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The Relationships among Perceptions of Family Disharmony, Parent-Child Relationships, Disharmonious Family Experiences, and Adolescent Cigarette Smoking.

Herbert F. Wolfe
East Tennessee State University

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The Relationships Among Perceptions Of Family Disharmony, Parent-Child Relationships

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by

Herbert F. Wolfe

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Dr. Otto Zinser, Chair

Dr. David Marx

Dr. Roger Bailey

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ABSTRACT

The Relationships Among Perceptions Of Family Disharmony, Parent-Child Relationships

Disharmonious Family Experiences, And Adolescent Cigarette Smoking

by

Herbert F. Wolfe

The purpose of this study was to explore the relationships among the following perspectives: perception of family disharmony, parent-child relationships, disharmonious family relationships, and adolescent cigarette smoking. Participants from a southeastern university reported about whether they smoke daily, weekly, monthly, never, or no longer smoke. The independent variable was smoking status of participants. Four to eight rating scales served as dependent variables for the three perspectives. Independent groups (smoking status) multivariate analyses of variance with unequal cell sizes were performed on the rating scale measures. Because none of the comparison tests were significant, the results were interpreted to suggest that no association between perception of family disharmony, parent-child relationships, disharmonious family relationships, and adolescent cigarette smoking exists.

DEDICATION

To my God and my parents, Herbert and Jean Wolfe. Thank you Daddy and Mama for all your sacrifices made on behalf of my well being. May any fruits of this labor serve to benefit others.

ACKNOWLEDGEMENTS

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CHAPTER 1

INTRODUCTION

Adolescent Smoking Statistics

The prevalence of teenage smoking becomes apparent as we review the statistics of teen

cigarette smoking in the U.S. Each day, more than 6,000 persons under the age of 18 will try

their first cigarette and 3,000 of these will become daily smokers (Center for Disease Control,

1999). In 1996, more than 1.8 million Americans became daily smokers and 66% were under

the age of 18 (CDC). At least 4.5 million adolescents smoke cigarettes in the United States, and

in the 1990s adolescent smoking increased by 34% (CDC).

The CDC (1999) reported that young people vastly underestimate the addictiveness of

nicotine. Young daily smokers who think they will not be smoking in 5 years face statistics that

say 75% of them will be smoking 5 and 6 years later. Seventy percent of adolescent smokers

wish they had never started (CDC).

Detrimental Effects of Smoking on Health

Smoking produces some somber health risks.

> Smoking is directly responsible for 87% of lung cancer cases and causes
> most cases of emphysema and chronic bronchitis. Smoking is also a
> major factor in coronary heart disease and stroke; and has been linked to a
> variety of other conditions and disorders, including slowed healing of
> wounds, infertility, and peptic ulcer disease (The Whole Family Center,
> 1999, p. 2).

In addition, the long term effects of smoking may include high blood pressure, blockage of blood

vessels, depletion of vitamin C, reduction in the effectiveness of the immune system, various

cancers, weight loss, dryness and wrinkling of the skin, and abnormal sperm production in males

(The Whole Family Center). "Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires – combined! More than one million kids will start smoking this year. One-third of them will die from their addiction" (The Whole Family Center, p. 3).

<div align="center">Psychological Theories Associated with Smoking</div>

Several psychological theories have addressed the causes of addictive and compulsive behaviors such as smoking. A closer examination of these theories may increase understanding into the psychological mechanisms involved in cigarette smoking behavior. Freud's theory of personality, Hirschi's social bonding theory, and Bandura's observational learning theory offer three diverse explanations for an individual's desire to smoke.

Freud's Theory of Personality

A major component of Freud's theory of personality is psychosexual development. Freud drew two developmental conclusions from his experience with patients. First, that personality is shaped during the first few years of life, and secondly that the resolution of psychosexual conflicts is the key contributor to shaping personality (Kassin, 1995). Freud proposed that children pass through different psychosexual stages and that the different stages are identified by a particular erogenous zone, erogenous zones simply being a part of the body that is most sensitive to erotic stimulation.

In the oral stage, the mouth region is the primary source for gratification. The anal stage follows at about the age of 2, in which gratification comes from the elimination and then the retention of feces. The phallic stage, from about ages 3 to 5, centers on exploration and

stimulation of one's own body, with the penis or clitoris being the source of gratification. During the latency stage, from age 6 to puberty, individuals are exploring their environment and developing social skills. After puberty, individuals enter the genital stage at which there is movement toward sexual (genital) contact with others.

During the oral stage, the main source of pleasure for the infant comes from feeding and the major task of this developmental stage is weaning. When the child is weaned too early or too late, personality problems may develop later in life. "According to Freud, either too much gratification or too much frustration at one of the early stages leads to a fixation, an inability to progress normally to the next stage of development" (Zimbardo, 1985, p. 89).

Fixation at the oral stage may result in the formation of an oral personality type. Traits of this personality type often include optimism, passivity, and dependency. Behaviorally, individuals may feel the need to smoke, drink, chew pencils, bite their nails, or spend excessive hours talking on the phone. Perhaps this is why those attempting to stop smoking are often chewing gum or sucking hard candy, or eating and gaining weight. Freud would argue that these behaviors are simply attempts to meet their oral gratification needs in the absence of their cigarettes. From a Freudian perspective, smoking is the result of an unsuccessful passage through the oral stage of psychosexual development and a form of regression to the oral stage.

Hirschi's Control Theory

Freud's Oedipus and Electra complexes and certain aspects of his psychosexual development theory emphasized the importance of parents in the personality development of the child. Unlike Freud who expressed his thoughts that the conscious repressed desires and anxieties of children toward their parents was critical to psychological development, Hirschi

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stated that parental attachment is a major determinant in the socialization of the adolescent and a deterrent to deviant behavior.

The basic premise of the Hirschi control theory (Hirschi, 1969) is that adolescents with strong bonds to others and society are less likely to deviate from conventional behavior than are those with weak bonds. Hirschi identified four parts or elements of the social bond: (1) attachment to conventional people (parents); (2) commitment to conventional activities; (3) involvement in conventional activities (school, work, religion, and sports are examples of conventional activities); and (4) belief in the conventional rules of society.

Attachment to parents is considered to be the most important of all the elements in the bond (Hirschi, 1969; Matsueda & Heimer, 1987) because of the parents' role in teaching acceptable behavior and in serving as a role model (Wiatrowski, Griswold, & Roberts, 1981). Attachment is defined as the emotional connection the adolescent has with his or her parents, the loving, touching, and sentimental nature of the relationship. The stronger this parental attachment, unless the parent(s) are smokers, the less likely adolescents will participate in deviant behaviors such as cigarette smoking.

Hirschi stated that the relationship and attachment that children have with their parents is paramount to their later involvement in conventional activities such as school and work, and ultimately to the kind of behavior the child would exhibit as an adolescent. Instances such as marital conflict or abusive family environments may serve to weaken or break bonds between the child and parent, which could result in a multitude of deviant behaviors, smoking being one example. There has been support for the formation of parental attachment preceding all other forms of bond formation. LaGrange and White (1985) have promoted the idea that the adolescents' perceptions of school and chances for academic success are molded by their parents.

Wiatrowski et al. (1981) support the contention that parental relationships are important determinants of other elements in the bond. It would seem that Hirschi would view adolescent cigarette smoking as one possible consequence of a weakened or broken bond with parents.

Bandura's Observational Learning

Albert Bandura's theory of observational learning, like the theories of Hirschi and Freud, acknowledges the importance of the parent-child relationship. Observational learning goes beyond simply imitating behaviors like cigarette smoking. Concepts of observational learning include: a) children learning not only from direct experience, but also from observing the experience of others, b) when children observe behavior, they learn information, and this information is acted upon in a way that is frequently helpful to the child, but can also be harmful to the child, and c) modeling can be conveyed by parents, peers, film, television, pictures, or instructions.

One could infer two plausible causes of adolescent cigarette smoking based on observational learning. The first centers on the concept of modeling. Adverse family situations, where spousal or child abuse exists for example, may act to severely damage the parent-child relationship. Once the relationship is damaged, the powerful influence parents have as a model diminishes and the child seeks to fill the void. In these circumstances, peers may become extremely powerful models, and should a selected peer group smoke, motivations for the adolescent to initiate smoking would be considerable. This might explain why adolescent smoking has increased despite dramatic decreases in television and literature glamorizing smoking.

One other explanation for adolescent smoking inherent in Bandura's observational learning theory concerns disharmony tolerance. Children, who frequently observe family disharmony, may develop a tolerance or insensitivity to family disharmony. This argument relates to the contention that children who observe violence at home, on television, or at a movie theater become more accepting of violence and may be more inclined to engage in violent acts themselves, particularly if followed by reinforcement. As adolescents expand their personal and social parameters to include dysfunctional components, such as abuse, they may become more susceptible to lowered self-esteem, to depression, anxiety, and stress, all of which may make them more susceptible to smoking behavior.

