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Development of Perceived Family Boundaries in Young Adults Scale

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ABSTRACT

The purpose of this research is to develop a relevant and reliable scale that aims to measure the family boundaries perceived by young individuals. A 64-item item pool was created by the researchers, and the content validity index was calculated on the items where opinions from 10 different experts were submitted. The application form, which reduced to 51 items after experts' feedbacks, was applied to a total of 384 people and the observations obtained were analyzed by Explanatory Factor Analysis. EFA relieved that the scale has explained 43% of variance and has 3 subscales. The factors are named as "Freedom", "Rules" and "Privacy". The internal consistency coefficient was found .85. Internal consistency coefficients were obtained as .87 for the Freedom subscale, .78 for the Rules subscale, and .64 for the Privacy subscale. The scale was tested with Confirmatory Factor Analysis to confirm the structure it relieved. It has been found that CFA fit indices are within acceptable limits and the scale has convergent and divergent validity.

Family boundaries can be defined as structures which developed by life experiences, realization of self and surroundings. Boundaries can function both in healthy and unhealthy ways and could be expressed either verbally or behavioral. Family boundaries are important to determine the roles, duties and responsibilities of family members (Minuchin, 1982). It is commonly known that the family in which the individual was born and raised and the relationships within the family are influential on the individual's further life. The behavior and relationship patterns and characteristics inherited from the family of origin can be effective in shaping and conducting the relationships in adulthood. The healthy development of these behavior and relationship patterns is supported by security and attachment from childhood needs (Maslow, 1943). The child, whose need of security is met and therefore is securely attached, can express himself/herself more comfortably within the family structure, and develops a healthier personality in the following years (Bowlby, 1969). Approaches to the present such as Schema Therapy emphasizes that one of the basic needs of childhood is "realistic limits and self-control" (Young, Klosko, & Weishaar, 2003). All these developmental steps are affected by the boundaries within the family system. There are some boundaries that can affect communication in the family positively or negatively, and these boundaries can be effective in the development of different communication patterns (Minuchin, 1974). These patterns could play a very important role within family.

The family boundaries is a concept grounded within the scope of Systemic Family Approaches and tried to be explained by various theorists. Salvador Minuchin, who made detailed explanations about the boundaries, is considered as the founder and also one of the important representatives of Structural Family Therapy (Vetere, 2001). Minuchin states that the family is a social system and consists of parts, the family can only be fully understood by understanding the relationships and boundaries that exist between these parts (Nazlı, 2014). Sub-systems are the relationship structures in which the family members have pairs or more individuals formed

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among themselves. "Structural Family Therapy", built on the family systems model, argues that boundaries regulate the closeness and intimacy between systems (Minuchin, 1974). According to Minuchin (1974), in order to the family to function in the most ideal way, the boundaries should be open, allowing the balance of relationship and autonomy. Besides, Minuchin talks about 3 different boundaries. These are clear (healthy) boundaries, enmeshed (diffuse) boundaries, and disengaged (rigid) boundaries. Clear boundaries are used to express what “should be” within the scope of structural family therapy, in other words “healthy” boundaries. Such boundaries that support autonomy within the system but at the same time a feeling of belonging to the system are important for the family structure to remain strong. In clear boundaries, as the name suggests, boundaries are quite clear, roles and rules are adopted and accepted by all members of the system. In systems with such boundaries, individuals have a much higher chance of differentiating their selves, and this is also supported by the system itself. Rigid boundaries are the boundaries that exist in broken systems. Subsystems with such boundaries or family system have little or no relationship with the outside. This situation may cause miscommunication and disconnection rather than conflicts. It can be said that in families with such boundaries, autonomy is very dominant and that domestic support emerges only in cases of extreme stress. Diffuse boundaries are permeable boundaries in which subsystems interfere with each other. In systems with diffuse boundaries, it is difficult to separate subsystems from each other, and therefore intertwining in relationships is very high. For this reason, diffuse boundaries can be considered as one of the boundaires types with more conflict (Minuchin, 1974; Nichols, 2013, Özabacı & Erkan, 2014). These boundaries within the family structure form the basis of the roles, rules, responsibilities and communication within the system. Boundaries can also be defined as "emotional barriers" that protect the integrity of the family structure and serve to expand the structure. As the literature demonstrates, it is seen that family boundaries can change in developmental periods and take new forms according to family structure and systems.

