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The Relations of Family Members' Unique and Shared Perspectives of Family Dysfunction to Dyad Adjustment

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Abstract

Among a community sample of families ($N = 128$), this study examined how family members' shared and unique perspectives of family dysfunction relate to dyad members' shared views of dyad adjustment within adolescent-mother, adolescent-father, and mother-father dyads. Independent of a family's family perspective (shared perspective of family dysfunction), the adolescent's unique perspective was associated with lower security and higher conflict with both mother and father, the father's unique perspective was associated with lower security and higher conflict with the adolescent as well as lower marital quality with mother, and the mother unique perspective was associated with lower marital quality with the father. Moreover, for adolescent-parent dyads, compared to the parent unique perspective, the adolescent unique perspective was more strongly associated with dyad adjustment. These findings indicate that both shared and unique views of the family system – the adolescent's unique view in particular – independently relate to the health of family subsystems. They also suggest that research as well as therapeutic interventions that focus on just the shared view of the family may miss important elements of family dysfunction.

Keywords

unique perspectives; shared perspectives; adolescence; family system

According to symbolic interaction theory (SIT; LaRoosa & Reitzes, 1993; Stryker, 1972), family roles (e.g., mother, father, and child) help mold and structure expectations and

agendas surrounding family interactions and, to the extent that these expectations and agendas differ across family roles, family members will evaluate and interpret the same interaction differently from one another. Similarly, social construction theory (SCT; Hoffman, 1990; Paikoff, 1991) posits the existence of “multiple realities” within the family due to family member differences in personal narratives, which help shape the interpretation and meaning of family interactions. Moreover, both theoretical approaches maintain that family members’ distinct or unique perspectives of the family should impact the health of the family and, thereby, yield important insights about the family and its members (LaRoosa & Reitzes, 1993; Paikoff, 1991).

Despite their perceived importance, our understanding of family members’ unique perspectives remains limited due, in good part, to the fact that they have proven difficult to capture empirically (Jager, Bornstein, Putnick, & Hendricks, 2012; Paikoff, 1991). To address this problem, Jager et al. (2012) used a modified multitrait-multimethod confirmatory factor analysis to examine family members’ shared and unique perspectives of family dysfunction. This approach appears to provide researchers with a method for quantifying family members’ unique perspectives. Using the McMaster Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983) and incorporating the perspectives of adolescent, mother, and father, Jager et al. (2012) divided the perspective of each family member into three mutually exclusive pieces: A shared family perspective (i.e., portion of the family member’s perspective that overlaps with both other family members’ perspectives), a unique perspective (i.e., portion of the family member’s perspective that does not overlap with the perspective of any other family member), and residual error. They found that each family member’s unique perspective of family dysfunction was associated with his or her own adjustment, including anxiety and depression, even after controlling for the family perspective of family dysfunction. Building on Jager et al. (2012), here we examine whether family members’ unique perspectives of family dysfunction are associated with dyad members’ shared view of dyad adjustment within adolescent-mother, adolescent-father, and mother-father dyads after controlling for the family perspective of family dysfunction. For each adolescent-parent dyad we focused on relationship security and conflict, and for the mother-father dyad we focused on marital quality. To ensure continuity between the family and unique perspectives identified here and those identified by Jager et al. (2012), we used the same analytical approach and community sample.

Family and Unique Perspectives of Family Dysfunction and Dyad Adjustment

According to family systems theory (Minuchin, 1985), the family is both hierarchical (e.g., individuals are nested within dyads and dyads are nested within the family) and dynamic (e.g., effects are bidirectional within and across levels of the family system). In line with family systems theory, dysfunctional dyads or subsystems are more likely to be found in dysfunctional families than in healthy families (Davies, Cummings, & Winter, 2004). Because the family perspective is generally treated as a measure of the family system (Cook & Goldstein, 1993), it stands to reason that the family perspective of family dysfunction

should be associated with worse dyad adjustment within each of the three family dyads (Hypothesis 1; Figure 1, Paths 1–3).