Research on Smoking Behavior

Smoking behavior is complex. While theories of personality, social bonding, and observational learning aid in understanding the motivations for cigarette smoking, there are a number of other psychological, social, and developmental factors associated with adolescent cigarette smoking.

Self-Esteem

Self-esteem has been identified as one of the important factors involved in adolescent smoking behavior. Abernathy, Massad, and Romano-Dwyer (1995) examined the relationship between adolescent self-esteem and smoking. A large cohort (N = 3,567) of 6th through 10th graders were surveyed. The researchers found that the relationship between smoking and self-esteem differed significantly between males and females. When considering males, no association was found between reported self-esteem status in the 6th grade and smoking and

subsequent smoking in grades 6 through 9. On the other hand, among females, a strong positive association was found between self-esteem and smoking behavior in 6th graders and older adolescents.

Murphy and Price (1988) studied a sample of 1,513 eighth graders using the Rosenberg Self-Esteem Scale to measure their self-esteem. They found that self-esteem related significantly to smoking behavior. For each smoking category, the lower the self-esteem, the higher the frequency of having ever smoked (nonsmokers, 31.5, experimental smokers, 30.4 and smokers 29.0). Low self-esteem was the defining characteristic of smokers and those who indicated an intention to smoke. The association of low self-esteem with smokers and high self-esteem with nonsmokers supports previous research in this area.

Mood and Adolescent Cigarette Smoking

Research has indicated that depressed, anxious, and stressed teenagers may be more likely to report smoking. Covey and Tam (1990) conducted a study examining the association between depressive mood and cigarette smoking among adolescents. The researchers used a sample of 205 eleventh graders (123 boys and 82 girls). Depression was measured on an abbreviated Center for Epidemiologic Studies Depression (CES-D) scale. The CES-D scale is a self-report depression scale for research in the general population. The findings of the study supported the hypothesis that adolescent smokers are more depressed than adolescent nonsmokers. Nonsmokers had a mean score of 10.7 on the depression scale, whereas the smokers had a mean score of 17.5 (higher score, higher depression) on the depression scale.

Byrne, Byrne, and Reinhart (1995) reported that young people initiate smoking behavior as a means of stress reduction during the difficult period of adolescence. They selected

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adolescents between the ages of 13 and 17, when smoking is most likely to be initiated, and measured their stress on seven scales. The scales consisted of items such as stress of school attendance, stress of family conflict, stress of parental control, and stress of school performance. Scores from the seven scales were related to the three categories of smoking behavior: nonsmokers who remained nonsmokers, nonsmokers who became regular smokers and regular smokers who remained regular smokers. Nonsmokers who remained nonsmokers had significantly lower scores than the two smoking categories on five of the seven stress scales. Byrne et al. concluded "the act of smoking a cigarette may serve as a distraction, diverting the smoker's attention away from recognition and contemplation of co-existent stressors, and onto a behavior (smoking) that is essentially automatic and affectively neutral" (p. 61).

Peer Influence on Adolescent Smoking

Adolescence is a time of life when the need to be accepted by friends and peers is often magnified. Adolescents may be extremely vulnerable to the influence of peers and may adopt behaviors like smoking in an attempt to fit-in with the group. Castro, Maddahian, Newcomb, and Bentler (1987) tested hypotheses about antecedents to cigarette smoking in a general sample of adolescents. They found that the peer influence factor was the strongest predictor of cigarette smoking. Many investigators (Akers, Skinner, Krohn & Lauer, 1987; Aitken, 1980; Levitt & Edwards, 1970; O'Connell & Martin, 1987) have reported evidence suggesting that peers played a prominent role in starting smoking.

Zinser, Kloosterman and Williams (1994) asked college students to distribute 100 points across listed factors in accord with the influence they thought they had on their smoking behavior. Students in this study credited their peers with a high degree of influence in beginning

to smoke, in brand choice, and in how much they smoked. "It will also be noted that while the subjects of this study saw peers as a cause of starting to smoke, they saw them only as a minor influence in quitting the practice" (Zinser et al., 1994, p. 22).

Theory Guiding Research

This research is guided by the theoretical assertion that the crucial motivational factor for adolescent cigarette smoking is disharmonious family experiences, which serve to damage the bond between parent and child. After considering the different theories addressing the motives of adolescent smoking, the explanation being tested in this study of teen-age smoking is that adverse, dysfunctional, and disharmonious family environments create a negative relationship between parent and child. The relevant literature and theories previously discussed all emphasize, to some degree, that a loving relationship between children and parents is paramount to psychological well-being. When adverse family experiences, such as physical or emotional abuse, serve to fracture the parent-child bond, smoking behavior may surface, the child may become more vulnerable to peer influence; the child engages in smoking behavior to seek acceptance and approval from the selected peer group. There may be heightened levels of depression, anxiety, and stress reflecting domestic turmoil. The adolescent smokes to alleviate these negative affective states. Also, children gain trust in their ability to accomplish tasks from their parents, but, self-destructive behaviors such as smoking may relate to a lowered self-image.

Hirshi's control theory strongly supports the disharmonious family experience theory, suggesting that a weakened attachment to parents is a strong predictor of behaviors such as cigarette smoking. Observational learning theory also supports the proposition that disharmonious family experiences motivate smoking behaviors in children when viewed from

the perspective that once the relationship with parents is weakened, peers may gain more influence as role models. A disharmonious family theory can be supported by Freudian personality theory as well in that family dysfunction may cause over-gratification or neglect by the mother leading to a fixation in the oral stage of the child's development and ultimately smoking behaviors in adolescence.

<div align="center">Statement of the Problem</div>

Literature on the association between the parent-child relationship and adolescent cigarette smoking is very limited. Disharmonious family experiences have been investigated, but generally only combined with other demographic variables such as marital status and family income with relation to smoking. There is no current research on the relationship between family disharmony and adolescent smoking that includes demographic variables and this present study addresses this lack of research. Because of the health-risk of the smoking behavior and because the incidence of adolescent smoking has risen in recent years in the United States, an investigation of the relationship of family disharmony and smoking behavior was needed.

Perception of Family Disharmony

The reviewed literature has supported the notion that smokers experience a higher frequency and a higher intensity of adverse family experiences than nonsmokers. To understand the motivations of adolescent smoking, it is important to understand whether smokers perceive adverse family experiences differently. While no research has been found addressing the perception of the intensity of family disharmony between smokers and nonsmokers, adaptation-

level theory (Helson, 1947) provides understanding of potential perception differences between smokers and nonsmokers.

Helson (1947) proposed a theory that a person makes a judgement of the magnitude of any stimulus attribute, like size, weight, or loudness, by establishing a subjective or personal scale on which the stimuli are judged. He calls a point in the middle of such a scale, the adaptation level. The adaptation level constantly changes as a function of all the stimuli (of low, moderate, and high intensity) acting upon a person at the moment and that acted upon the person in the past.

Rosenbaum (1956) conducted a study on the systematic variations of intensity of social stimulation. He found that when a weak request is made for volunteers to take part in a psychology experiment, and a planted subject is heard to refuse, almost everybody refused. As the stimulating conditions were intensified with stronger requests to volunteer, and when planted subjects responded positively, more individuals agreed to take part in the experiment. In what was designed to be the neutral condition in regards to the group, the results were instead that the group split. With strong social pressures to conform, most individuals conform; with strong pressures against conformity, most individuals do not conform.

Helson, Blake, and Mouton (1958) investigated the expression of attitudes under social pressures that involved the role of personal factors in behavior. When subjects were asked to sign popular or unpopular petitions just after other individuals (planted) agreed or refused to sign them, it was found that those who signed also had higher submissive scores than those who refused. Also found in this study, and more cogent to the discussion of perceptual differences between smokers and nonsmokers, was the more frequently individuals were influenced by the group, the greater was their agreement with the group in the future, and, conversely, the more

frequently subjects differed from the group, the greater was their disagreement in the future. The investigators concluded a relationship existed between the frequency and the intensity of conformity to social pressures.

This type of relationship may also exist for smokers. The literature suggests that smokers experience more family disharmony than nonsmokers. As the frequency of these adverse situations rises, the adolescent is affected adversely, but this experience also may lead to greater acceptance of dysfunctional environments. The nonsmoker may see family disharmony as extremely disagreeable and dysfunctional, because the nonsmoker has had little if any exposure to adverse family environments and, therefore, finds it quite disagreeable; on the other hand, the smoker may find it less disagreeable or as more acceptable. This is not to say that conflict within the family is not emotionally painful and upsetting to the smoker, but due to the frequency and intensity of past conflict and abuse encountered, the smoker may accept disharmonious family environments as a way of life, and in fact may even feel uncomfortable without them. This tolerance of disharmonious environments may be propagated from generation to generation, as an unbroken trend that gives legitimacy to dysfunction and disharmony as a lifestyle. The question to be tested here is whether smokers view disharmonious family interactions as less intense than do nonsmokers. Smokers, at some deeper level, may view disharmonious family interaction as being more acceptable, although initially, disharmony may have had a disruptive effect on them as young family members.

