFI), and the root mean square error of approximation (RMSEA). The

results of this analysis indicated that the data did not significantly fit the hypothesized model for either the polychoric or pearson correlation matrices. The model, however, did demonstrate a better fit with the pearson correlation matrix, χ^2 (df=454)= 876.87, $P < .00$, RMSEA = .07, AGFI = .73 (see Table 4).

Although an exact fit of the 5 factor model was rejected by the confirmatory factor analysis, the RMSEA suggested a minimally adequate fit and so the subscales were further explored to see if the items within each boundary subscale would load onto a unidimensional factor. Therefore, a confirmatory factor analysis using LISREL-8 was conducted at the subscale level. For three of the five boundary subscales, the chi square goodness of fit test and the adjusted goodness of fit index demonstrated a good fit of the unidimensional factor model (except for RMSEA which was $> .10$): Role-Reversal Caregiver (χ^2 (df=14) = 59.06, $p = .17$, RMSEA = .132, AGFI = .83), Role-Reversal Confidante (χ^2 (df=9) = 61.23, $p = .12$, RMSEA = .14, AGFI = .81), and Spousification (χ^2 (df=9) = 34.84, $p = .10$, RMSEA = .13, AGFI = .85). The Intrusiveness and Enmeshment subscales did not fit the hypothesized subscale model.

Exploratory Factor Analysis of the PBS

Given the minimal sample size available for conducting confirmatory factor analysis in this manner, further analysis of the factor structure of the PBS was conducted utilizing an exploratory factor analytic approach with SPSS 10.0 (SPSS Inc., 1999). From this exploratory factor analysis, there were nine eigenvalues derived which were greater than one (Eigenvalues = 8.61, 3.00, 2.11, 1.67, 1.49, 1.18, 1.12, 1.10, 1.04); a large number of factors as is often found with this criteria. The scree test indicated, however, that a four or five factor solution would be most appropriate for this

data set. Therefore, subsequent analyses were conducted using a Principal Component Analysis specifying four and five factor solutions. An oblique rotation (Direct Quartimin) was utilized as it allows for correlations among factors, correlations which are consistent with the theoretical basis of the measure.

The results of the five factor solution are presented in Table 2. The five factor solution accounted for 52% of the variance in the data. However, in examining the item loadings, only three factors were found to be consistent with the hypothesized factor structure. The Role-Reversal Confidante (Factor 1), Role-Reversal Caregiver (Factor 4), and Spousification (Factor 2) subscales demonstrated a good fit with the item loadings of the factor analysis. The Enmeshment subscale did not appear to be a distinct scale as several of the hypothesized items loaded onto the Role-Reversal Confidante subscale (Factor 1) and the hypothesized Intrusiveness scale (Factor 3). With regard to the Intrusiveness subscale, some of the items loaded onto the Intrusiveness factor, but a subset of items were split off and formed a fifth factor which had few substantial loadings.

In contrast, the four factor solution (see Appendix C for item descriptions and Table 3 for factor loadings) yielded a more coherent and interpretable factor structure, with four more distinct and substantial factors appearing. The amount of variance accounted for by the four factor solution was 48%, so little variance accounted for is lost when moving from the five to the four factor solution. The four factors may be conceptualized as Confidante (Factor 1), Spousification (Factor 2), Intrusiveness/Control (Factor 3), and Caregiving (Factor 4). With the four factor model, it appears that the items of the Enmeshment subscale are collapsed into the Confidante scale and the Intrusiveness scale. The Spousification and Role-Reversal-Caregiver

scales remain the same across both factor analyses. Correlations among factors are presented in Table 5 for the four factor solution.

In general, it is important to note that with both the four and five factor solutions, the first factor (Confidante) is a large factor, as the Role-Reversal-Caregiving items also load to some degree onto this factor. Maintaining the separate Caregiving factor adds another 5% to the total variance accounted for.

In summary, the four factor solution appeared to represent the best fit to the data, confirming four of the five hypothesized factors and collapsing the Enmeshment subscale into the Confidante and Intrusiveness subscales (see Appendix C for item categorization).

Further Analyses of the Four Factor Model

Given the results of the exploratory factor analyses which supported a four factor model, the confirmatory factor analysis using LISREL-8 was re-run on the four factor model using the Pearson correlation matrix. The goodness of fit statistics for the four factor model were similar to those found for the five factor model (see Table 4); however, it is important to note that this second LISREL-8 analysis was based on the data derived from the first set of analyses. Given the fitting of the model to the data in this manner, the results must be interpreted with caution.

The internal consistencies of the two changed scales, Confidante and Intrusiveness, varied with the four factor solution. The new Confidante and Intrusiveness scales were both found to be at acceptable levels (.90 and .71, respectively). The internal consistency of the Confidante subscale remained relatively the same across the two models, while the Intrusiveness subscale's internal

consistency increased in the four factor model when the relative Enmeshment items were collapsed into the scale.

Factor Scores versus Scaled Scores

The correlations among the four scales and factor scores was examined (see Table 5). Given the significant correlations among scales, the correlations among factor scores was compared to the correlations among the scale scores to see if there would be increased independence among factor scores as compared to scale scores. The correlations among factor scores were found to be lower. With the scale scores, all correlations among scales were found to be significant. With the factor scores, only the Confidante factor remained significantly correlated with the Intrusiveness and Caregiving factors, and these correlations were lower. Given the increased independence among factor scores as compared to scale scores, it may be preferable to conduct the mediational analyses on the factor scores to determine the unique effects of the boundary variables.

In order to use factor scores, however, it is important to assess the stability of the factor score coefficient matrix to ensure that it is not sample specific. In order to assess the generalizability of the factor scores, the factor analysis conducted on the Pearson correlation matrix was compared to the factor analysis conducted on the Polychoric correlation matrix. This analysis indicated that the factor structure and factor score coefficient matrix were similar across both correlation matrices. Both factor analyses resulted in positive eigenvalues and the slope of the eigenvalues was similar (i.e., indicating a 4 or 5 factor solution). Secondly, the relationships between the factor scores and scale scores were examined. While almost all correlations among factor and scale scores were significant regardless of the type of boundary dissolution, the

correlations between corresponding factor and scale scores (i.e., confidante scale score and confidante factor score) were much greater than other correlations among factor and scale scores (see Table 5). Each scale was then treated as a dependent variable to be predicted by the four factor scores. The four factor scores were entered into the equation simultaneously as a block of predictors. For the confidante, spousification, and intrusiveness scales, the corresponding factor score was not the only significant predictor of the scale score; however, its beta weight was in the range of .90-.95 compared with the range of .00-.15 of the other factor scores. For the caregiving scale, the beta weight of the confidante factor score was also quite significant at .39 (see Table 6). Lastly, the 32 items of the PBS were treated as dependent variables to be predicted by the scale scores. The resulting beta weights behaved similarly to the factor score pattern matrix, except for the Caregiving items. For these items, the scale score weights were higher with the Caregiving items than the factor score weights.

Testing of the Model (See Figure 1)

All of the following analyses of parent-child boundary dissolution are based on the factor scores of the Parent-Child Boundaries Scale.

Relationships Between Maternal Distress, Interparental Conflict, and Boundary Dissolution

It was hypothesized that high levels of maternal distress and interparental conflict would result in increased boundary dissolution between mothers and their children. There are three measures of maternal distress and three measures of interparental conflict in the current study. Correlations among the measures are presented in Table 7.

A. Correlations between maternal distress, interparental conflict, and boundary dissolution.

Correlations between maternal distress and parent-child boundary dissolution and between interparental conflict and boundary dissolution are presented in Table 8.

With regards to maternal functioning variables, maternal stress and depression were found to be significantly correlated with mothers' reports of boundary dissolution in their relationship with their child. High levels of maternal stress and depression were correlated with a confidante and spousification type of boundary dissolution. A trend was noted in the relationship between maternal stress and the caregiver boundary subtype. Low levels of maternal social support were found to be significantly correlated with spousification.

With regards to interparental functioning variables, children's exposure to interparental conflict and mothers' descriptions of the amicability of the divorce were found to be significantly correlated with the confidante boundary dissolution. Children's exposure to interparental conflict was also significantly correlated with spousification.

The correlations between maternal/interparental functioning and boundary dissolution were examined separately for boys and girls. The general pattern was similar with one exception. Significant correlations were found between maternal stress and mothers' reports of a caregiving boundary dissolution with their daughters, but not with their sons ($r = .328, p < .01$ for daughters; $r = -.069$ for sons). The Fisher Z test of the difference between these two correlations was significant (Fisher $Z=2.12, p<.05$).