As outlined above, according to both SIT and SCT, family members' unique perspectives matter to the health of the family and should be associated with dyad adjustment independent of the family perspective of family dysfunction. Moreover, there is reason to believe that unique perspectives are both pronounced and particularly impactful among families with adolescent children (Paikoff, 1991; Stryker, 1972). Because adolescent individuation requires a delicate renegotiation of the parent-child relationship, during this renegotiation, adolescent-parent differences in satisfaction surrounding the adolescent's individuation are common (Welsh, Galliher, & Powers, 1998) and associated with lower security and higher conflict in parent-child dyads (Smetana, Metzger, Gettman, Campione-Barr, 2006). To the extent that family members' unique perspectives of family dysfunction capture family member differences surrounding perceptions of the adolescent's individuation, family members' unique perspectives should be associated with lower security and higher conflict within adolescent-parent dyads. With respect to the mother-father dyad, each parent's unique perspective of family dysfunction could indicate a parental unit that is divided regarding the problems they perceive concerning the adolescent's individuation or the family more generally. Because this sort of parental misalignment has been linked to poor marital quality (Margolin, Gordis, & John, 2001), each parent's unique perspective of family dysfunction might also be associated with lower mother-father marital quality. Thus, independent of the family perspective of family dysfunction, for each dyad we expect each dyad member's unique perspective of family dysfunction will be associated with worse dyad adjustment (Hypothesis 2; Figure 1, paths 4–5 for adolescent-mother dyad, paths 6–7 for adolescent-father dyad, and paths 8–9 for mother-father dyad).

Why This Examination Focuses on Shared Perspectives of Dyad Adjustment

For each dyad and each domain of dyad adjustment (i.e., security, conflict, and marital quality), we focus on the dyad members' shared perspective of dyad adjustment (hereafter referred to as "dyad perspective" of dyad adjustment). By focusing on where both dyad members' perspectives of the dyad overlap, each reporter's subjective or unique perspective of the dyad (along with most measurement error) is removed. By removing each dyad member's unique perspective of the dyad and, thereby, focusing on the dyad perspective, any relation we find between a given family member's unique perspective of family dysfunction and dyad adjustment would suggest that the family member's unique view of family dysfunction is related to the dyad members' "shared reality" of the dyad (as opposed to just the given family member's unique view of the dyad). To summarize, when controlling for the shared family perspective of family dysfunction, we examine whether each dyad member's unique perspective of family dysfunction is associated with the shared dyad perspective of dyad adjustment.

Method

Participants

Families from a U.S. East coast metropolitan area were recruited through mass mailings and newspaper advertisements. Of the 185 families who provided data, analyses were limited to the 128 families who had data for all family members (i.e., adolescent, mother, and father all provided data). Our analytical sample of 128 families is the same sample used by Jager et al. (2012). All families were European American. All adolescents were firstborns, around 14-years-old ($M = 13.90$, $SD = 0.27$), and 49 (38%) were female. Data were collected during a home visit. Family members typically completed measures on the same day. The data used here were part of a larger survey. The order of measures was the same for mothers and fathers. Adolescents completed all mother-specific measures before moving on to father-specific measures (for a more information on procedures, please see Jager et al., 2012).

Measures

Family functioning—We used the self-reported McMaster Family Assessment Device (FAD; Epstein et al., 1983), which each family member completed independently. The FAD consists of 48 items, arranged into 6 subscales (Table 1): Problem Solving, Communication, Affective Responsiveness, Roles, Affective Involvement, and Behavior Control. For each family member and for each of the 6 FAD subscales, mean scores were used. Higher values indicate greater levels of family dysfunction.

Dyad adjustment—All measures of dyad adjustment were self-report and, unless noted otherwise, mean scores were used (Table 1). The adolescent's view of adolescent-parent relationship security was assessed using the Kerns Security Scale (KERNS; Kerns, Klepac, & Cole, 1996). Adolescents completed this questionnaire twice, once each for mother and father. Parental views of adolescent-parent relationship security were assessed using the Comfort with Secure Base Role (CSBR) subscale of the Parents of Adolescents Separation Anxiety Scale (Hock, Eberly, Bartle-Haring, Ellwanger, & Widaman, 2001). Data were available for mothers and fathers. For both KERNS and CSBR, higher values reflect greater attachment security. Adolescent-parent conflict was assessed using the dyad interaction subscale (CBQi), a 16-item subscale of the Conflict Behavior Questionnaire (CBQ-44; Prinz, Foster, Kent, & O'Leary, 1979). Both adolescents and parents completed parallel items (i.e., each dyad member answered the same questions about the dyad), retrospectively rating their interactions over the 2 weeks preceding the assessment. For each dyad member's report, the sum score of the CBQi was used; higher scores reflect greater perceived dyad conflict. Mother-father marital quality was assessed using the Revised Dyadic Adjustment Relationship Scale (RDAS; Busby, Christensen, Crane, & Larson, 1995). Mothers and fathers completed parallel measures (i.e., each answered the same questions about each other); higher scores reflect more optimal relationship quality.