Dependent Variables.   The dependent variables were exploratory measures of the perception of disharmonious family experiences. Perception of family disharmony was to be measured by the participant's response on a strength of agreement rating scale (zero representing

the strongest level of disagreement and a ten representing the strongest level of agreement) to

four statements, after viewing each of three short movie clips depicting family disharmony.

The statements are:

1. The intensity of disharmony in this movie clip is severe.

2. It is likely there will be a long-term negative effect on the father-daughter/son
   relationship.

3. It is likely there will be a long-term negative effect on the mother-daughter/son
   relationship.

4. It is likely there will be long-term damage to the well being of the child/adolescent.

Research Hypothesis. Differences will be obtained between smokers, nonsmokers, and

ex-smokers on all of the above perception rating items involving family disharmony, the

integrity of parental relationships, and child/adolescent well-being. No basis for predicting a

direction on the differences could be identified.

Disharmonious Family Experiences

Harmonious family experiences are valued across cultures. Shek (1997) examined the

association between family functioning and adolescent adjustment in 429 Chinese adolescents.

The findings indicated that family functioning was significantly related to measures of (a)

psychological well being in adolescents; (b) school adjustment; and (c) problem behaviors such

as smoking.

Anda et al. (1999) analyzed the frequency of eight adverse childhood experiences among

9,215 adults. The eight categories included emotional, physical, or sexual abuse, a battered

mother, parental separation or divorce, and growing up with a substance-abusing, mentally ill, or incarcerated household mother. They found that 63% of participants reported one or more adverse experiences and those with five or more were two to three times more likely to smoke.

Zinser, Wolfe, and Lawson (2000) conducted a pilot study on the association of disharmonious family experiences, adolescent-parent relationships, and adolescent cigarette smoking. They presented short movie clips to represent different levels of family disharmony. Their study indicated that the smokers reported higher levels and intensities of disharmony in their families than the nonsmokers did, suggesting that family disharmony and smoking behavior are associated.

Thus, adolescent smokers are more likely to report a higher frequency and intensity of disharmonious family experiences than nonsmokers are. One motivation for adolescent smoking is disharmonious family experiences having had the effect of damaging the adolescent-parent bond.

Dependent Variables. The dependent variables provided a measure of the frequency and intensity of disharmonious family experiences encountered by the participants in their family. Frequency and intensity of adverse family experiences were measured by the participant's response to eight rating scales, ranging from 0 to 10. High scores reflected a higher frequency and/or intensity of disharmonious family experiences and low scores a low frequency and/or intensity of disharmonious family experiences. The following exploratory rating scales were generated by the present investigator for the purpose of determining if a relationship exists between family disharmony history and smoking behavior.

1. How frequent was the emotional conflict/abuse in your family?

2. How intense was the emotional conflict/abuse in your family?

3. How frequent was the physical conflict/abuse in your family?

4. How intense was the physical conflict/abuse in your family?

5. How frequent was the emotional conflict/abuse that involved you personally?

6. How intense was the emotional conflict/abuse that involved you personally?

7. How frequent was the physical conflict/abuse that involved you personally?

8. How intense was the physical conflict/abuse that involved you personally?

Research Hypotheses. It was hypothesized that smoking participants would rate all frequency and intensity dimensions of disharmonious family experiences higher than nonsmoking participants would rate them. Previous research (Zinser et al., 2000) indicated that smokers experienced greater family disharmony than nonsmokers did.

Parent-Child Relationship

Research has supported the contention that a close emotional bond between teens and parents is the most important factor in reducing teen smoking (Schrof, 1997). A federal survey of 90,000 adolescents revealed that emotional intimacy is five times more important than the amount of time parents spend with their teens in the development of a close emotional bond between the parents and teens.

Foshee and Bauman (1994) using Hirshi's control theory as a guide, were interested in testing how parental attachment may influence adolescent smoking. They studied 12- to 14-year-olds, using questionnaires, and found that the stronger the attachment to parents was in 1985, the less likely the adolescent was to smoke in 1987.

Zinser et al. (2000) found that smokers rated the relationship with their parents more negatively than the nonsmokers rated the relationship with their parents. It was predicted, therefore, that smokers would rate the intensity of relationship with their parents more negatively than nonsmokers would rate the intensity of relationship with their parents.

Dependent Variables. The participant's relationship with the parents was measured by their response to four rating scales. Low scores reflected a more negative relationship between the participants and their parents. The exploratory rating scales used were as follows:

1. Rate how harmonious the relationship was with your father.

2. Rate how harmonious the relationship was with your mother.

3. Rate how strongly connected you feel emotionally towards your father.

4. Rate how strongly connected you feel emotionally towards your mother.

Research Hypotheses: It was hypothesized that smoking participants would rate all parent-child relationship dimensions on emotional connectedness more negatively than nonsmoking participants would rate them.

CHAPTER 2

METHOD

Participants

Introductory psychology, sociology, and criminal justice students (121 males and 171

females) from a southwestern university served as participants. Some participants received a

modest number of extra credit points toward their grade for participating. They were asked to

sign an informed consent form to indicate that they were willing participants (See Appendix A).

The participants were predominately Caucasian and the mean age of the participants was 21

years, with a range of 16 to 54 years. More females (n=171) volunteered to participate than

males (n=121) did. The demographic questionnaire requested that the participants classify

themselves across five levels of smoking: daily, weekly, monthly, nonsmoker, and ex-smoker.

Due to the small size of weekly (n=11), and monthly (n=13) samples, the smoking levels were

re-coded. Daily, weekly, and monthly smokers were combined to form smokers. Thus, the

smoking status variable was reduced to three groups: smokers, nonsmokers, and ex-smokers.

The group with the highest frequency was the nonsmoking group (n=153, 52.8%), followed by

the smoking group (n=108, 37.2%), and the ex-smokers group (n=29, 10%). The sample size

was reduced from 291 to 290 with the disqualification of a participant who failed to respond to

any of the rating forms.

A smoker was defined by the present investigator as a participant who smoked on a daily,

weekly, or monthly basis. A nonsmoker was defined as a participant who has never engaged in

smoking cigarettes. An ex-smoker was defined as a participant who had not smoked for a

minimum of 30 days but who had previously smoked.

Movie Videos

The purpose of the presentation of the videos was to create a mind-set in the participants about family disharmony and to assist the participants in the recall of any family disharmony they experienced themselves. The videos varied in terms of the extent measures of the family disharmony that was portrayed (See Appendix I).

Definitions

For the purposes of this study, disharmonious family experiences were defined by the present investigator to include emotional abuse, physical abuse, and verbal disagreements between parents or between parent and child. Emotional abuse was defined as any attitude or behavior that interfered with mental health or social development. The following behaviors were considered emotional abuse: yelling, screaming, name calling, shouting negative comparisons with others, being told you are bad, no good, worthless, or a mistake. Physical abuse was defined as any non-accidental injury. An injury was defined as something that harmed or inflicted pain. The following behaviors were considered to be physical abuse: hitting, kicking, slapping, burning, pinching, choking, throwing, shoving, whipping, or paddling.

Perception of Videos

The participants' perception of disharmonious family experiences was determined by having the participants watch short movie clips depicting family disharmony, as was done by Zinser et al. (2000). After each video clip presentation, the participant indicated the strength of their agreement with four rating scales describing different aspects of their perception of family disharmony (See Appendices B, C, and D). A scale ranging from 0 to 10 followed each

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statement. Zero indicated the strongest disagreement and a 10 indicated the strongest agreement with the statement. The statements focused on different aspects of the participant's perception of disharmonious family experiences. Higher numbers on each scale indicated stronger agreement with the severity and long term negative effects of family disharmony portrayed in the video. The purpose of the video was to provide the participants with a clearer understanding of the nature of family disharmony. It was assumed that the viewing of the motion picture videos also made the participant's own family relationship more salient; they would help the participants to recall their own disharmonious experiences, whatever they may have been.

Relationship with Parents

The participant's relationship with their parents was measured by the participant's responses to four statements (See Appendix F). A scale, ranging from 0 to 10, followed each rating statement. In the first two statements, a 0 indicated a very disharmonious and a 10 indicated a very harmonious parent-child relationship. In the final two statements, a 0 indicated not strongly at all connected to father and mother and a 10 indicated very strongly connected to father and mother. The lower the number on each scale, the more negative the relationship between the participant and his or her parents.

Family Disharmony

The frequency and intensity of disharmonious family experiences encountered by the participant growing up in their family was measured by the participant's response to eight items (See Appendix G). These items ascertained frequency and intensity of emotional and physical abuse observed in the family and the participant's personal involvement in the incidents

presented. A rating scale ranging from 0 to 10 followed each item, with a 0 indicating no frequency or intensity of family disharmony and a 10 indicating very frequent or extremely intense family disharmony. The higher the number on the scale, the higher the frequency or intensity of disharmonious family experiences encountered by the participant.