B. Regression analyses

Hierarchical regression analyses were conducted to examine the relationships between maternal and interparental functioning and boundary dissolution. With regard

to the confidante boundary subtype, regression analyses found that the predictor set for interparental functioning was found to be significantly related to a confidante relationship ($R = .308$, $p = .01$); however, when maternal functioning was entered, the effects of interparental functioning dropped out (see Table 9). Maternal functioning, and maternal depression in particular, continued to significantly predict the confidante boundary subtype.

With regard to the spousification boundary subtype, the opposite pattern was found. While the maternal functioning predictor set was predictive of spousification on its own ($R = .282$, $p = .03$), its effect dropped out when interparental functioning was added to the equation (see Table 10). Interparental functioning, and children's exposure to interparental conflict in particular, was the significant predictor of the spousification boundary subtype.

Neither maternal functioning nor interparental functioning was found to predict the caregiving boundary subtype. Given the gender differences found in the correlations between maternal functioning and caregiving, separate regression analyses were conducted for boys and girls. For boys, neither maternal functioning nor interparental functioning predicted mothers' engagement in caregiving boundary dissolution. For girls, however, maternal functioning was significantly related to the caregiving boundary subtype. In particular, maternal stress levels were predictive of higher levels of engagement in caregiving boundary violations with daughters (see Table 11).

Relationships Between Boundary Dissolution and Child Adjustment

Correlations between the three types of boundary dissolution and child adjustment are presented separately for boys and girls given the gender differences found in these relationships (see Table 12). For boys and girls, spousification was the

only boundary dissolution significantly correlated with mothers' reports of children's symptomatology, specifically with the externalizing symptoms. Children's own reports of depressive symptomatology were significantly correlated with the confidante boundary violation. There was a significant gender difference in these relationships, however (Fisher $Z = 2.90$, $p < .01$). For boys, there was a positive relationship found between mothers' engagement in a confidante relationship and their self-reported symptoms of depression, while for girls there was a significant negative relationship between engagement in a confidante relationship and self-reported symptoms of depression.

Gender differences in mothers' engagement in the three types of boundary violations were tested with a series of ANOVAs (see Table 13). A significant gender difference was only found with the confidante boundary subtype, with mothers of daughters reporting higher scores on the confidante subscale than mothers of boys.

Mediational Analyses

The current study investigated the relationships among maternal/interparental functioning, parent-child boundary dissolution, and child adjustment. A mediational model where boundary dissolution was hypothesized to mediate the effects of parental functioning on child adjustment was tested (see Figure 1).

To test the mediational effects of boundary dissolution on the relationships between maternal distress, interparental conflict, and child adjustment, the statistical method outlined by Baron and Kenny (1986) was utilized. In order to test a mediational model using this method, first, the mediator is regressed on the independent variable; second, the dependent variable is regressed on the independent variable; and third, the dependent variable is regressed on both the independent variable and on the mediator. For mediation to be demonstrated the following conditions must be met: the

independent variable must be significantly related to the mediator, the independent variable must be significantly related to the dependent variable, and the mediator must be significantly related to the dependent variable. Mediation is suggested if the effect of the independent variable on the dependent variable is reduced when the mediator is added to the regression equation.

In the current study, the two independent variables and the mediator are sets of predictor variables consisting of three measures each. Therefore, the analyses were conducted as outlined above except blocks of predictor variables were entered at each step, rather than just one independent variable or mediator.

A. *Mediation of child externalizing symptomatology.*

The mediational effects of boundary dissolution on the relationship between maternal/interparental functioning and child adjustment was first examined for children's externalizing behavior as reported by the mother. As shown in Table 14, parent-child boundaries were found to partially mediate the relationship between maternal and interparental functioning and mothers' reports of children's externalizing behavior problems. In the first step, the dependent variable (externalizing) was regressed on to all six predictors. Maternal and interparental functioning were found to significantly predict children's externalizing symptoms. In the second step, the three types of boundary dissolution were added to the equation. When this mediator was added to the equation, the effects of maternal and interparental functioning were reduced, while boundary dissolution had a significant effect on children's externalizing behavioral problems. An examination of the beta weights of the three types of boundary dissolution suggests that it is the spousification boundary that mediates the relationship between parental functioning and children's externalizing symptoms.

An examination of the beta weights of the predictor variables revealed that not all of the independent variables and boundary subtypes are correlated with the dependent variable of externalizing symptomatology. Therefore, post-hoc mediational analyses were conducted with a pruned model that consisted of only the two predictors (children's exposure to interparental conflict and mothers social support) and one boundary dissolution (spousification) found to have a significant relationship with the dependent variables. The results of these analyses (see Table 15) found that spousification mediated the relationship between children's exposure to interparental conflict, mothers' social support, and children's externalizing symptomatology. A stronger mediation was found for children's exposure to interparental conflict as compared to mothers' social support.

B. Mediation of child internalizing symptomatology.

The mediational effects of boundary dissolution on the relationship between maternal/interparental functioning and children's internalizing symptoms were examined separately for mothers' and children's reports of internalizing symptoms.

With regard to mothers' reports of children's internalizing symptoms, parent-child boundaries were not found to mediate the relationship between maternal and interparental functioning and child internalizing symptoms (see Table 16). An examination of the beta weights of the predictor variables found that only maternal depression was significantly related to mothers' reports of child internalizing. There was a strong direct relationship between mothers' depression and mothers' reports of children's internalizing symptoms.

With regard to children's self-reported symptoms of depression, parent-child boundaries were not found to mediate the relationship between maternal and

interparental functioning and children's self-reported depression when analyses were conducted on the entire sample. The mediational analyses were then conducted separately for boys and girls given the gender differences found in the relationship between the confidante boundary dissolution and children's self-reported depression.

When all predictors and types of boundary dissolution were placed in the regression equations for boys and girls, no significant relationships were found. Trends in the relationships between maternal/interparental functioning, boundary dissolution, and self-reported depression were noted, however. Since several of the predictors were not significantly correlated with self-reported depression or with the confidante boundary subtype, post-hoc analyses were conducted with only the predictors and types of boundary dissolution that were significantly related to children's self-reported depression. This included maternal depression and the confidante boundary subtype.

For girls, the mediational analyses could not be conducted given the non-significant relationship between the independent variable of maternal depression and the dependent variable of child depression. Regression analyses found that maternal depression did significantly predict mothers' engagement in a confidante relationship with their daughter. In addition, a confidante relationship predicted lower depression scores for girls (see Table 17). Post-hoc analyses were conducted to test the hypothesis that the confidante boundary subtype moderated the effects of maternal depression on girls' self-reported depression. Hierarchical multiple regressions were conducted (Baron & Kenny, 1986): first, the independent variable was entered into the regression equation (maternal depression), then the moderator was entered (confidante), and lastly the interaction between the independent variable and moderator

was entered. The interaction term was not found to be significant, and therefore, a moderational effect was not supported.

For boys, the confidante boundary subtype was not found to mediate the relationship between maternal depression and boys' self-reported depression. Rather, maternal depression maintained a direct, positive relationship with boys' self-reported depression even when the confidante variable was added to the equation (see Figure 2). The confidante boundary dissolution also had a significant positive relationship with boys' self-reported depression.

DISCUSSION

Generational boundary dissolution has been an important part of family systems literature for a number of years and has been raised as a specific concern for families who are experiencing significant marital distress. The literature on children of divorce has described several characteristics of parent-child relationships in this population that reflect concerns related to boundary maintenance among family members (Hetherington & Clingempeel, 1992; Walker & Hennig, 1997). Specifically, breakdowns in both parental and interparental functioning may result in increased risk for boundary violations. Therefore, the present study investigated the effects of interparental conflict and maternal functioning on the process of boundary dissolution in families who have recently experienced a separation or divorce. In addition, the mediational effects of these types of boundary violations on the relationship between parental and child adjustment were examined.

Parent-Child Boundaries Scale

An important aspect of the current study was the continued development and empirical validation of a measure of parent-child boundary dissolution. While previous research has reported on the reliability and validity of the Parent-Child Boundaries Scale (PBS; Brown et al., 1997), the current study included a factor analysis of the measure.

A confirmatory factor analysis of a five factor model found that the data did not significantly fit the hypothesized model, although goodness of fit statistics indicated a moderate fit approaching significance. In addition, a confirmatory factor analysis at the subscale level found that the Confidante, Caregiver, and Spousification subscales each

fit a unidimensional factor model. The Intrusiveness and Enmeshment subscales did not fit the hypothesized subscale model.