Control variables—For family intactness, all intact families (i.e., adolescent, mother, and father live in same household) were coded as 1 and all other, non-intact families were coded as 0. Among the sample of 128 families, 118 (92%) proved to be intact (all non-intact families entailed a father who lived in a separate household from mother and adolescent).

Family socioeconomic status (SES) was measured using the Hollingshead four-factor index of social status (Hollingshead, 1975). Most families were of middle- to upper-SES, with a mean score of 55.11 ($SD = 9.02$, range = 30–66).

Results

All analyses were conducted with Mplus Version 7 (Muthén & Muthén, 1998–2013) and utilized a maximum likelihood estimator robust to non-normality. Means and standard deviations for the dyad adjustment measures are listed in Table 1. Descriptive statistics for the FAD subscales are reported elsewhere (Jager et al., 2012). We used Kline's (2010) guidelines to assess model fit, which specify CFI values $> .95$ and RMSEA values $< .05$ constitute a good fit.

Preliminary Analyses

Unique and family perspectives of family dysfunction—We replicated the modified multitrait-multimethod (MTMM) confirmatory factor analysis (CFA; Figure 1) used by Jager et al. (2012) to identify shared and unique perspectives of family dysfunction. For a complete description and justification of their model-refining process, see Jager et al. (2012). The MTMM-CFA included a unique factor (i.e., unique perspective) for each family member and two family factors (i.e., family perspectives): Family Interaction and Family Structure.

Identification of dyad perspectives of dyad adjustment—For each dyad and for each domain of dyad adjustment (i.e., security, conflict, and marital quality) we loaded both dyad members' reports onto a single factor (Figure 2). Doing so isolates the common variance across both dyad member reports. We allowed all dyad perspectives to covary. When significant, we allowed residual variances to covary. The model provided a good fit (see Figure 2). To reduce the number of model parameters, all model indicators were mean-centered and all indicator means fixed to zero. We used the FSCORE command (Muthén & Muthén, 1998–2013) to output individual factor scores for each of the five dyad perspectives.

Family and Unique Perspectives' Relations with Dyad Adjustment

We included each dyad perspective factor score (as identified in Figure 2) as an observed variable and regressed it simultaneously on the two family factors of family dysfunction and both dyad members' unique factors of family dysfunction (Table 2). All analyses used residual measures of dyad adjustment that adjusted for family SES. Analyses involving marital quality included only intact families; for all other analyses we used residual measures of dyad adjustment that also adjusted for family intactness. Due to the high correlation between the two family factors, their regression coefficients were unreliable when estimated independently. Therefore, we constrained the regression coefficients of the two family factors to be equal (i.e., for each dyad perspective listed in Table 2, the regression coefficients for the two family factors are equal). Doing so yielded more reliable estimates for the family factors and did not impact model fit. For each dyad perspective factor score we used model comparisons to test whether the regression coefficients for the unique

perspectives varied across dyad members. This determines which dyad member's unique perspective is the stronger predictor of dyad adjustment. Within Table 2, coefficients sharing the same superscripted number differ significantly from one another. Because we used a robust maximum likelihood estimator, for all model comparisons we applied the correction factors appropriate for such an estimator (Muthen & Muthen, 1998–2012). We also used Mplus' MODEL CONSTRAINT command (Muthen & Muthen, 1998–2012) to compare standardized estimates.

Consistent with our first hypothesis, for each dyad perspective of dyad adjustment, the family perspective of family dysfunction was associated with worse dyad adjustment (i.e., the family factors were significant predictors of each dyad perspective of dyad adjustment). Consistent with our second hypothesis for each dyad perspective involving the adolescent, the adolescent unique perspective of family dysfunction was associated with worse dyad adjustment, and for each dyad perspective involving the father, the father unique perspective of family dysfunction was associated with worse dyad adjustment. For the dyad perspectives involving the mother, the mother unique perspective of family dysfunction was only associated with the mother-father dyad perspective of marital quality. Finally, for each dyad perspective involving the adolescent, the size of the coefficient for the adolescent unique perspective was significantly larger than the coefficient for the other dyad member's unique perspective of family dysfunction.