Demographic Information

A demographic questionnaire requested the following information from the participants: age, gender, grade level, citizenship status (American or other), ethnic background, marital status of participant, number of children of participant, income level of parents, marital status of parents, number of siblings of participant, highest level of education completed by father and mother, how often participant engaged in a variety of behaviors including smoking, and how often participant's parents engaged in a variety of behaviors including smoking (See Appendix H). The other demographic questions were included to attempt to disguise the purpose of the study.

Procedure

The participants were provided with an explanation of the general nature of the research in the informed consent form (Appendix A). They were informed of their right to confidentiality and anonymity, as well as their right to suspend participation without penalty. For those who decided to participate, their signature on an informed consent form was obtained.

The participants received a packet containing eight items. The first item was the informed consent form (See Appendix A). The perception of family disharmony rating forms, one for each movie clip, was next in the packet (See Appendices B, C, and D). This was

followed by the parent-child relationship rating form (See Appendix E). An instruction sheet

followed next for the frequency and intensity of family disharmony scale (See Appendix F). The

frequency and intensity of family disharmony rating scales (See Appendix G) followed

thereafter, and the demographic questionnaire (See Appendix H) was presented last.

Procedural Steps

1. Research packets containing the above detailed eight items were passed out to all
   participants.

2. Participants signed the required consent form.

3. Participants viewed the first two-minute movie clip and then responded to the four
   rating scales. The rating form was headed by the title of the movie from which the
   clip was drawn.

4. Participants viewed the second two-minute movie clip and then responded to the
   appropriate rating scale form.

5. Participants viewed the last short movie clip and then responded to the appropriate
   rating scale form.

6. Next, participants responded to the parent-child relationship form.

7. Participants then responded to the frequency and intensity of family disharmony
   rating scales after a review of the instructions for the rating form.

8. Participants completed the research packet by responding to the demographic
   questionnaire.

9. Packets were then collected and participants were debriefed.

The participants were allowed 15 to 20 minutes to complete all forms. No adverse reactions from the participants occurred in this research project. The data from this study will be kept confidential and stored in a locked file in the psychology department of East Tennessee State University.

CHAPTER 3

RESULTS

<u>Perception of Movie Vignettes Depicting Family Disharmony</u>

<u>Comparisons Across Smokers, Nonsmokers, and Ex-smokers</u>

Mean ratings, standard deviations, and sample sizes in response to each rating scale for

all movie vignettes and for each of the smoking groups were determined. Table 1 provides these

values and the F-scores for intensity of disharmony. Table 2 provides these values and the F-

scores for likely long-term negative effects on the father-daughter / son relationship. Table 3

provides these values and the F-scores for the likely long-term negative effects on the mother-

daughter / son relationship. Table 4 provides these values and the F-scores for the likely long-

term damage to well being of child/adolescent. Overall, the smokers and ex-smokers perceived a

somewhat less negative consequence of family disharmony than nonsmokers did.

Table 1

Means, Standard Deviations, and F-scores for Smokers, Nonsmokers, and Ex-smokers
of Rated Intensity of Disharmony by Movie Vignettes

| Movie Vignettes | Levels of Smoking Behavior | | | F-Score | p |
	Smokers	Nonsmokers	Ex-smokers		
"Ordinary People"	8.18	8.61	8.21	2.99 *	.05
	(S.D. = 1.65)	(S.D. = 1.44)	(S.D. = .98)		
	n = 107	n = 152	n = 29		
"When a Man Loves a Woman"	8.89	8.80	8.61	.49	.62
	(S.D. = 1.31)	(S.D. = 1.41)	(S.D. = 1.31)		
	n = 100	n = 140	n = 28		
"Stella"	5.39	5.57	5.45	.28	.81
	(S.D. = 2.29)	(S.D. = 2.13)	(S.D. = 1.80)		
	n = 108	n = 152	n = 29		

Average perceived intensity of disharmony over all movie vignettes	7.49 (S.D. = 1.23) n = 99	7.67 (S.D. = 1.14) n = 140	7.41 (S.D. = .985) n = 28	1.02	.36

Notes: Ratings were made on 10 point scales ("0" strongly disagree, "10" strongly agree)

   $p \leq .05$

Table 2

Means, Standard Deviations, and F-scores for Smokers, Nonsmokers, and Ex-smokers of Rated, Likely Long-Term Negative Effects on the Father-Daughter/Son Relationship by Movie Vignettes

Movie Vignettes	Levels of Smoking Behavior				
	Smokers	Nonsmokers	Ex-smokers	F-Score	p
"Ordinary People"	4.79 (S.D. = 2.34) n = 107	5.43 (S.D. = 2.25) n = 152	4.34 (S.D. = 2.55) n = 29	4.50 *	.02
"When a Man Loves a Woman"	2.62 (S.D. = 2.78) n = 100	2.49 (S.D. = 2.80) n = 140	2.00 (S.D. = 2.07) n = 28	.565	.57
"Stella"	5.59 (S.D. = 2.75) n = 108	5.36 (S.D. = 2.74) n = 152	5.62 (S.D. = 2.04) n = 29	.30	.74
Average likely long-term negative effect on Father-Daughter/Son relationship over all movie vignettes	4.32 (S.D. = 1.87) n = 99	4.41 (S.D. = 1.86) n = 140	4.01 (S.D. = 1.53) n = 28	.56	.57

Notes: Ratings were made on 10 point scales ("0" strongly disagree, "10" strongly agree)
   $p < .05$

Table 3

Means, Standard Deviations, and F-scores for Smokers, Nonsmokers, and Ex-smokers of Rated, Likely Long-Term Negative Effects on the Mother-Daughter/Son Relationship by Movie Vignettes

Movie Vignettes	Levels of Smoking Behavior			F-Score	p
	Smokers	Nonsmokers	Ex-smokers		
"Ordinary People"	8.40 (S.D. = 1.65) n = 107	8.78 (S.D. = 1.29) n = 152	8.90 (S.D. = .90) n = 29	2.73	.07
"When a Man Loves a Woman"	8.36 (S.D. = 1.67) n = 100	8.79 (S.D. = 1.28) n = 140	8.96 (S.D. = .93) n = 28	3.52 *	.03
"Stella"	3.22 (S.D. = 2.39) n = 108	3.93 (S.D. = 2.58) n = 152	3.17 (S.D. = 1.54) n = 29	3.15 *	.04
Average likely long-term negative effect on Mother-Daughter/Son relationship over all movie vignettes	6.70 [#] (S.D. = 1.17) n = 99	7.19 [#] (S.D. = 1.20) n = 140	7.00 (S.D. = .59) n = 28	5.22 *	.01

Notes: Ratings were made on 10 point scales ("0" strongly disagree, "10" strongly agree)
- $p < .05$

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Table 4

Means, Standard Deviations, and F-scores for Smokers, Nonsmokers, and Ex-smokers of
Rated, Likely Long-Term Damage to Well Being of Child/Adolescent by Movie Vignettes

Movie Vignettes	Levels of Smoking Behavior			F-Score	p
	Smokers	Nonsmokers	Ex-smokers		
"Ordinary People"	7.20	7.36	6.69	1.49	.23
	(S.D. = 1.88)	(S.D. = 1.91)	(S.D. = 2.05)		
	n = 107	n = 152	n = 29		
"When a Man Loves a Woman"	7.96	8.48	8.32	2.78	.06
	(S.D. = 1.84)	(S.D. = 1.61)	(S.D. = 1.47)		
	n = 100	n = 140	n = 28		
"Stella"	4.64	4.82	4.38	.42	.66
	(S.D. = 2.66)	(S.D. = 2.51)	(S.D. = 2.18)		
	n = 108	n = 152	n = 29		
Average likely long-term damage to well being of child/adolescent over all movie vignettes	6.60	6.90	6.49	1.42	.25
	(S.D. = 1.50)	(S.D. = 1.50)	(S.D. = 1.19)		
	n = 99	n = 140	n = 28		

Notes: Ratings were made on 10 point scales ("0" strongly disagree, "10" strongly agree)

For ratings obtained in response to the "Ordinary People" vignette, a MANOVA was performed for the smoking groups variable across the four rating scales. This MANOVA was significant ($p<.05$) ; therefore, univariate analyses were calculated. One of the four ANOVAs was significant, the likely long-term negative effects on the father-daughter / son rating scale, $F(2, 288) = 4.50$, $p < .05$ (see Table 2). A Bonferroni post-hoc analysis for unequal groups was performed; however, the post-hoc analysis revealed no significant differences between pairings of smokers, ex-smokers, and nonsmokers with the .05 criterion, including between smokers ($\overline{X}$=8.18) and nonsmokers ($\overline{X}$=8.61).