An exploratory factor analysis was then conducted and demonstrated that a four factor model yielded the most coherent and interpretable factor structure. The Spousification and Caregiver factors contained item sets consistent with the hypothesized factor structure. The Confidante and Intrusiveness factors each contained additional items from the hypothesized Enmeshment factor, which was, therefore, collapsed into these two factors. Half of the Enmeshment items reflected a belief by parents that the child's thoughts and feelings were identical to their own; these items loaded onto the Confidante subscale. The other half of the Enmeshment items reflected a lack of separation or individuation between parents and children; these items loaded onto the Intrusiveness subscale. Originally, the Enmeshment scale was designed to capture a pathological process that occurs when parents become so entwined with their children that they are unable to distinguish their thoughts and feelings from their child's. Thus, these children are unable to develop their own identity. This is a difficult process to define and operationalize, and perhaps its distinctiveness from a confidante relationship or intrusive parent is more in the degree to which a parent engages in these behaviors. This degree of boundary dissolution would be uncommon and perhaps not applicable to many subjects in this sample.

Another feature of the exploratory factor analysis is the large variance accounted for by the first factor (Confidante) and, in general, the correlations found among all subscales. These findings bring into question the distinctiveness of the subtypes of boundary dissolution and raise the possibility that what is being measured is a global process of generational boundary dissolution. As a result, it may be difficult to analyze

differences in the effects of various boundary subtypes, especially if these processes are subtle and co-occur.

In particular, the distinctiveness between the two types of Role-Reversal, Confidante and Caregiver, may be difficult to make. Several of the Caregiving items also have partial loadings on the Confidante factor and the correlation between these two scale scores and factor scores is large. One reason for this high correlation may be that these two role-reversal processes co-occur in parent-child relationships. However, even if these two processes co-occur, previous research has found differential outcomes for children's adjustment when comparing a confidante to a caregiving parent-child relationship (Buchanan et al., 1996; Jurkovic, 1997).

Alternatively, the definition and item wording of the two role-reversals in the PBS may have made this distinction difficult to make. One important aspect of the distinction between the confidante and caregiver boundaries in the PBS is how much the child initiates and participates in helping the parent. For the confidante subtype, the parent turns to the child as a source of release for their worries and problems (the "child-like parent"), whereas for the caregiver subtype, the child offers support and help to the parent (the "adult-like child"). This distinction may not be apparent among the items and it may be difficult for mothers to separate the two processes. Previous research utilizing this distinction was based on two interview questions, one asking adolescents whether their parents confide in them about their worries, and one question asking if they take care of their parents (Buchanan et al., 1996). Perhaps this distinction is easier to make from the point of view of the child who experiences being a recipient of the parent's concerns versus feeling the need to initiate taking care of the parent in either a more practical or emotional way. Alternatively, it may be helpful to differentiate the two types

of role-reversal by the type of support offered, emotional (confidante) versus instrumental (caregiver). A recent study of college students with a new measure of parentification has defined these two types of role-reversals in this manner and found some unique outcomes for psychological adjustment (Jurkovic, Thirkield, & Morrell, 2001).

The strong relationship between the caregiving and confidante scales has important implications for the present study, which attempted to investigate the unique outcomes for the boundary subtypes of caregiving, confidante, and spousification. In an attempt to control for these relationships among subscales, the rotated factor scores rather than the scale scores were used in the present study as the correlations among the factor scores are lower than the correlations among the scale scores. While this allowed for greater distinctions among the subtypes of boundary dissolution, it is important to note that results based on the factor scores are more unique to this sample than subscale scores. In addition, despite the increased distinctiveness among the rotated factor scores, there was still a high correlation between the two types of role-reversal and results for the caregiving boundary subtype were not found in the current study. This may result in what could be conceptualized as a two factor solution representing parental acceptance (i.e., confidante) versus harsh or critical parenting (i.e., spousification). However, the confidante boundary subtype was associated with negative outcomes for boys' adjustment suggesting that the confidante factor is reflecting a process of boundary dissolution which is not perceived in a positive manner by the child.

In summary, the exploratory factor analysis resulted in four factors that were consistent with the hypothesized factor structure. In addition, the results of this study

found that the resulting factor scores were related to and predictive of aspects of parent and child functioning in theoretically expected ways. Given the use of factor scores in the current study, future research on the parent-child boundaries scale will be important to establish the stability of the factor structure across samples. In addition, further work on empirically validating a child-version of the measure will increase our understanding of the relationship between parents' and children's reports of these processes.

Predictors of Boundary Dissolution

Another major goal of the current study was to examine the predictors of parent-child boundary dissolution in divorcing families. Given the variability in children's adjustment to divorce and in the rate of boundary violations reported by adult children of divorce, researchers have highlighted the need to clarify the individual and family factors that may exacerbate or prevent destructive patterns of role-reversal (Chase, 1999; Jurkovic et al., 2001). In the current study, regression analyses found that maternal functioning, and maternal depression in particular, significantly predicted a confidante relationship between mothers and their children. Research has found that depressed parents are less emotionally available to their children and more likely to turn to their children to meet their own emotional needs (Birgen & Robinson, 1991; Cummings & Davies, 1994 for a review). In addition, mothers experiencing significant depression may have few social supports available, a support network that is particularly important during the stressful transition of a divorce. In the current study, maternal social support was not found to have direct effects on parent-child boundary dissolution. This is consistent with other research that has found that while maternal social support does not have a direct influence on parenting, it does influence parenting indirectly through its effects on maternal depression (Simons, Lorenz, Wu, & Conger, 1993).

Interparental functioning and children's exposure to interparental conflict significantly predicted a spousification boundary subtype between mothers and their children. A high level of conflict and hostility between parents results in a spill-over of this anger onto the child, as demonstrated by the process of spousification. Specifically, the feelings of anger towards the ex-partner affects the parents' overall view of their children and they begin to see the child as similar to the ex-partner in many respects. Parents who reported arguing in front of their children or involving children in their arguments were at a greater risk for engaging in this process of spousification.

With regard to the caregiving boundary subtype, daily life stress was predictive of mothers' engagement in a caregiving relationship with their daughters but not with their sons. This finding is consistent with social norms and gender expectations regarding a female's caretaking role in the family, an expectation that would be greater when the family is experiencing a significant amount of stress (Brody, 1996). Other researchers suggest that the caregiving function may not be unique to girls, but to mother-daughter relationships, and that father-son relationships may be characterized by similar patterns of parentification (Chase, 1999). Further research is needed to clarify these issues.

Mediational Analyses

Lastly, the current study investigated the mediational effects of boundary dissolution on the relationships between interparental and parental functioning and children's adjustment. Children's adjustment was examined in two areas: externalizing behavioral difficulties and internalizing symptoms.

With regard to children's externalizing symptoms, parent-child boundaries were found to partially mediate the relationship between interparental and maternal functioning and children's adjustment. An examination of the effects of individual

variables in the equation found that it is the spousification boundary subtype which mediates this relationship, and that it is mediating the effects of children's exposure to interparental conflict and mothers' lack of social support on children's externalizing behavior.

Previous research has highlighted the negative effects of interparental conflict on children's behavior (Grych & Fincham, 2001). The results of the current study indicate that this relationship between interparental conflict and children's behavior problems may be at least partly explained by a process of spousification that occurs between parents and children. The effects of a spill-over of anger onto children has been discussed in the literature (Kerig et al., 1993); however, the process of spousification is different than a general spill-over of anger. Spousification is defined as a blurring of boundaries between the mother and child where the mother begins to view her child as acting like and being like the ex-partner. This results in the mother becoming angry with the child for specifically and purposefully acting like the ex-partner, a projection of her feelings onto the child. A spill-over effect, in contrast, may result in the mother becoming angry with her child for a variety of issues, but not specifically being triggered by the similarities she sees between her child and her ex-partner.

It is important to note that children's externalizing behavior was reported by mothers in the current study. Therefore, it is difficult to know whether the process of spousification results in actual increases in children's acting-out behavior or if mothers who are viewing their children in this manner report higher levels of behavior problems in their children. Previous research has found a significant link between parent-child boundary violations and children's externalizing behaviour problems, supporting the conclusion that boundary dissolution is related to observable increases in children's

behavioural difficulties. Particularly for boys, a pattern of maternal intrusiveness and seductive or intimate spousification has been found to be predictive of attention deficit/hyperactivity problems throughout elementary school years (Sroufe, 2002).