Discussion

Among a community sample of families, this study examined how family members' shared and unique perspectives of family dysfunction relate to dyad members' shared views of dyad adjustment. As expected, we found that the family perspective of family dysfunction was associated with worse dyad adjustment within each dyad. Also as expected, and consistent with existing family theories (e.g., SIT and SCT), we found that each family member's unique perspective of family dysfunction was associated with worse dyad adjustment within the two dyads he or she is a member, apart from one exception (i.e., we did not find that the mother's unique perspective was associated with worse dyad adjustment in the adolescent-mother dyad). Moreover, for adolescent-parent dyads, compared to the parent unique perspective of family dysfunction, the adolescent unique perspective was more strongly associated with dyad adjustment. These findings indicate that both shared and unique views of the family system – the adolescent's unique view in particular – independently relate to the health of family subsystems. They also suggest that research as well as therapeutic interventions that focus solely on the shared view of the family may miss important elements of family dysfunction.

Family Member Differences in Unique Perspectives' Relations with Dyad Adjustment

The unique perspectives' relations with dyad adjustment varied by family member in two prominent ways: (1) relative to parents' unique perspectives, the adolescent's unique perspective was more strongly related to adolescent-parent adjustment, and (2) the mother's unique perspective was the only unique perspective not related to adolescent-parent adjustment. A possible explanation for the relative strength of the adolescent unique

perspective is that parents are often more aligned with one another than with the adolescent when it comes to expectations (e.g., is parental control over curfew or dating “fair”) and agendas (i.e., adolescents strive for autonomy while parents aim to keep child safe) surrounding the adolescent’s individuation (Dekovic, Noom, & Meeus, 1997; Smetana, 1988; Welsh et al., 1998). Thus, of the three unique perspectives, the adolescent’s may be the most diagnostic of a system-level problem surrounding the individuation process, which in turn would help explain why the adolescent’s unique perspective was the most strongly related to adolescent-parent adjustment. We say “system-level problem” (as opposed to an individual-level or adolescent-level problem) because the reach of the adolescent’s unique perspective of family dysfunction appears to extend to both other members of the family system because it is associated with adolescent-parent shared realities (i.e., dyad perspectives) involving both the mother and father. The notion that the adolescent may be uniquely attuned to system-level problems is consistent with Hawley and Weisz (2003), who found that therapists’ reports aligned more with child reports than with parent reports when it came to identifying family problems. The adolescent’s attunement to system-level problems could also reflect “sentiment override” (Weiss, 1980) or a more generalized sentiment regarding the family that systematically influences the adolescent’s answers to questions about specific aspects of the family. Although, sentiment override has primarily been examined within marital dyads, it could also manifest within family systems, and to the extent it manifests differently or more often for adolescents than it does for parents, it may also help explain the strength of the adolescent unique perspective.

Although additional research is necessary to determine why the mother’s unique perspective, counter to our expectations, was unrelated to adolescent-mother adjustment, one possible explanation for this finding is that mothers, relative to adolescents and fathers, tend to be more open with their other family members about their feelings regarding the family (Koerner & Fitzpatrick, 2004). As a result, the information captured by the mother unique perspective may be qualitatively distinct from the information captured by the adolescent and father unique perspectives, thereby rendering it the only unique perspective not associated with adolescent-parent adjustment. Alternatively, because the mother’s unique perspective was associated with mother-father marital quality, it could simply be that the mother’s unique perspective of the family is more connected to the health of certain subsystems (the mother-father dyad) than others (the mother-adolescent dyad).

Limitations

This study has three limitations. First, given its correlational nature, it is difficult to determine both causality and direction of effects. Second, because the study used a community sample of middle-to-upper class European American families, it is unclear how our findings generalize to clinical families or to families of other socioeconomic or ethnic backgrounds. Third, the study’s sample size may not have yielded the necessary power to detect small effects. Therefore, caution should be used when interpreting null findings.

Implications for Research and Practice

Collectively, this study's findings along with those from Jager et al. (2012) indicate that family members' unique perspectives of the family, as measured by the MTMM-CFA used in both studies, capture important and clinically relevant information about the family. Thus, there is reason to believe that the analytical approach used here and by Jager et al. (2012) is a useful technique for empirically capturing and examining family members' unique perspectives of the family, which traditionally have proven difficult to quantify. To the extent that this is the case, this analytical approach enables family researchers to examine a myriad of research questions and theoretical propositions derived from existing family theories (e.g., SIT and SCT) that, to date, have largely gone untested. For example, when, if at all, do unique perspectives amount to self-fulfilling prophecies (Jussim, 1991), and are unique perspectives more evident during times of family transition (Stryker, 1972)? Moreover, because data sets with reports from multiple family members are well-equipped to model and examine unique perspectives (through the use of this analytical approach), many family researchers already have the data necessary to examine family members' unique perspectives.