For ratings obtained in response to the "When a Man Loves a Woman" vignette, a MANOVA was performed for the smoking groups variable across the four rating scales. This MANOVA was significant ($p<.05$) ; therefore, univariate analyses were calculated. One of the

four ANOVAs was significant, the likely long-term negative effects on the mother-daughter / son rating scale, $\underline{F}(2, 268) = 3.52$, $\underline{p} < .05$ (see Table 3). The validity of this F-score was questioned, however, due to Levene's test of equality of error variances yielding a $\underline{p} < .05$ on this rating scale. Nevertheless, a Bonferroni post-hoc analysis for unequal groups was performed for exploratory purposes. The post-hoc analysis revealed no significant difference ($\underline{p}$>.05), including the difference between smokers ($\overline{X}$=8.36) and nonsmokers ($\overline{X}$=8.79).

For ratings obtained in response to the "Stella" vignette, a MANOVA was performed for the smoking groups variable across the four rating scales. This MANOVA was not significant.

For average ratings across the movie vignettes, a MANOVA was performed for the smoking groups variable across the four rating scales. This MANOVA was significant (p<.05); therefore, univariate analyses were calculated. One of the four ANOVAs was significant, the average likely long-term negative effects on the mother-daughter / son rating scale, $\underline{F}(2, 267) =$ 5.22, $\underline{p} < .05$ (see Table 3). The validity of this F-score was questioned, however, due to Levene's test of equality of error variances yielding a $\underline{p} < .05$. Nevertheless, a Bonferroni post-hoc analysis for unequal groups was performed for exploratory purposes. The post-hoc analysis revealed a significant difference (p<.05) between smokers ($\overline{X}$=6.70) and nonsmokers ($\overline{X}$=7.19).

Correlations Between Pairings of Demographic Variables and Rating Scales for Each Movie Vignette

A Spearman's rho correlation matrix was generated for each movie vignette with the variables, You Smoke (YS), Father Smoke (FS), and Mother Smoke (MS) and the four rating scales of Intensity of Disharmony (IoD), Long-Term Negative Effect on Father-Daughter / Son

Relationship (LTEFD / LTEFS), Long-Term Negative Effect on Mother-Daughter / Son Relationship (LTEMD / LTEMS), and Long-Term Damage to Adolescent (LTDA). Smoking levels were re-coded to make their scales consistent with the order of the values of the other scales, with higher numbers reflecting a greater frequency of smoking; ex-smokers were excluded.

Table 5 presents the Spearman rho correlation matrix for "Ordinary People" movie vignette. The following significant (p<.05) correlations were obtained: YS with IoD, little if any correlation ($r = -.12$, $p < .05$) and YS with LTEFS, little if any correlation ($r = -.14$, $p < .05$), FS with MS, a low positive correlation ($r = .38$, $p < .01$), FS with IoD, little if any correlation ($r = .13$, $p < .05$), and LTEMS, little if any correlation ($r = .14$, $p < .05$), IoD with LTEFS, little if any correlation ($r = .27$, $p < .05$), IoD with LTEMS, a low positive correlation ($r = .45$, $p < .05$), and IoD with LTDA, a low positive correlation ($r = .34$, $p < .01$), LTEFS with LTDA, a low positive correlation ($r = .33$, $p < .01$), LTEMS with LTDA, a low positive correlation ($r = .40$, $p < .01$). The correlations between pairings of the rating scales were significant (p<.01), but the low correlations indicate that the rating scales measured largely independent behaviors.

Table 5

Spearman's rho Correlations Between Demographic Variables and Rating Scales for the Movie Vignette, "Ordinary People"   (N = 291)

	YS	FS	MS	IoD	LTEFS	LTEMS	LTDA
You Smoke (YS)	_	.04	.11	-.12 *	-.14 *	-.08	-.05
Father Smoke (FS)		_	.38 **	.13 *	.03	.14 *	.01
Mother Smoke (MS)			_	.11	.08	.09	.05
Intensity of Disharmony (IoD)				_	.27 *	.45 **	.34 **
Long-Term Negative Effect on Father-Son Relationship (LTEFS)					_	.33 **	.33 **
Long-Term Negative Effect on Mother-Son Relationship (LTEMS)						_	.40 **
Long-Term Damage to Adolescent (LTDA)							_

Note: Smoke coding, "4" Daily Smoker, "3" Weekly Smoker, "2" Monthly Smoker, "1" Nonsmokers (Ex-smokers not included)
        * $p < .05$, **$p < .01$

See Table 6 for the correlation matrix of the "When a Man Loves a Woman" movie vignette. The following significant correlations were obtained: FS with MS, a low positive correlation ($r = .38$, $p < .01$), IoD with LTEMD, a moderate positive correlation ($r = .51$, $p < .01$) IoD with LTDC, a moderate correlation ($r = .43$, $p < .01$), and LTEMD with LTDC, a high positive correlation ($r = .72$, $p < .01$). Some of the correlations between pairings of the rating scales were significant ($p<.05$), but the low to moderate correlations indicated the scales measured independent behavior. LTEMD with LTDC was the exception ($r=.72$).

Table 6

Spearman's rho Correlations Between Demographic Variables and Rating Scales for the Movie Vignette, "When a Man Loves a Woman"   (N = 291)

	YS	FS	MS	IoD	LTEFD	LTEMD	LTDC
You Smoke (YS)	_	.04	.11	-.04	.03	-.15	-.10
Father Smoke (FS)		_	.38 **	.05	-.08	.06	.05
Mother Smoke (MS)			_	.05	.00	.03	.06
Intensity of Disharmony (IoD)				_	.12	.51 **	.43 **
Long-Term Negative Effect on Father-Daughter Relationship (LTEFD)					_	.10	.11
Long-Term Negative Effect on Mother-Daughter Relationship (LTEMD)						_	.72 **
Long-Term Damage to Child (LTDC)							_

Note: Smoke coding, "4" Daily Smoker, "3" Weekly Smoker, "2" Monthly Smoker, "1" Nonsmokers (Ex-smokers not included)
        ** p < .01

See Table 7 for the correlation matrix of the "Stella" movie vignette. The following significant correlations were obtained: YS with LTEMD, little if any correlation (r = -.13; p<.05); FS with MS, a low positive correlation (r = .38, p < .01), IoD with LTEFD, a low positive correlation (r = .39; p < .01), IoD with LTEMD, a low positive correlation (r = .35; p < .01), and IoD with LTDC, a low positive correlation (r = .45; p < .01), LTEFD with LTEMD, a low positive correlation (r = .28; p < .01) and LTEFD with LTDC, a moderate correlation (r = .60; p < .01), LTEMD with LTDC, a moderate positive correlation (r = .56; p < .01).

Table 7

Spearman's rho Correlations Between Demographic Variables and Rating Scales for the Movie Vignette, "Stella"   (N = 291)

	YS	FS	MS	IoD	LTEFD	LTEMD	LTDC
You Smoke (YS)	_	.04	.11	-.08	.04	-.13 *	-.03
Father Smoke (FS)		_	.38	-.12	-.05	-.04	-.03
Mother Smoke (MS)			_	-.04	.11	-.04	.05
Intensity of Disharmony (IoD)				_	.39	.35	.45
Long-Term Negative Effect on Father-Daughter Relationship (LTEFD)					_	.28 **	.60 **
Long-Term Negative Effect on Mother-Daughter Relationship (LTEMD)						_	.56
Long-Term Damage to Child (LTDC)							_

Note: Smoke coding, "4" Daily Smoker, "3" Weekly Smoker, "2" Monthly Smoker, "1" Nonsmokers (Ex-smokers not included)
     * p < .05, ** p < .01

In view of the violation of assumptions of some of the ANOVA tests, Chi-square tests (3 smoking values x 10 rating scale values) were calculated for each of the four YS rating scales. The above procedure was repeated for each movie vignette. Moreover, it was repeated for MS and FS. None of the tests were significant, which indicated that the observed frequencies of subjects within each cell were not significantly different from the expected frequencies, and that no differences existed across the smokers, nonsmokers, and ex-smokers groups.

<u>Parent-Child Relationship</u>

<u>Comparisons Across Smokers, Nonsmokers, and Ex-smokers</u>

The mean ratings of each smoking group were calculated in response to the four rating scales. Table 8 provides the mean ratings for Harmonious Relationship with your Father (HRF), Harmonious Relationship with your Mother (HRM), How Strongly Connected you Feel Emotionally with your Father (SCF), and How Strongly Connected you feel Emotionally with

your Mother(SCM). A MANOVA was performed for the smoking groups variable and across the four rating scales. This MANOVA was significant ($p<.05$); therefore, univariate analyses were calculated. However, none of the four ANOVAs were significant. Nevertheless, a Bonferroni post-hoc analysis for unequal groups was performed for exploratory purposes. The post-hoc analysis revealed no significant differences between pairings of smokers, nonsmokers, and ex-smokers ($p < .05$).