The mediational findings of this study indicate that the process of spousification is more likely to occur for mothers who report low levels of social support. This may be the result of additional stress on the mother who lacks alternative means to release the intense feelings of hostility and anger she is experiencing. In addition, mothers who experience low levels of social support are likely spending more time alone with their children, resulting in an increased intensity in the parent-child relationship (Chase, 1999). Alternatively, mothers' lack of social support and engagement in spousification with their children may both reflect an underlying pattern of difficulties with boundaries in interpersonal relationships. Some theorists and researchers have focused on the intergenerational origins of boundary dissolution and how the early relationships with significant caregivers affects one's overall expectations of others in interpersonal relationships. In general, a continuity and reenactment of role-reversed relationship patterns occurs which are based on a history of unmet emotional needs. These patterns and expectations place undue strain on all interpersonal relationships, which are approached with the expectation of having these needs met (Sroufe, 2002; Sroufe & Fleeson, 1986.)

Parent-child boundaries were not found to mediate the relationship between maternal and interparental functioning and mothers' reports of child internalizing symptoms. The results of the current study found that mothers' depression had a strong, direct relationship to mothers' reports of children's symptoms of depression and anxiety. This direct effect was not altered by the presence or absence of boundary

violations in the mother-child relationship. Research has highlighted this link between mothers' depression and children's depression, and has noted that this may be the result of depressed mothers inaccurately perceiving their children as problematic and/or the actual impact of mothers' depression on children's psychological well-being (Fox, Platz, & Bentley, 1995; Long & Forehand, 1992).

The results of the mediational analyses based on children's self-reported symptoms of depression were different from those based on mothers' reports and demonstrated gender differences in the effects of boundary dissolution on children's adjustment. For boys, mothers who reported a high level of depression had sons who reported high levels of depression. In addition, for boys, a confidante relationship with their mother was correlated with higher self-reported depression. Mediational analyses, however, did not find that a confidante relationship mediated the relationship between maternal depression and boys' self-reported depression. Instead, it was found that maternal depression maintained a direct effect on boys' self-reported symptoms depression. Regression analyses did find that maternal depression significantly predicts a confidante relationship with boys, which, in turn, predicts boys' self-reported depression. It may be that maternal depression has both direct effects on boys' depression and indirect effects through engaging them in a confidante relationship.

The question arises as to why this confidante relationship has such negative effects for boys' psychological adjustment, an effect that was not found for girls in the present study. One hypothesis relates to gender role socialization and the fact that this role is more inconsistent with boys' identity development. Secondly, the process of a confidante relationship between mother and sons may contain a seductive or sexualized component. Research has described a seductive or intimate pattern of boundary

violation between mothers and sons in a clinical sample of pre-school boys diagnosed with ADHD, (Jacobvitz & Sroufe, 1987). The PBS measure does not contain a measure of seductive or sexualized boundary violations, aspects that would be important to investigate in future research.

Lastly, for boys, the confidante relationship with their mothers may be more likely to be mixed with a process of spousification given the mothers' feelings of anger towards her ex-partner. Research has found that the impact of marital discord and divorce is most disruptive to opposite-sex parent-child relationships (Kerig, Cowan, & Cowan, 1993; Osborne & Fincham, 1996) and this mixture of intimacy with anger in cross-sex parent-child relationships may provide one explanation for such findings. Correlations between spousification and confidante boundary subtypes were analyzed separately for boys and girls and it was found that, for boys, a significant correlation existed between these two processes of boundary dissolution, while for girls, they did not. This ambivalence in the parent-child relationship is conflictual and confusing for children and results in significant distress. The mixture of intimacy and anger may be a difficult experience for boys and changes the nature of the confidante relationship. A partial correlation between confidante boundary dissolution and boys' self-reported depression that controlled for spousification was then calculated. While this partial correlation between a confidante relationship and boys' depression was lower than the previous correlation between these two variables, it remained significant. It appears that the mixture of confidante and spousification is particularly difficult for boys, although there are aspects of the confidante relationship that continue to predict boys' depression even when controlling for the effects of spousification.

For girls, a very different pattern of results was found. First, mothers' depression was not correlated with daughters' self-reported depression. Secondly, a confidante relationship is significantly negatively correlated with girls' depression; the more mothers engage their daughters in a confidante relationship, the better these girls report doing. Mediation analyses could not be conducted given the absence of a relationship between the independent variable of maternal depression and the dependent variable of girls' depression. However, it may be that the lack of a relationship between maternal and child depression for girls may be explained by their shared relationship to the confidante boundary subtype. It may be that mothers who are depressed and daughters who are functioning well are drawn into a confidante relationship as the daughter takes on the responsibility for caring for her mother. The transgenerational nature of parent-child boundary dissolution has been discussed in terms of these alternating themes of loss and compensation seen across generations (Boszormenyi-Nagy & Krasner, 1986; Chase, 1999; Jacobvitz et al., 1999). Parents may initiate exploitation of a child to meet their needs, but at the same time, the child cooperates and then begins to initiate this support. Thus, the pattern is internalized by the child and they engage in behaviours consistent with these themes of loss and compensation (Hiester, 1993).

In addition, the literature on parentification has noted that there may be immediate benefits for girls to participate in these types of parent-child relationships (Jurkovic, 1997). For one, a confidante relationship may provide a closer relationship to the mother. Particularly in the context of a recent experience of loss in the family, a closeness and connection to one parent may be a protective factor. In addition, the mother may respond positively to the daughter's helping behavior given its congruence with sex-role expectations, a response which would increase the girl's sense of self-

esteem and competence. It also may be the case that girls who are drawn into a confidante role may attempt to hide their distress from parents to avoid adding additional pressure on mothers who are already feeling overwhelmed (Jurkovic, 1997). While these girls may present as 'over-functioning' at this point in their development (Jurkovic, 1997), there are likely long-term consequences as noted in the divorce literature. Specifically, girls have been found to be well-adjusted in latency years with increased acting-out behavior problems developing during adolescence (Hetherington, Stanley-Hagen, & Anderson, 1989; Wallerstein & Kelly, 1980). The boundary dissolution literature has also reported long-term negative consequences for young women's identity development and self-esteem who have experienced a history of boundary violations in their relationships with their parents.

An additional reason that the confidante relationship may not be related to elevations of girls' symptomatology is that, for girls, the confidante relationship is characterized by more positive emotional affect than the mixture of intimacy and anger experienced by boys. In general, cross-sex alliances have been noted to be particularly problematic for children's development, and therefore, it may be that increased difficulties for girls would be found with boundary violations with their fathers (Jacobvitz et al., 1999). Research with adult women has found that father-daughter alliances results in significant long-term difficulties for women's identity development and self-esteem (Fullinwider-Bush & Jacobvitz, 1993), while mother-daughter alliances have more subtle implications.

Clinical Implications

Generational boundary dissolution has been raised as a significant risk factor for children in families who have experienced a divorce or separation. However, as the

divorce literature highlights, not all children from divorced families experience significant behavioral and/or emotional difficulties. The results of the current study indicate that both the psychological health of the parent and the quality of the parental relationship are important factors in predicting boundary violations between parents and their children. The impact of these boundary breakdowns for children's adjustment seems to depend on the nature of the boundary violation and the gender of the child.

Interparental conflict, for example, was related to increased spousification in the mother-child relationship, a process that mediated the impact of interparental conflict on mothers' reports of their children's externalizing behavioral difficulties. These results have important implications for interventions with divorced families whose children are experiencing behavioral difficulties. If these behavioral difficulties are occurring in the context of significant parental conflict and hostility, particularly marked by children's exposure to such conflict, a process of spousification may be occurring in the mother-child relationship. It is important to understand that this process of spousification is unique from a general spill-over of anger and warrants unique intervention strategies. If mothers are stressed and becoming angry with their children in a general manner, then interventions focused on the development of parenting strategies for effectively dealing with anger are likely most helpful. A process of spousification, however, implies that a different process is occurring between the mother and the child, one where the mother is engaging in a defensive, and likely unconscious, projection of her anger onto her child. Helping the mother understand the sources of her anger and gain insight into the process of projection that is occurring may need to occur in the context of individual therapeutic work with the parent. The importance of focusing on these issues in intervention and prevention programs has been highlighted in previous work (Jacobvitz,

Morgan, Kretchmar, & Morgan, 1992; Sroufe, 2002). However, most prevention and intervention programs focus on parentification types of boundary violations and utilize psychoeducational procedures (Arbuthnot, Segal, Gordon, & Schneider, 1994; Jurkovic et al., 2001).

The results of this study also highlight the importance of assessing maternal depression in families undergoing a separation or divorce given the increased risk for boundary violations in such circumstances. Mothers may be able to avoid engaging their children as sources of emotional support if they are made aware of this risk and provided with alternative sources of support, such as support groups for parents undergoing these stressful transitions.