In addition to serving as a boon for future research, our findings also have implications for family practice. First, addressing each family member's unique perspective – the adolescent's in particular – by bringing it out into the “open” and integrating it with the family's shared perspective may help improve family consensus, which is key to therapeutic success (Sexton & Alexander, 2003). Second, because motivation for treatment is linked to whether other family members as well as the therapist understand and recognize one's own point of view about the family (Sexton & Alexander, 2003), addressing family members' unique perspectives could increase members' motivation and engagement in the therapeutic process.

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Figure 1.

Conceptual model for family and unique perspectives of family dysfunction predicting shared perspectives of dyad adjustment (i.e., dyad perspectives). A = Adolescent; M = Mother; F = Father. Each gray circle represents a single reporter's perspective; overlapping circles represent overlapping perspectives. Portion of model bordered in black represents family members' perspectives of family dysfunction. Portions of model bordered in gray represent dyad member's perspectives of dyad adjustment. For this conceptual model, each adolescent-parent dyad perspective represents a single domain of dyad adjustment (i.e., conflict or security). Paths labeled with a black number originate from the family perspective of family dysfunction and pertain to hypothesis 1. Paths labeled with a white number originate from a unique perspective of family dysfunction and pertain to hypothesis 2.

Figure 2.

Modified multitrait-multimethod confirmatory factor analysis. Black circles are shared perspectives; white circles are unique perspectives. A = adolescent; M = mother; F = father. PS = problem solving; CM = communication; AR = affective response; RL = roles; AI = affective involvement; BC = behavioral control. All estimates are standardized. All black lines/estimates are significant at the .05 level or higher. Model fit: $\chi^2(98) = 114.29$, $p = .12$, CFI = .99, RMSEA = .04 (.00 | .06).

Figure 3.

Confirmatory factory analysis used to identify dyad perspectives of dyad adjustment. A = adolescent; M = mother; F = father. A→M = A report of A-M dyad; M→A = M report of A-M dyad; A→F = A report of A-F dyad; F→A = F report of A-F dyad; M→F = M report of M-F dyad; F→M = F report of M-F dyad. All estimates are standardized. All black lines/estimates are significant at the .05 level or higher. Model fit: $\chi^2(32) = 38.354$, $p = .20$, CFI = .977, RMSEA = .039 (.000 | .080).