Table 8

Means, Standard Deviations, and F-scores for Smokers, Nonsmokers, and Ex-smokers Rated Parent-Child Relationship

	Levels of Smoking Behavior				
Rating Scales	Smokers (N = 106)	Nonsmokers (N = 152)	Ex-smokers (N = 29)	F-Score	p
HRF	5.62 (S.D. = 3.21)	6.27 (S.D. = 3.06)	6.00 (S.D. = 2.66)	1.32	.27
HRM	6.47 (S.D. = 3.01)	7.11 (S.D. = 2.79)	7.21 (S.D. = 2.47)	1.78	.17
SCF	6.50 (S.D. = 3.28)	6.68 (S.D. = 3.03)	6.24 (S.D. = 2.95)	.28	.76
SCM	8.06 (S.D. = 2.68)	7.74 (S.D. = 2.70)	8.00 (S.D. = 2.49)	.46	.63

Note: HRF = Harmonious Relationship with Father,
      HRM = Harmonious Relationship with Mother
            ("0" Very Disharmonious, "10" Very
Harmonious)
      SCF = Strongly Connected You Feel with Father,
      SCYFTM = Strongly connected You Feel with
Mother
            ("0" Not Strongly, "10" Very
Strongly)

<u>Correlations Between Pairings of Demographic Variables and Rating Scales for Parent-Child</u>

<u>Relationship</u>

A Spearman's rho correlation matrix was generated for the variables You Smoke (YS),

Father Smoke (FS), and Mother Smoke (MS) and the four rating scales of Harmonious

Relationship with Father (HRF), Harmonious Relationship with Mother (HRM), Strongly

Connected You Feel with Father (SCF), and Strongly Connected You Feel with Mother (SCM).

Smoking levels were re-coded, with higher numbers reflecting a greater frequency of smoking

(ex-smokers were excluded) to make these scales consistent with the order of the values of the

other scales.

See Table 9 for the Spearman's rho correlations between demographic variables and the

rating scales for parent-child relationship. The following significant correlations were obtained:

YS with HRF, little if any correlation ($r = -.13$, $p < .05$) and YS with HRM, little if any

correlation ($r = -.14$, $p < .05$), FS with MS, a low positive correlation ($r = .38$, $p < .01$), HRF with

HRM, a low positive correlation ($r = .42$, $p < .01$), HRF with SCF, a high positive correlation

($r = .72$, $p < .01$) and HRF with SCM, little if any correlation ($r = .21$, $p < .01$), HRM with SCF,

little if any correlation ($r = .22$, $p < .01$) and HRM with SCM, a moderate positive correlation

($r = .69$, $p < .01$), SCF with SCM, a low positive correlation ($r = .34$, $p < .01$). All of the

correlations between pairings of the rating scales were significant ($p < .05$) but were low to

moderate correlations, indicating the scales measured independent behavior; the exception was

HRF with SCF ($r = .72$) and HRM with SCM ($p < .05$), which, therefore, are substantially related

measures.

Table 9

Spearman's rho Correlations Between Demographic Variables and Rating Scales for Parent-Child Relationship

(N = 291)

	YS	FS	MS	HRF	HRM	SCF	SCM
You Smoke (YS)	_	.04	.11	-.13 *	-.14 *	-.03	.06
Father Smoke (FS)		_	.38 **	-.10	.08	-.06	.08
Mother Smoke (MS)			_	-.06	-.08	-.06	-.05
Harmonious Relationship with Father (HRF)				_	.42	.72	.21 **
Harmonious Relationship with Mother (HRM)					_	.22	.69 **
Strongly Connected You Feel with Father						_	.34 **
Strongly Connected You Feel with Mother							_

Note: Smoke coding, "4" Daily Smoker, "3" Weekly Smoker, "2" Monthly Smoker, "1" Nonsmokers (Ex-smokers not included)

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

Chi-square tests (3 smoking values x 10 rating scale values) were calculated for YS by each of the four rating scales and were repeated for MS and FS. None of the tests were significant, which indicated that the observed frequencies of subjects within each cell were not significantly different from the expected frequencies and that no differences existed across the smokers, nonsmokers, and ex-smokers groups.

<u>Frequency and Intensity of Disharmonious Family Experience</u>

<u>Comparisons Across Smokers, Nonsmokers, and Ex-Smokers</u>

The mean ratings, standard deviations, and n's for each smoking group were determined for the eight rating scales. Table 10 provides the mean ratings for frequency of emotional abuse in family, intensity of emotional abuse in family, frequency of physical abuse in family, intensity of physical abuse in family, frequency of emotional abuse personally experienced, intensity of emotional abuse personally experienced, frequency of physical abuse personally experienced,

and intensity of physical abuse personally experienced. A MANOVA was performed for the

smoking groups variable and the eight rating scales. The Hotellings MANOVA was not

significant; nevertheless, a Bonferroni post-hoc analyses for unequal groups was performed for

exploratory purposes. With a .05 criterion, the post-hoc analysis revealed no significant

differences between pairings of smokers, nonsmokers, and ex-smokers.

Table 10

Means, Standard Deviations, and F-scores for Smokers, Non-smokers, and Ex-smokers
of Rated Frequency and Intensity of Disharmonious Family Experience

Rating Scales	Levels of Smoking Behavior			F-Score	p
	Smokers (N = 106)	Nonsmokers (N = 153)	Ex-smokers (N = 29)		
Frequency of Emotional Abuse in Family	3.78	3.12	3.72	1.58	.21
("0" Infrequent, "10" Very frequent)	(S.D. = 3.12)	(S.D. = 2.99)	(S.D. = 3.24)		
Intensity of Emotional Abuse in Family	3.8	3.1	3.28	1.77	.17
("0" Not intense at all, "10" Extremely intense)	(S.D. = 3.09)	(S.D. = 2.99)	(S.D. = 2.60)		
Frequency of Physical Abuse in Family	2.18	1.88	1.69	.72	.49
("0" Infrequent, "10" Very frequent)	(S.D. = 2.43)	(S.D. = 2.43)	(S.D. = 1.77)		
Intensity of Physical Abuse in Family	2.29	2.06	1.83	.43	.65
("0" Not intense at all, "10" Extremely intense)	(S.D. = 2.74)	(S.D. = 2.70)	(S.D. = 2.02)		
Frequency of Emotional Abuse Personally Experienced	3.50	2.92	3.59	1.41	.25
("0" Infrequent, "10" Very frequent)	(S.D. = 3.09)	(S.D. = 2.97)	(S.D. = 3.22)		
Intensity of Emotional Abuse Personally Experienced	3.77	2.95	3.34	2.11	.12
("0" Not intense at all, "10" Extremely intense)	(S.D. = 3.35)	(S.D. = 3.02)	(S.D. = 2.77)		

Frequency of Physical Abuse Personally Experienced ("0" Infrequent, "10" Very frequent)	2.30 (S.D. = 2.79)	1.93 (S.D. = 2.55)	1.45 (S.D. = 1.76)	1.42	.24
Intensity of Physical Abuse Personally Experienced ("0" Not intense at all, "10" Extremely intense)	2.36 (S.D. = 3.01)	1.98 (S.D. = 2.56)	1.72 (S.D. = 2.19)	.94	.39

Correlations Between Pairings of Demographic Variables and Rating Scales for Frequency and Intensity of Disharmonious Family Experience

A Spearman's rho correlation matrix was generated for the variables You Smoke (YS), Father Smoke (FS), and Mother Smoke (MS) on the eight rating scales of Frequency of Emotional Abuse in Family (FEAF), Intensity of Emotional Abuse in Family (IEAF), Frequency of Physical Abuse in Family (FPAF), Intensity of Physical Abuse in Family (IPAF), Frequency of Emotional Abuse Personally Experienced (FEAP), Intensity of Emotional Abuse Personally Experienced (IEAP), Frequency of Physical Abuse Personally Experienced (FPAP), and Intensity of Physical Abuse Personally Experienced (IPAP). Smoking levels were recoded, with higher numbers reflecting a greater frequency of smoking, ex-smokers were excluded to make these scale values consistent with the order of the scale values of the other scales.

See Table 11 for Spearman's rho correlations between demographic variables and rating scales for frequency and intensity of disharmonious family experiences. The correlations between YS and FS and between YS and MS were not significant. Some of the other correlations were significant and the highest ($r = .38$) was between FS and MS. The correlations between pairings of the rating scales were moderate to high correlations, indicating that they largely measured the same behavioral tendencies.