The gender effects found in the current study indicate that boys may be particularly at risk when their mothers are feeling overwhelmed and depressed given the mixture of intimacy and anger that was found to characterize the mother-son relationship in these circumstances. It is important when working with families at risk to be aware of these parent-child dynamics for boys, especially as the intimacy and closeness between the mother and son may mask the feelings of anger and rejection that co-occur. The parent-child dynamics reflected unique issues and concerns for the girls in the present study. In contrast to the boys, girls were not negatively affected by their mothers' engagement in a *confidante* relationship with them. In fact, these girls presented as doing better than others girls in the sample and reported to be functioning well in their role of caring for the family needs. Given the longer-term consequences for girls' development noted in both the divorce and boundary dissolution literatures, it is important not to overlook these girls' needs. These girls may benefit from opportunities during this time to talk about their experiences and feelings with someone outside the

family or with other girls whose families are going through a divorce or separation. Perhaps exploring some of these issues during this stage of development may prevent some of the later difficulties noted in adolescence and young adulthood.

Lastly, the process of defining and operationalizing the construct of boundary dissolution allows both professionals working with families and family members themselves to become more aware of the specific behaviors in their family relationships that may be of concern.

Limitations of the Current Study

One important limitation of the current study is the reliance on maternal reports of boundary dissolution and children's adjustment. General issues are raised regarding mothers' ability to accurately report on qualities of the parent-child relationship, particularly those that contain an evaluative component. In addition, the reporting of boundary dissolution may be particularly difficult given the subtle and possible unconscious nature of these processes, and the effects of boundary dissolution processes on mothers' perceptions of their children.

Parent-child relationships characterized by high levels of boundary dissolution would also likely affect mothers' ratings of children's adjustment. For example, in the current study, mothers who reported high levels of spousification with their children reported higher levels of child externalizing behavior problems. As noted, it is difficult to know whether this reflects actual elevations in such behavioral problems for children who experience this type of boundary violation or whether mothers' perceptions of their children are altered by these processes. Previous research has found that parents who engaged in boundary dissolution rated their children as having significantly fewer adjustment difficulties in comparison to parents who did not engage in such

relationships, even though observations indicated that these parents' children were not as well adjusted as children of parents who maintained clear boundaries (Fish et al., 1991). The results of the current study suggest that the type of boundary dissolution plays a role in mothers' perceptions of children's adjustment: mothers who reported high levels of spousification reported high levels of child adjustment difficulties, while mothers engaged in a confidante relationship with their children did not. Despite these concerns with maternal reports, mothers' viewpoints have important implications for children's development. The results of the current study also highlight the importance of the mothers' perspective for understanding the dynamics occurring in the family system.

A teacher-report of children's internalizing and externalizing behavioral concerns was distributed as part of the current study but the response was inadequate. Future research including this additional report of children's behavior would provide interesting information regarding children's functioning. Future research on the development of a child-report version of the PBS would also provide another important piece of information for understanding the effects of boundary dissolution in the family system. Although an adequate sample size of fathers was not obtained for the current study, future research including father-child relationships is needed, particularly given the gender differences found. Comparisons of mother-son and mother-daughter relationship with father-daughter and father-son relationships will provide a greater understanding of the effects of gender on family relationships.

The children participating in present study were all in the latency age group and, therefore, the findings must be understood in the context of this developmental stage. This is particularly important given the developmental differences in the adjustment patterns of boys and girls following a divorce. Specifically, the significant negative

relationship between a confidante relationship and girls' adjustment may be affected by this stage of development. It is difficult to know whether this finding reflects a specific relationship between well-functioning girls and their involvement in a confidante relationship or just general lack of difficulties in this age group of girls. No gender differences in mean scores on child adjustment measures were found in the present study, however. This suggests that the gender differences in children's functioning found in the present study may be partly attributable to interactions between child gender and processes of boundary dissolution occurring in the parent-child relationship.

A final limitation to consider is the nature of the current sample and how that may affect the results of this study. These processes of generational boundary dissolution can reflect behaviors on a continuum from normal involvement and closeness between parents and children to pathological enmeshment processes. The meanings of the behaviors described in the items of the PBS may be perceived differently depending on the level of pathology within the family system. This may be particularly true for the confidante and caregiver items as they may reflect a close involvement for some families and a significant degree of boundary violation for others.

Jurkovic et al. (2001) have highlighted the importance of considering the effects of these parent-child dynamics in the context of fair give-and-take in families, noting that the level of compromise to children's development may reflect the extent to which the child's caregiving is legitimized and reciprocated. In an attempt to investigate this dimension of parent-child role-reversals, Jurkovic asked young adult children of divorced and non-divorced families about the degree to which these processes occurred in their family and the perceived fairness and destructiveness of these experiences. He found that adult children of divorce reported higher levels of parentification and reported these

experiences to have been more unfair and destructive than young adults whose parents were not divorced, results which suggest that when these processes occur they are not viewed as a positive experience by children. He highlights, however, that only about half of the adult children of divorced families reported experiencing boundary violations and, therefore, it is important to consider the potential risk and protective factors for increased boundary dissolution in families of divorce.

Directions for Future Research

The findings of the present study support the empirical investigation of constructs derived from family systems theories. Continued work on defining and measuring the construct of *boundary dissolution* will be important in furthering our understanding of these processes in families. In particular, the relationship between self-reports of these dynamics and observational data will provide information on the perspectives of family members and the validity of families' reporting on such processes. In addition, continued research investigating the unique effects of specific subtypes of boundary violations and their interactions with child gender may further our understanding of the mediating and moderating factors affecting the adjustment of children in families at risk. Longitudinal research investigating the effects of these mediational and moderational factors will be important for understanding the developmental pathway of adjustment difficulties, particularly for girls.

As noted previously, the issue of seductiveness or intimacy in the parent-child relationship, and its co-occurrence with expressions of anger and rejection, warrants further investigation. The results of this study indicate that this issue may be especially important in understanding the adjustment difficulties of boys in families at risk.

Visitation and custody arrangements varied widely in the current sample. Studying the effects of these various arrangements on parent-child relationships and boundary maintenance would be of interest, especially given previous research that has found a reduction in parent-child boundary dissolution with adolescents in dual-residence versus mother-resident homes (Buchanan et al., 1996).

A final area for future research is the inclusion of data from all members of the family system. Investigating these processes of boundary dissolution in the context of the complex array of family relationships will be important for furthering our understanding of children's individual development.

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Appendix A

Parent-Child Boundaries Scale

Parent PBS

The following statements describe different things that parents do and various concerns that they might have about their children. Please indicate how much each item is true for you by circling the right number. Remember, there are no right or wrong answers and your first thought is usually best.

	never	hardly ever	sometime	often	almost always
1. Even if my child asked me not to look through his/ her personal things, I would do it anyway.	1	2	3	4	5
2. When I need someone to talk to about my problems, I turn to my child.	1	2	3	4	5
3. My child and I are so close that we can tell what the other is thinking and feeling.	1	2	3	4	5
4. I talk to my child about my personal life just as s/he were a grown-up friend.	1	2	3	4	5
5. My child takes care of things around the house just as if s/he were a grown-up.	1	2	3	4	5
6. My child "pushes my buttons" just like his/her father.	1	2	3	4	5
7. When I'm upset about things in my life, I am more easily upset with my child.	1	2	3	4	5
8. I feel like I'm the kid and my child is the parent.	1	2	3	4	5
9. It is OK with me if my child wants to have privacy from me.	1	2	3	4	5
10. I want my child to comfort me when I am 1 feeling blue.	1	2	3	4	5
11. It is important for parents to treat children as separate individuals.	1	2	3	4	5
12. My child and I are so alike, it is as though we are two halves of the same person.	1	2	3	4	5
13. When my child is misbehaving, s/he reminds me of his/her father.	1	2	3	4	5
14. My child feels I ask him/her too many personal questions.	1	2	3	4	5
15. I react to my child the same way I react to his/her father.	1	2	3	4	5
16. I think that it is important for my child to be aware of the problems I'm going through.	1	2	3	4	5