Table 1

Self-report Measures of Family Dysfunction and Dyad Adjustment

Adolescent, mother, and father reports of family dysfunction (all FAD subscales)	
Problem solving	(e.g., "We resolve most everyday problems around the house."). Ranges from 1 (strongly disagree) to 4 (strongly agree). 6 items: $\alpha_a = .68$, $\alpha_m = .78$, $\alpha_f = .65$
Communication	(e.g., "When someone is upset the others know why."). Ranges from 1 (strongly disagree) to 4 (strongly agree). 9 items: $\alpha_a = .72$, $\alpha_m = .84$, $\alpha_f = .79$
Affective responsiveness	(e.g., "We are reluctant to show our affection for each other."). Ranges from 1 (strongly disagree) to 4 (strongly agree). 6 items: $\alpha_a = .73$, $\alpha_m = .70$, $\alpha_f = .80$
Roles	(e.g., "We make sure family members meet their family responsibilities."). Ranges from 1 (strongly disagree) to 4 (strongly agree). 11 items: $\alpha_a = .73$, $\alpha_m = .65$, $\alpha_f = .68$
Affective involvement	(e.g., "If someone is in trouble, the others become too involved."). Ranges from 1 (strongly disagree) to 4 (strongly agree). 7 items: $\alpha_a = .69$, $\alpha_m = .73$, $\alpha_f = .70$
Behavioral control	(e.g., "You can easily get away with breaking the rules."). Ranges from 1 (strongly disagree) to 4 (strongly agree). 9 items: $\alpha_a = .71$, $\alpha_m = .77$, $\alpha_f = .73$
Adolescent reports of dyad adjustment	
Relationship security, with mother	KERNS (e.g., "Some kids find it easy to trust their mom"). Ranges from 1 (Really untrue for me) to 4 (Really true for me). 15 items: $\alpha_a = .87$, $M = 3.16$, $SD = .43$
Relationship security, with father	KERNS (e.g., "Some kids find it easy to trust their dad"). Ranges from 1 (Really untrue for me) to 4 (Really true for me). 15 items: $\alpha_a = .89$, $M = 3.12$, $SD = .48$
Conflict, with mother	CBQI (e.g., "We almost never seem to agree"). Ranges from "True" to "False". 16 items: $\alpha_a = .77$, $M = 3.59$, $SD = 3.67$
Conflict, with father	CBQI (e.g., "We almost never seem to agree"). Ranges from "True" to "False". 16 items: $\alpha_a = .80$, $M = 3.74$, $SD = 3.97$
Mother reports of dyad adjustment	
Secure base comfort, with adolescent	CSBR (e.g., "I feel good knowing that my teenager feels that he/she can call on me"). Ranges from 1 (strongly disagree) to 5 (strongly agree) 14 items: $\alpha_m = .70$, $M = 4.32$, $SD = .35$
Conflict, with adolescent	CBQI (e.g., "We almost never seem to agree"). Ranges from "True" to "False". 16 items: $\alpha_m = .74$, $M = 2.29$, $SD = 3.03$
Marital quality, with father	RDAS (e.g., "Do you ever regret that you married"). Ranges from 1 (all the time) to 6 (never). 14 items: $\alpha_m = .84$, $M = 3.51$, $SD = .49$
Father reports of dyad adjustment	
Secure base comfort, with adolescent	CSBR (e.g., "I feel good knowing that my teenager feels that he/she can call on me"). Ranges from 1 (strongly disagree) to 5 (strongly agree) 14 items: $\alpha_f = .82$, $M = 4.10$, $SD = .48$
Conflict, with adolescent	CBQI (e.g., "We almost never seem to agree"). Ranges from "True" to "False". 16 items: $\alpha_f = .76$, $M = 3.01$, $SD = 3.31$
Marital quality, with mother	RDAS (e.g., "Do you ever regret that you married"). Ranges from 1 (all the time) to 6 (never). 14 items: $\alpha_f = .88$, $M = 3.43$, $SD = .56$

Notes. FAD = Family Assessment Device (Epstein et al., 1983). KERNS = Kerns Security Scale (Kerns et al., 1996). CBQI = interaction subscale of Conflict Behavior Questionnaire (Robin & Foster, 1989). CSBR = Comfort with secure base role subscale of Parents of Adolescents Separation Anxiety Scale (Hock et al., 2001). RDAS = Revised Dyadic Adjustment Scale (Busby et al., 1995). α_a = (sub)scale reliability (alpha) for adolescent report. α_m = (sub)scale reliability (alpha) for mother report. α_f = (sub)scale reliability (alpha) for father report.

Family and unique perspectives of family dysfunction predicting dyad perspectives of dyad adjustment

Table 2

	Family Perspective ¹		Unique Perspectives		
	Interaction	Structure	Adolescent	Mother	Father
Adolescent-mother relationship security	-.235**	-.235**	-.528** ^a	-.081 ^a	
Adolescent-mother conflict	.169**	.169**	.425** ^b	.070 ^b	
Adolescent-father relationship security	-.156**	-.156**	-.574** ^c		-.206** ^c
Adolescent-father conflict	.126*	.126*	.589** ^d		.170** ^d
Mother-father marital quality	-.262**	-.262**		-.259**	-.277**

Note. All estimates are standardized. All estimates control for family SES. Estimates for marital quality include only intact families; all other estimates also control for family intactness. Estimates sharing the same superscript letter differ significantly from one another. Model comparison results (listed below) and estimate comparisons are matched by superscript letter.

¹For each dyad perspective of dyad adjustment, how it relates to Family Interaction and Family Structure is constrained to be equal because doing so improved estimate reliability (when not constrained to be the same, the estimates for Family Interaction and Family Structure were unreliable due to multicollinearity). Preliminary analyses indicated how each dyad perspective relates to Family Structure and Family Interaction does not differ.

^a $\chi^2(1) = 7.78, p = .005$.

^b $\chi^2(1) = 7.15, p = .007$.

^c $\chi^2(1) = 10.70, p = .001$.

^d $\chi^2(1) = 13.27, p < .001$.

* $p < .05$.

** $p < .01$.