Table 11

Spearman's rho Correlations Between Demographic Variables and Rating Scales for Frequency and Intensity of Disharmonious Family Experiences

	YS	FS	MS	FEAF	IEAF	FPAF	IPAF	FEAP	IEAP	FPAP	IPAP
You Smoke	_	.04	.11	.12	.13	.10	.05	.12	.14 *	.06	.06
Father Smoke		_	.38	.05	.05	.04	.06	.02	.04	-.05	-.01
Mother Smoke (MS)			_	.13	.14	.08	.08	.18	.16 *	.10	.10
Frequency of Emotional Abuse in Family (FEAF)				_	.92 **	.59 **	.59 **	.92 **	.88 **	.56 **	.58 **
Intensity of Emotional Abuse in Family (IEAF)					_	.57 **	.62 **	.89 **	.92 **	.58 **	.63 **
Frequency of Physical Abuse in Family (FPAF)						_	.91 **	.62 **	.57 **	.90 **	.85 **
Intensity of Physical Abuse in Family (IPAF)							_	.63 **	.63 **	.87 **	.92 **
Frequency of Emotional Abuse Personally Experienced (FEAP)								_	.94 **	.62 **	.64 **
Intensity of Emotional Abuse Personally Experienced (IEAP)									_	.58 **	.64 **
Frequency of Physical Abuse Personally Experienced (FPAP)										_	.93 **
Intensity of Physical Abuse Personally Experienced (IPAP)											_

Chi-square tests (3 smoking values x 10 rating scale values) were calculated for each of the eight rating scales for YS frequency and intensity of disharmonious family experiences and were repeated for MS and FS. None of the tests were significant, which indicated that the observed frequencies of subjects within each cell were not significantly different for the expected frequencies and that no differences existed across the smokers, nonsmokers, and ex-smokers groups.

CHAPTER 4

DISCUSSION

Perception of Disharmonious Family Experiences

No significant difference between smokers and nonsmokers was found on any of the four

dependent variables for perception of family disharmony on video. This finding was somewhat

unexpected. No research on differences between smokers and nonsmokers on how they perceive

family disharmony exists; however, Zinser et al. (2000) found that smokers experience higher

levels and intensities of disharmony in their families than nonsmokers do. Consequently, it was

thought that smokers may become either overly sensitive or desensitized to disharmonious

family environments. This expectation was not confirmed.

Parent-Child Relationship

No significant difference between smokers and nonsmokers was found on any of the four

dependent variables for the parent-child relationship. This finding was in disagreement with the

literature. Specifically, the results of the present study are not consistent with Schrof (1997) who

concluded that a close emotional bond between teens and parents is the most important factor in

reducing teen smoking. Neither did the results support the findings of Foshee and Bauman

(1994) who found that the stronger the attachment with parents early in life, the less likely the

adolescent was to smoke. Additionally, the current study contradicts Zinser et al. (2000), who

found that smokers rated the relationship with their parents more negatively than nonsmokers

rated the relationship with their parents.

The results of the current study suggest that attention be directed to other factors causing

smoking; for example, Castro et al. (1987) found that peer influence was the strongest predictor

of cigarette smoking. Other studies have implicated peers as being a primary cause of smoking

(Akers et al. 1987; Aitken, 1980; Levitt & Edwards, 1970; O'Connell & Martin, 1987). It may

be that the peer influence and mood, as argued by Covey and Tam (1990), and self-esteem,

suggested by Murphy and Price (1988) are more salient influences on smoking behavior than is

the parent-child relationship. One explanation for nonsupport of the parent-child hypothesis

resides in the current study's findings of no difference between smokers and nonsmokers in

ratings of frequency and intensity of disharmonious family experience. With no difference

detected on these measures, one might not expect to see a difference between smokers and

nonsmokers on the measures of parent-child relationship.

Frequency and Intensity of Disharmonious Family Experience

No significant difference between smokers and nonsmokers was found on any of the

eight dependent variables on frequency and intensity of disharmonious family experiences. This

finding did not confirm previous research. Specifically, the present study contradicted research

by Zinser et al. (2000) whose study indicated that smokers experience higher levels and

intensities of disharmony in their families than nonsmokers did, suggesting that family

disharmony and smoking behavior are associated. Additionally, the current study is not

consistent with Anda et al. (1999), who analyzed the frequency of eight adverse childhood

experiences in 9,215 adults. They found that 63% of participants reported one or more adverse

experiences in their family history and those with 5 or more, were 2 to 3 times more likely to be

smokers.

Interpretations and Implications of Results

The main interpretation of this study is that disharmonious family experiences do not appear to be the crucial motivational factor for adolescent cigarette smoking. Thus adverse, dysfunctional, and disharmonious family environments may not have as much bearing on the parent-child relationship as expected. This result may be interpreted to imply that both smokers and nonsmokers view adverse family interaction with the same degree of seriousness. Consequently, this weakens the argument that adverse family experiences fracture the parent-child bond, allowing motivations for smoking to surface among adolescents. This result conflicted, however, with those of Zinser et al. (2000), who found that smokers reported higher frequencies of disharmonious family experiences than did nonsmokers. Additionally, smokers reported a more negative relationship with their parents than did nonsmokers.

The relationships studied in the present study relate to observational learning theory. Parents serve as significant models for children; however, peers and other individuals and persons, portrayed in movies and television, can serve as models as well. It may be that peers, film, and television exert more influence over adolescents than parents in the initiation of cigarette smoking. The relationship that adolescents have with their parents may not be as instrumental in the motivation for adolescent smoking as the present study has postulated. Particularly now, with the significant reduction of cigarette advertisements via film, television, and movies, peer influence may have become a strong predictor of cigarette smoking, as Castro et al. (1987) found in their study.

Mood factors such as depression and anxiety have been associated with adolescent cigarette smoking. Research has suggested that depressed, anxious, and stressed teenagers are more likely to report smoking (Covey & Tom, 1990). This study further suggested that

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depression and anxiety associated with adolescent cigarette smoking may be viewed as biological causes, in contrast to environmental causes, such as dysfunctional family experiences or poor parent-child relationships. In summary, observational learning theory and mood factors may be stronger explanations of the onset of smoking behavior in adolescents than disharmonious family experiences.

Finally, the findings of this study may be explained by examining the methodology employed. The current study's expectations that smokers would report higher frequencies and intensities of disharmonious family experiences and poorer relationships with their parents than nonsmokers was based primarily on the Zinser et al., (2000) pilot study which reflected these findings. Essentially, the dependent variable measures for the pilot study and the current study were the same. However, the number and nature of movie clips in the two studies were different. Also, the sequence of movie vignette presentation was different in the two studies. In the pilot study, some movie vignettes presented family harmony and others family disharmony. In the present study, all three movie vignettes demonstrated some degree of disharmony within the family. The methodological differences between the studies may have accounted for the difference in the results.

Limitations and Suggestions for Future Research

As with any other study, there were limitations in the present study. Primarily, one should be hesitant to generalize these findings to adolescents in general. Due to their age, educational level, and maturation level, first and second year psychology students may not reflect the views of the general adolescent population. Also, the sample size was small and limited to mostly Caucasian participants. Additionally, extremely sensitive personal

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information, such as whether or not a participant has been verbally or physically abused was requested in this study. These intimate questions may have inhibited complete candor from the participants.

Studies that attempt to explain motivations for adolescent cigarette smoking seem essential to discovering strategies that deter such detrimental behaviors. One suggestion would be to conduct additional similar research projects to include not only adolescent cigarette smoking but also other abusive behaviors, such as drug and alcohol abuse, in the adolescent population.

Concerning the instruments used in this study, some validity and reliability studies might have been conducted to confirm the scientific merits of these instruments. While they may have been adequate, validity and reliability studies would confirm the future effectual usage of these instruments. Additionally, although not practical for this study, adolescents from other geographic locations and cultures would enhance the population external validity of this study.

Although the research hypotheses of this study were not supported, research should continue to investigate whether or not dysfunctional family experiences harm the parent-child relationship leading to motivations for adolescent smoking. Considering the findings of Zinser et al. (2000) and further research on the role of family disharmony in the onset of smoking behavior would seem appropriate.

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APPENDICES

Appendix A

IRB Short Review

REV-2/95

FORM 106

East Tennessee State University
INFORMED CONSENT FORM

PRINCIPAL INVESTIGATOR Dr. Otto Zinser Co-investigators Mr. Frank Wolfe
TITLE OF PROJECT Family Life Study

PURPOSE

The objectives of this project include obtaining a measure of the family life of people. You will be shown motion picture clippings of family members interacting and then asked to rate the extent to which you found your family life as a youngster and as an adolescent to be similar.

DURATION

The expected duration of your participation should not exceed 15 to 20 minutes.

PROCEDURES

You will be asked to complete several short anonymous and confidential questionnaires.

POSSIBLE RISKS/DISCOMFORTS

There are no known risks to individuals who participate in this study.

CONTACT FOR QUESTIONS

If you have any further questions about this study, you may call Dr. Otto Zinser or Mr. Frank Wolfe at 439-6657 or 439-4424, who will try to answer any additional questions that you might have.

Further information about research subject's rights and whom to contact in the event of a research-related injury may be obtained from the Chairman of the Institutional Review Board at (423) 439-6134.

Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services and the ETSU Institutional Review Board do have free access to any information

obtained in this study should it become necessary and should you freely and voluntarily choose to participate. You may withdraw at any time without prejudice.

DRUGS AND DEVICES UNDER FDA REGULATION

You understand that because this study does not involve articles regulated by the FDA (Food and Drug Administration), the FDA may not choose to inspect records which identify you as a subject in this investigation.

Your study record will be maintained in strictest confidence according to current legal requirements and will not be revealed unless required by law or as noted above.

Appendix B

Perception of Family Disharmony

"Ordinary People"

1. The intensity of disharmony in this movie clip is severe.

    0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

2. It is likely there will be a long-term negative effect on the father-son relationship.

    0   1   2   3   4   5   6   7   8   9   10

Strongly Disagree   Strongly Agree

3. It is likely there will be a long-term negative effect on the mother-son relationship.

    0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

4. It is likely there will be long-term damage to the adolescent.

    0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

Appendix C

Perception of Family Disharmony

"When A Man Loves A Woman"

1. The intensity of disharmony in this movie clip is severe.

    0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

2. It is likely there will be a long-term negative effect on the father-daughter relationship.

    0   1   2   3   4   5   6   7   8   9   10

Strongly Disagree   Strongly Agree

3. It is likely there will be a long-term negative effect on the mother-daughter relationship.

    0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

4. It is likely there will be long-term damage to the child.

    0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

Appendix D

Perception of Family Disharmony

"Stella"

1. The intensity of disharmony in this movie clip is severe.

        0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

2. It is likely there will be a long-term negative effect on the father-daughter relationship.

        0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

3. It is likely there will be a long-term negative effect on the mother-daughter relationship.

        0   1   2   3   4   5   6   7   8   9   10
Strongly Disagree   Strongly Agree

4. It is likely there will be long-term damage to the child.

        0   1   2   3   4   5   6   7   8   9   10
 Strongly Disagree   Strongly Agree

Appendix E

Parent-Child Relationship Form

1. Rate how harmonious the relationship was with your father.

Very Disharmonious   Very Harmonious

0   1   2   3   4   5   6   7   8   9   10

2. Rate how harmonious the relationship was with your mother.

Very Disharmonious   Very Harmonious

0   1   2   3   4   5   6   7   8   9   10

3. Rate how strongly connected you feel emotionally towards your father.

Not Strongly   Very Strongly

0   1   2   3   4   5   6   7   8   9   10

4. Rate how strongly connected you feel emotionally towards your mother.

Not Strongly   Very Strongly

0   1   2   3   4   5   6   7   8   9   10

Appendix F

Instructions

Please reflect back at the nature of the family life you had <u>as a child and as an adolescent</u>, and circle your response on the scales following each item on the next page. Take into consideration the definitions for physical and emotional abuse at the top of the next page before making your responses.

Appendix G

Frequency and Intensity of Family Disharmony

Please consider the following definitions when answering the following questions about physical

and emotional abuse.

Physical abuse – Any non-accidental injury. An injury is defined as something that harms or hurts. The following behaviors are considered to be physical abuse: Hitting, kicking, slapping, burning, pinching, choking, throwing, shoving, whipping, or paddling.

Emotional abuse – Any attitude or behavior that interferes with mental health or social development. The following behaviors are considered emotional abuse: Yelling, screaming, name calling, negative comparisons to others, being told you are bad, no good, worthless, or a mistake.

1. How frequent was the emotional conflict/abuse in your family?

   0   1   2   3   4   5   6   7   8   9   10
   Infrequent   Very Frequent

2. How intense was the emotional conflict/abuse in your family?

   0   1   2   3   4   5   6   7   8   9   10
   Not Intense at All   Extremely Intense

3. How frequent was the physical conflict/abuse in your family?

   0   1   2   3   4   5   6   7   8   9   10
   Infrequent   Very Frequent

4. How intense was the physical conflict/abuse in your family?

   0   1   2   3   4   5   6   7   8   9   10
   Not Intense at All   Extremely Intense

5. How frequent was the emotional conflict/abuse that involved you personally?

   0   1   2   3   4   5   6   7   8   9   10
   Infrequent   Very Frequent

Frequency and Intensity of Family Disharmony

(Continued)

6. How intense was the <u>emotional conflict/abuse</u> that involved <u>you personally</u>?

    0   1   2   3   4   5   6   7   8   9   10
      Not Intense at All   Extremely Intense

7. How frequent was the <u>physical conflict/abuse</u> that involved <u>you personally</u>?

    0   1   2   3   4   5   6   7   8   9   10
     Infrequent   Very Frequent

8. How intense was the <u>physical conflict/abuse</u> that involved <u>you personally</u>?

    0   1   2   3   4   5   6   7   8   9   10
     Not Intense at All   Extremely Intense

Appendix H

Demographics

1. AGE _____   2. MALE _____   FEMALE _____

3. GRADE LEVEL   _____FR _____SO _____JR _____SR

4. Are you an American citizen? _____ if NO, name the country _____

5. Ethnic background?

    _____ African-American   _____ Native American
    _____ Caucasian   _____ Asian
    _____ Hispanic   _____ Other

6. Marital Status
    _____ Single   _____ Separated
    _____ Married   _____ Widowed
    _____ Divorced

7. Number of children? _____

8. Income level of <u>PARENTS</u>?
    _____ 0 - $9,999   _____ $30,000 – $39,999
    _____ $10,000 - $19,999   _____ $40,000 - $49,999
    _____$20,000 - $29,999   _____ $50,000 and over

9. Marital status of <u>PARENTS</u>?
    _____ Single   _____ Separated
    _____ Married   _____ Widowed
    _____ Divorced

10. Number of siblings?
    _____ Brothers   _____ Sisters

11. Highest level of education <u>FATHER</u> completed?
    _____ Junior high school
    _____ Some high school
    _____ High school diploma
    _____ Some college
    _____ College degree
    _____ Post-graduate degree

12. Highest level of education <u>MOTHER</u> completed?

_____ Junior high school
_____ Some high school
_____ High school diploma
_____ Some college
_____ College degree
_____ Post-graduate degree

PLEASE RATE HOW OFTEN <u>YOU</u> ENGAGE IN THE FOLLOWING BEHAVIORS. USE SCALE BELOW.

1. Daily
2. Once a week
3. Once a month

4. Never
5. Have not engaged in behavior for last 30 days or longer

13. Consume alcoholic beverages? _____

14. Exercise? _____

15. Smoke cigarettes? _____

16. Perform volunteer/charity work? _____

17. Watch television? _____

18. Attend church services? _____

PLEASE RATE HOW OFTEN <u>YOUR PARENTS</u> ENGAGED IN THE FOLLOWING BEHAVIORS. USE SCALE BELOW.

1. Daily
2. Once a week
3. Once a month

4. Never
5. Have not engaged in behavior for last 30 days or longer

	Father	Mother
19. Consume alcoholic beverages?	_____	_____
20. Exercise?	_____	_____
21. Smoke cigarettes?	_____	_____
22. Perform volunteer/charity work?	_____	_____
23. Watch television?	_____	_____
24. Attend church services?	_____	_____

Appendix I

Movie Clips

General Scene Statement and Brief Representative Dialogue

Movie Clip One
Title: <u>Ordinary People</u>

Scene: Verbal argument between father, mother, and their adolescent son after mother discovers son has quit the swim team.

Dialogue: Son to Father "Dad, I quit the swim team. The only reason she (referring to mother) cares, the only reason she gives a (expletive) is because somebody knew about it first."

Movie Clip Two
Title: <u>When a Man Loves a Woman</u>

Scene: Mother in alcoholic stupor slaps her young daughter

Dialogue: Daughter to Mother "Mom, are you sick?"
        Mother to Daughter "I said so your homework!"

Movie Clip Three
Title: <u>Stella</u>

Scene: Mother and young daughter having festive time with friends when mother's estranged husband appears at the door.

Dialogue: Wife to husband "Who the hell do you think you are, showing up here after three years?"
        Young daughter to mother "Mommy, I got a daddy?"

VITA

HERBERT FRANKLIN WOLFE

Personal Data:	Date of Birth: February 20, 1957
	Place of Birth: Portsmouth, Virginia
	Marital Status: Separated
Education:	Public Schools: Leland, North Carolina
	Three Rivers Community–Technical College; General Science, A.S., 1980
	National University; Business, B.B.A., 1983
	East Tennessee State University; Psychology, B.S., 1998
	East Tennessee State University; General Psychology, M.A., 2004
Professional Experience:	U.S. Navy, Hospital Corpsman, 1978 – 1991
	East Tennessee State University, Adjunct Instructor, Fall 1999
	Woodridge Hospital, Crisis Therapist, Summer 2000
Honors and Awards:	Psi Chi Honor Society
	Summa Cum Laude, 1998