17. I need to know what my child is thinking and feeling.	1	2	3	4	5
18. I talk to my child about my worries.	1	2	3	4	5
19. I need my child to be there for me.	1	2	3	4	5
20. I want to be kept informed about everything that goes on in my child's relationships with other people.	1	2	3	4	5
21. I don't mind if my child has fun and is carefree even when I have troubles.	1	2	3	4	5
22. I have similar feelings towards my child as I do towards his/her father.	1	2	3	4	5
23. I look through my child's personal things without his/her knowledge.	1	2	3	4	5
24. When I'm mad at my partner, I also get mad at my child	1	2	3	4	5
25. When I am stressed, talking about my worries with my child helps me feel better.	1	2	3	4	5
26. My child and I think and feel the same.	1	2	3	4	5
27. My child deserves to have an easier time of it than I've had.	1	2	3	4	5
28. It bothers me when my child has opinions or feelings that disagree with mine.	1	2	3	4	5
29. I talk to my child about things that upset me, even if they are "adult" matters (my personal problems, my intimate relationships, "grown-up" worries).	1	2	3	4	5
30. I wish my child were not so much like his/her father.	1	2	3	4	5
31. My child takes care of me.	1	2	3	4	5
32. I can tell how my child is feeling even better than s/he can.	1	2	3	4	5
33. My child acts like a parent more than I do.	1	2	3	4	5
34. I would rather spend time with my child than with other grown-ups.	1	2	3	4	5
35. If I am feeling bad, my child is the one who cheers me up.	1	2	3	4	5

Appendix B**Parent-Child Boundaries Scale (PBS):****Item Categorization for The 5 Factor Model*****Role-Reversal-Caregiver***

- 5 "My child takes care of things around the house just as if s/he were a grown-up"
- 8 "I feel like I'm the kid and my child is the parent"
- 10 "I want my child to comfort me when I'm feeling blue"
- 19 "I need my child to be there for me"
- 31 "My child takes care of me"
- 33 "My child acts like a parent more than I do"
- 35 "If I am feeling bad, my child is the one who cheers me up"

Role-Reversal-Confidante

- 2 "When I need someone to talk to about my problems, I turn to my child"
- 4 "I talk to my child about my personal life just as if s/he were a grown-up"
- 16 "I think it's important for my child to be aware of the problems I'm going through"
- 18 "I talk to my child about my worries"
- 25 "When I'm stressed, talking about my worries with my child helps me feel better"
- 29 "I talk to my child about things that upset me, even if they are 'adult' matters"

Spousification

- 6 "My child 'pushes my buttons' just like his/her father"
- 13 "When my child is misbehaving, s/he reminds me of his/her father"
- 15 "I react to my child the same way I react to his/her father"
- 22 "I have similar feelings towards my child as I do towards his/her father"

24 "When I'm mad at my child's father, I also get mad at my child"

30 "I wish my child were not so much like his/her father"

Intrusiveness

1 "Even if my child asked me not to look through his/her personal things, I would do it anyway"

9 "It is OK with me if my child wants to have privacy from me"

14 "My child feels I ask him/her too many personal questions"

17 "I need to know what my child is thinking and feeling"

20 "I want to be kept informed about everything that goes on in my child's relationships with other people"

23 "I look through my child's personal things without his/her knowledge"

Enmeshment

3 "My child and I are so close that we can tell what the other is thinking and feeling"

11 "It is important for parents to treat children as separate individuals"

12 "My child and I are so alike, it is as though we are two halves of the same person"

26 "My child and I think and feel exactly the same"

28 "It bothers me when my child has opinions or feelings that disagree with mine"

32 "I can tell how my child is feeling even better than s/he can"

34 "I would rather spend time with my child than with other grown-ups"

Extra Items for Total Score (Not Included in the Factor Analyses)

7 "When I'm upset about things in my life, I am more easily upset with my child"

21 "I don't mind if my child has fun and is carefree even when I have troubles."

27 "My child deserves to have an easier time of it than I've had."

APPENDIX C**PBS ITEM CATEGORIZATION FOR THE FOUR FACTOR MODEL*****Confidante/Enmeshment***

- 2 "When I need someone to talk to about my problems, I turn to my child"
- 4 "I talk to my child about my personal life just as if s/he were a grown-up"
- 16 "I think it's important for my child to be aware of the problems I'm going through"
- 18 "I talk to my child about my worries"
- 25 "When I'm stressed, talking about my worries with my child helps me feel better"
- 29 "I talk to my child about things that upset me, even if they are 'adult' matters"
- 12 "My child and I are so alike, it is as though we are two halves of the same person"
- 26 "My child and I think and feel exactly the same"
- 32 "I can tell how my child is feeling even better than s/he can"
- 3 "My child and I are so close that we can tell what the other is thinking and feeling"

Spousification

- 6 "My child 'pushes my buttons' just like his/her father"
- 13 "When my child is misbehaving, s/he reminds me of his/her father"
- 15 "I react to my child the same way I react to his/her father"
- 22 "I have similar feelings towards my child as I do towards his/her father"
- 24 "When I'm mad at my child's father, I also get mad at my child"
- 30 "I wish my child were not so much like his/her father"

Intrusiveness/Control

- 1 "Even if my child asked me not to look through his/her personal things, I would do it"

- anyway”
- 9 “It is OK with me if my child wants to have privacy from me”
- 14 “My child feels I ask him/her too many personal questions”
- 17 “I need to know what my child is thinking and feeling”
- 20 “I want to be kept informed about everything that goes on in my child's relationships with other people”
- 23 “I look through my child's personal things without his/her knowledge”
- 28 “It bothers me when my child has opinions or feelings that disagree with mine”
- 11 “It is important for parents to treat children as separate individuals”
- 34 “I would rather spend time with my child than with other grown-ups”

Caregiving

- 5 “My child takes care of things around the house just as if s/he were a grown-up”
- 10 “I want my child to comfort me when I'm feeling blue”
- 19 “I need my child to be there for me”
- 31 “My child takes care of me”
- 33 “My child acts like a parent more than I do”
- 35 “If I am feeling bad, my child is the one who cheers me up
- 8 “I feel like I'm the kid and my child is the parent”

Table 1:***Internal Consistencies, Means, and Standard Deviations of the Boundaries Subscales***

Boundary Subscale	5 Factor Model		
	α	M	Variance
Total Score	.90	2.17	.30
Role-Reversal-Caregiver	.81	2.06	.24
Role-Reveral- Confidante	.92	2.12	.06
Spousification	.84	1.78	.07
Enmeshment	.71	2.35	.32
Intrusiveness	.60	2.47	.59

Table 2
Pattern Matrix for the Five Factor Solution of the PBS

Hypothesized Scale	PBS Item #	COMPONENTS				
		CONF	SPOUS	ENMESH	CARE	INTR
Confidante	2	.848	.051	.073	.049	-.180
Confidante	4	.841	.007	.045	.119	-.141
Confidante	16	.739	.140	.042	-.276	.191
Confidante	18	.842	-.011	.141	-.135	.071
Confidante	25	.835	.016	.105	.111	-.187
Confidante	29	.801	.056	.083	.039	-.031
Spousification	6	-.130	.819	.023	.187	-.125
Spousification	13	-.033	.752	-.042	.095	.066
Spousification	15	.029	.802	.015	-.058	.004
Spousification	22	.124	.638	-.024	-.151	.191
Spousification	24	.177	.547	.072	-.181	.011
Spousification	30	.032	.774	-.006	.088	-.137
Caregiving	5	.421	-.021	-.037	.442	-.047
Caregiving	8	.013	.462	.092	.512	-.120
Caregiving	10	.151	.057	.070	.549	.113
Caregiving	19	.185	.105	.169	.395	.143
Caregiving	31	.254	.153	-.036	.673	-.021
Caregiving	33	.076	.308	.013	.537	.103

Caregiving	35	-.062	-.177	.157	.604	-.091
Enmeshment	3	.386	-.103	-.050	.285	.146
Enmeshment	11	.124	.011	.571	.048	-.167
Enmeshment	12	.446	.087	-.147	.094	.436
Enmeshment	26	.599	.061	-.230	.171	.144
Enmeshment	28	-.050	.229	.579	-.130	.232
Enmeshment	32	.291	-.043	.086	.242	.207
Enmeshment	34	.084	.009	.172	.148	.262
Intrusiveness	1	-.026	-.044	.633	.204	-.199
Intrusiveness	9	-.020	-.680	.540	-.038	.348
Intrusiveness	14	-.037	.299	.426	-.060	.170
Intrusiveness	17	-.040	-.022	.069	-.064	.775
Intrusiveness	20	-.060	.005	-.032	.304	.637
Intrusiveness	23	.142	-.061	.591	.047	.042

Extraction Method: Principal Component Analysis
 Rotation Method: Oblimin (Direct Quartimin)

Note: CONF = Confidante factor score, SPOUS = Spousification factor score, ENMESH = Enmeshment factor score, CARE = Caregiving factor score, INTR = Intrusiveness factor score.

Table 3**Pattern Matrix for the Four Factor Solution of the PBS**

Hypothesized Scale	PBS Item #	COMPONENTS			
		CONF	SPOUS	INTR	CARE
Confidante	2	.830	.100	-.103	.031
Confidante	3	.472	-.129	.046	.204
Confidante	4	.844	.045	-.099	.085
Confidante	12	.572	.016	.190	-.051
Confidante	16	.738	.140	.162	-.342
Confidante	18	.828	.017	.140	-.178
Confidante	25	.820	.068	-.085	.096
Confidante	26	.698	.021	-.097	.053
Confidante	29	.806	.084	.017	-.002
Confidante	32	.374	-.072	.141	.167
Spousification	6	-.108	.821	-.063	.200
Spousification	13	.017	.725	.025	.062
Spousification	15	.036	.795	.028	-.066
Spousification	22	.153	.608	.133	-.199
Spousification	24	.154	.556	.073	-.180
Spousification	30	.040	.781	-.099	.095
Caregiving	5	.500	-.023	-.091	.386
Caregiving	8	.077	.256	-.026	.507

Caregiving	10	.260	.032	.116	.489
Caregiving	19	.262	.093	.220	.352
Caregiving	31	.378	.134	-.071	.606
Caregiving	33	.194	.275	.061	.471
Caregiving	35	.032	-.191	.169	.576
Intrusiveness	17	.082	-.123	.626	-.195
Intrusiveness	1	-.114	.047	.441	.329
Intrusiveness	9	-.036	-.056	.679	-.017
Intrusiveness	11	.027	.099	.319	.156
Intrusiveness	14	-.067	.301	.466	-.025
Intrusiveness	20	.112	-.099	.435	.160
Intrusiveness	23	.081	-.001	.487	.118
Intrusiveness	28	-.102	.259	.632	-.076
Intrusiveness	34	.136	-.012	.320	.108

Extraction Method: Principal Component Analysis
 Rotation Method: Oblimin (Direct Quartimin)

Note: CONF = Confidante factor score, SPOUS = Spousification factor score, INTR =
 Intrusiveness factor score, CARE = Caregiving factor score.

Table 4**Comparison of the Four and Five Factor Confirmatory Factor Analyses**

Goodness of Fit Statistic	5 Factor Model		4 Factor Model	
Chi-Square	876.87 df=454	(p = 0.00),	895.72 df=458	(p = 0.00),
RMSEA	.071		.072	
95% Confidence Interval for RMSEA	.063 - .079		.063 - .080	
AGFI	.726		.731	

Note: RMSEA = root mean square error of approximation,

AGFI = adjusted goodness of fit index.

Table 5

Correlations Among Factor and Scale Scores for the Four Factor Model

	Conf-scale	Spous-scale	Intru-scale	Care-scale	Fac.1 (Conf)	Fac.2 (Spou)	Fac.3 (Intru)	Fac.4 (Care)
Conf-scale	1.00	.265**	.417**	.631**				
Spous-scale		1.00	.283**	.149				
Intru-scale			1.00	.404**				
Care-scale				1.00				
Fac.1 (Conf)	.979**	.222*	.375**	.676**	1.00	.171	.355**	.323**
Fac.2 (Spou)	.207*	.972**	.230*	.120		1.00	.142	-.146
Fac.3 (Intru)	.395**	.211*	.962**	.342**			1.00	.134
Fac.4 (Care)	.315**	-.118	.249**	.834**				1.00

Note: Conf = Confidante, Spous = Spousification, Intr = Intrusiveness, Care = Caregiving.

Scale = scale scores, Fac. = factor scores.

*p<.05. **p<.01.

Table 6

Multiple Regression Analyses for Factor Scores Predicting Scale Scores on the Parent-Child Boundaries Scale

Scale Score	Factor Scores	Unstandardized β	SE β	Standardized β	Sig.
Confidante	CONF	6.82	.154	.953	.000
	CARE	.04	.129	.007	.743
	SPOUS	.248	.127	.038	.054
	INTR	.299	.121	.050	.015
Caregiving	CONF	1.77	.152	.389	.000
	CARE	2.89	.128	.718	.000
	SPOUS	.601	.126	.146	.000
	INTR	.330	.120	.087	.007
Spousification	CONF	.174	.119	.036	.145
	CARE	.007	.099	.002	.938
	SPOUS	4.171	.098	.957	.000
	INTR	.252	.093	.063	.008
Intrusiveness	CONF	-.128	.112	-.027	.256
	CARE	.632	.094	.151	.000
	SPOUS	.534	.093	.125	.000
	INTR	3.682	.088	.934	.000

Note: CONF = Confidante factor score, CARE = Caregiving factor score, SPOUS = Spousification factor score, INTR = Intrusiveness factor score.

Table 7***Correlations Among the Measures of Maternal and Interparental Functioning***

	DH	BSI	SSQ	OPS	CPS	REL
DH	—	.649**	-.239*			
BSI		—	-.445**			
SSQ			—			
OPS	.378**	.452**	-.158	—	.464**	-.329**
CPS	.424**	.357**	-.229*		—	-.188*
REL	-.197*	-.200*	-.118			—

Note: DH=Daily Hassles Scale, BSI= Brief Symptom Inventory, SSQ = Social Support Questionnaire, OPS = O'Leary Porter Scale, CPS = Conflicts and Problem Solving Scales, REL=Demographic Questions regarding current interparental relationship.

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

Table 8**Correlations Among Maternal and Interparental Functioning and Boundary Dissolution**

		Confidante	Caregiver	Spousification
Maternal Functioning	DH	.226*	.168+	.199*
	BSI	.328**	.085	.272**
	SSQ	-.048	.127	-.192*
Interparental Functioning	OPS	.278**	.102	.417**
	CPS	.134	.088	.170+
	REL	-.226*	-.093	-.047

Note: DH=Daily Hassles Scale (maternal stress), BSI= Brief Symptom Inventory (maternal depression), SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict), CPS = Conflicts and Problem Solving Scales (frequency of fights), REL=Demographic Questions (amicability of divorce and current interparental relationship).

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

Table 9
Hierarchical Regressions for Predictors of the Confidante Boundary Subtype
Maternal Functioning Entered First

	Variables Entered	β	<i>R</i>	R^2 Change	Sig. Change
Step 1	Maternal Functioning				
	DH	.018	.353	.125	.003
	BSI	.379**			
	SSQ	.130			
Step 2	Maternal Functioning				
	DH	.001	.391	.028	.343
	BSI	.302*			
	SSQ	.091			
	Interparental Fun				
	CPS	-.034			
	OPS	.128			
	REL	-.113			

Interparental Functioning Entered First

	Variables Entered	β	<i>R</i>	R^2 Change	Sig. Change
Step 1	Interparental Functioning				
	CPS	.001	.308	.095	.015
	OPS	.226*			
	REL	-.148			

Step 2	Interparental Fun				
	CPS	-.034	.391	.058	.079
	OPS	.128			
	REL	-.113			
	Maternal Fun				
	DH	.001			
	BSI	.302*			
	SSQ	.091			

Note: DH=Daily Hassles Scale (maternal stress), BSI= Brief Symptom Inventory (maternal depression), SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict), CPS = Conflicts and Problem Solving Scales (frequency of fights), REL=Demographic Questions (amicability of divorce and current interparental relationship).

*p<.05. **p<.01.

Table 10
Hierarchical regressions for Predictors of the Spousification Boundary Subtype
Maternal Functioning Entered First

	Variables Entered	β	<i>R</i>	<i>R</i> ² Change	Sig. Change
Step 1	Maternal Functioning				
	DH	-.021	.357	.128	.002
	BSI	.310**			
	SSQ	-.107			
Step 2	Maternal Functioning				
	DH	-.043	.477	.100	.006
	BSI	.179			
	SSQ	-.117			
	Interparental Fun				
	CPS	-.071			
	OPS	.389**			
	REL	.062			

Interparental Functioning Entered First

	Variables Entered	β	<i>R</i>	<i>R</i> ² Change	Sig. Change
Step 1	Interparental Functioning				
	CPS	-.028	.427	.183	.000
	OPS	.459***			
	REL	.080			

Step 2	Interparental Fun				
	CPS	-.071	.477	.045	.124
	OPS	.389***			
	REL	.062			
	Maternal Fun				
	DH	-.043			
	BSI	.179			
	SSQ	-.117			

Note: DH=Daily Hassles Scale (maternal stress), BSI= Brief Symptom Inventory (maternal depression), SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict), CPS = Conflicts and Problem Solving Scales (frequency of fights), REL=Demographic Questions (amicability of divorce and current interparental relationship).

*p<.05. **p<.01. ***p<.001.

Table 11

Hierarchical regressions for Predictors of the Caregiving Boundary Subtype: Girls

Maternal Functioning Entered First

	Variables Entered	β	<i>R</i>	R^2 Change	Sig. Change
Step 1	Maternal Functioning				
	DH	.433*	.428	.183	.013
	BSI	-.073			
	SSQ	.240			
Step 2	Maternal Functioning				
	DH	.392*	.455	.024	.658
	BSI	-.130			
	SSQ	.261			
	Interparental Fun				
	CPS	.059			
	OPS	.150			
	REL	.050			

Interparental Functioning Entered First

	Variables Entered	β	<i>R</i>	R^2 Change	Sig. Change
Step 1	Interparental Functioning				
	CPS	.123	.254	.064	.313
	OPS	.153			
	REL	-.057			

Step 2	Interparental Fun				
	CPS	.059	.455	.142	.040
	OPS	.150			
	REL	.050			
	Maternal Fun				
	DH	.392*			
	BSI	-.130			
	SSQ	.261			

Note: DH=Daily Hassles Scale (maternal stress), BSI= Brief Symptom Inventory (maternal depression), SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict), CPS = Conflicts and Problem Solving Scales (frequency of fights), REL=Demographic Questions (amicability of divorce and current interparental relationship).

*p<.05. **p<.01.

Table 12
Correlations Between Boundary Dissolution and Child Adjustment

	INT	EXT	CDI
Boys			
Confidante	.16	.11	.31*
Caregiving	-.04	.04	.12
Spousification	.20	.28*	.24+
Girls			
Confidante	.01	-.08	-.24*
Caregiving	-.08	-.16	-.12
Spousification	.20	.48**	-.04

Note: INT = Internalizing score of the CBCL (mother report), EXT = Externalizing score of the CBCL (mother report), CDI = Children's Depression Inventory (children's reports)
 +p<.10. *p<.05.

Table 13

Gender Differences in Mothers' Engagement in Subtypes of Boundary Dissolution

Boundary	ANOVA				F	Sig.
	Mean		SD			
	Boys	Girls	Boys	Girls		
Confidante	-.624	-.189	.687	.881	8.292	.005
Caregiving	-.309	-.141	.904	.948	.905	.344
Spousification	-.008	-.007	.941	.884	.005	.942

Table 14
Mediation of Externalizing Symptoms

	Variables Entered	β	<i>R</i>	<i>R</i> ² Change	Sig. Change
Step 1	<u>Maternal Functioning</u>				
	DH	-.018	.334	.112	.05
	BSI	.056			
	SSQ	-.187*			
	<u>Interparental Functioning</u>				
	CPS	.088			
	OPS	.132+			
	REL	-.058			
Step 2	<u>Maternal Functioning</u>				
	DH	-.007	.448	.10	.01
	BSI	.040			
	SSQ	-.14			
	<u>Interparental Functioning</u>				
	CPS	.106			
	OPS	.023			
	REL	-.095			
	<u>Boundaries</u>				
	Confidante	-.143			
	Caregiving	.018			
	Spousification	.327**			

Note: DH=Daily Hassles Scale (maternal stress), BSI= Brief Symptom Inventory (maternal depression), SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict), CPS = Conflicts and Problem Solving Scales (frequency of fights), REL=Demographic Questions (amicability of divorce and current interparental relationship).

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

Table 15**Mediation Of Externalizing Symptoms: Only Significant Predictors Included**

	Variables Entered	β	<i>R</i>	<i>R</i> ² Change	Sig. Change
Step 1	<u>Maternal Functioning</u>				
	SSQ	-.210*	.312	.098	.004
	<u>Interparental Functioning</u>				
	OPS	.200*			
Step 2	<u>Maternal Functioning</u>				
	SSQ	-.157	.412	.17	.000
	<u>Interparental Functioning</u>				
	OPS	.084			
	<u>Boundaries</u>				
	Spousification	.301**			

Note: SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict).

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

Table 16
Mediation of Internalizing Symptoms

	Variables Entered	β	<i>R</i>	<i>R</i> ² Change	Sig. Change
Step 1	<u>Maternal Functioning</u>				
	DH	.092	.401	.161	.006
	BSI	.315*			
	SSQ	.011			
	<u>Interparental Functioning</u>				
	CPS	.007			
	OPS	.047			
	REL	.020			
Step 2	<u>Maternal Functioning</u>				
	DH	.114	.431	.025	.390
	BSI	.313*			
	SSQ	.049			
	<u>Interparental Functioning</u>				
	CPS	.017			
	OPS	.009			
	REL	.005			
	<u>Boundaries</u>				
	Confidante	-.058			
	Caregiving	-.086			
	Spousification	.124			

Note: DH=Daily Hassles Scale (maternal stress), BSI= Brief Symptom Inventory (maternal depression), SSQ = Social Support Questionnaire (maternal social support), OPS = O'Leary Porter Scale (children's exposure to conflict), CPS = Conflicts and Problem Solving Scales (frequency of fights), REL=Demographic Questions (amicability of divorce and current interparental relationship).

* $p < .05$.

Table 17

Regression Analyses for Girls: Maternal Depression, Confidante Role-Reversal, and Self-Reported Depression

	Variables	β	F	Sig. F
1. I.V.	BSI	.246	3.86	.058
D.V.	Confidante			
2. I.V.	Confidante	-.258	3.99	.051
D.V.	CDI			

Note: I.V. = Independent variable, D.V. = Dependent variable, BSI = Brief Symptom Inventory (maternal depression), CDI = Children's Depression Inventory (children's self-reported symptoms of depression).

Figure 1

Model Of The Relationships Among Maternal And Interparental Functioning, Generational Boundary Dissolution, And Children's Adjustment

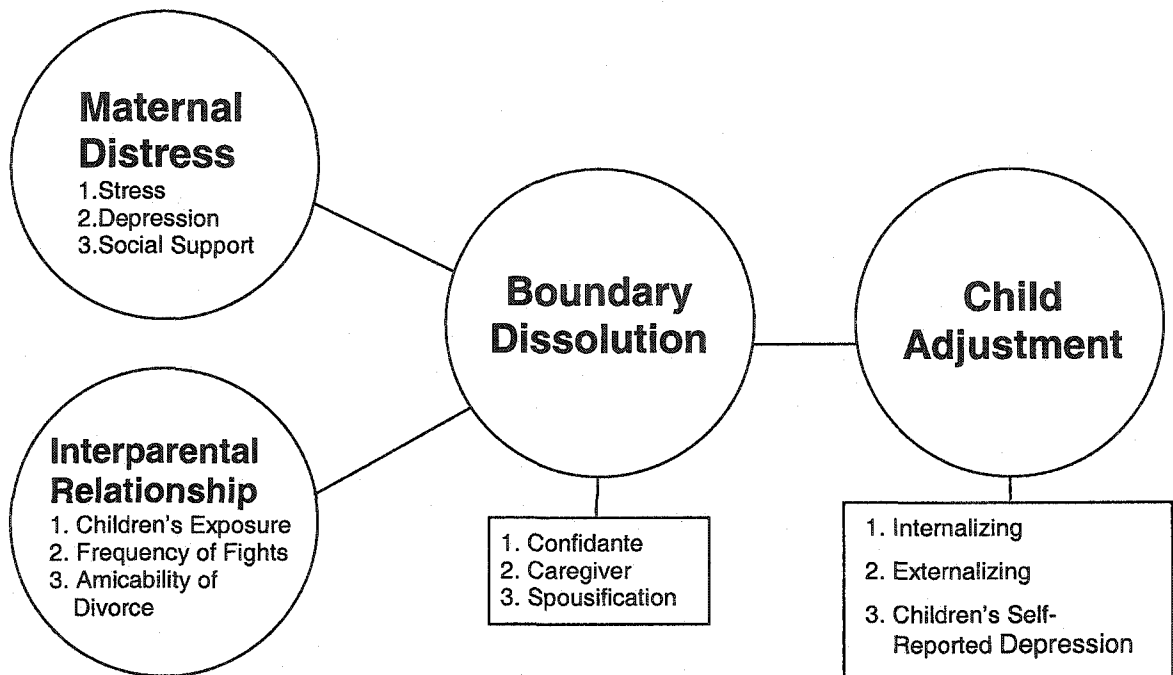


Figure 2

Relationships Among Maternal Depression, Confidante, And Child Depression For Boys.