Boundaries are formed as a result of childhood experiences and family interactions and affect the relationships of the individual with others throughout their life. Undoubtedly, these boundaries can be made more functional with appropriate interventions and are frequently addressed in family system approaches (Minuchin, 1974). Although the structure in question is important, making it visible in the behaviors of individuals, in other words, being measurable may contribute to field studies. In this study, a scale was developed that aims to reveal how young adults in the family system perceive the boundaries in the system. Relationship models and patterns of family members and how they perceive these patterns are important both in Structural Family Therapy and other family-based approaches. It is thought that the scale developed from the study in question will contribute to the studies on the solution of communication problems in the family and the healthy differentiation from the family, which is one of the developmental tasks of the young adulthood, from a systemic perspective.

Method

Research Model

This research is a scale development study that aims to measure the family boundaries perceived by young adults in a statistically reliable way. In the scale development process; one of the approaches based on subject responses, the scaling approach through graduated sums was used, which places the individuals in a different place on the scale based on the responses of the respondent to the items and is the responder-centered (Tezbaşaran, 2004). Creating items pool, focused group meetings, getting experts opinion, conducting analyzes then determination of validity/reliability were stages of scale development.

Study Group

The study group consists of two separate groups of young adults aged from 18 to 30. The first study group was formed for exploratory factor analysis. The data was collected from a second study group in order to perform confirmatory factor analysis to verify g the final scale form.

The exploratory factor analysis study group consists of 384 participants. 16 of the 384 data obtained were excluded from the data set because they did not match the age group considered within the scope of the study. The age distribution of the remaining 368 participants was as follows; 7 (1.9%) at the of 18, 22 (6%) at the of 19, 55 (14.9%) at the of 20, 51 (13.9%) at the of 21, 47 (12.8%) at the of 22, 38 (10.3%) at the of 23, 30 (8.2%) at the of 24, 39 (10.6%) at the of 25, 33 (9%) at the of 26, 25 (6.8%) at the of 27, 11 (3%) at the of

28, 7 (1.9%) at the of 29 and 3 (0.8%) at the age of 30. 298 (81%) of the participants were women, 68 (% 18.5) of them were men, 2 participants (0.5%) did not indicate gender. In terms of educational status, 320 (87%) of the participants continue their education at the undergraduate level, 43 (11.7) at the graduate level and 5 (1.4%) at the doctoral level. Finally, 300 of the participants (81.5%) live with their families, while 68 (18.5%) of them live separately.

Table 1. Age Distribution of EFA and CFA Groups

Age	EFA Group	CFA Group
18	1.9	2.8
19	6	2.92
20	14.9	11.87
21	13.9	10.62
22	12.8	11.25
23	10.3	14.17
24	8.2	13.54
25	10.6	11.46
26	9	8.96
27	6.8	5.42
28	3	5.82
29	1.9	--
30	0.8	1.67

CFA group consists of 480 participants. The age distribution for the CFA group is as follows; 11 (2.30%) at the of 18, 14 (2.92%) at the of 19, 57 (11.87%) at the of 20, 51 (10.62%) at the of 21, 54 (11.25%) at the of 22, 68 (14.17%) at the of 23, 65 (13.54%) at the of 24, 55 (11.46%) at the of 25, 43 (8.96%) at the of 26, 26 (5.42%) at the of 27, 28 (5.82%) at the of 28 and 8 (1.67%) participants at the age of 30. 297 (61.8%) of the participants were women, 180 (% 37.5) of them were men, 3 participants (0.7%) did not indicate gender.

Size of study group for CFA which focusing on whether the structure discovered with EFA is verified on a different independent group, and also directed towards collecting additional reliability and validity evidence, is greater than the recommended criterion (Tabachnick & Fidel; 2013). While there is no univariate outlier after the assumptions are tested; 10 observations were not included in this analysis due to multivariate outliers (X_2 (26; 0.001) = 54.05); CFA was performed with the remaining 470 observations.

Scale Development Process

For the scale development study which aiming to develop a measurement tool for the family boundaries perceived by young adults, the relevant literature was examined in detail first. Studies conducted in recent years on family boundaries, which have been highly emphasized in structural family therapy, and the theoretical basis of structural family therapy (Minuchin, 1974; Vetere, 2001) was discussed.

After the relevant literature was examined, an item pool was created. While creating the item pool, interviews were made with 4 different experts working in the field of family and couple therapy, apart from the literature. In the interview, a number of questions prepared by the researchers were directed to the experts. The interviews were recorded with the permission of the experts, and the audio recordings were re-examined and new items were added to the item pool by the researchers. The written items were discussed in the focus group discussions held once a week for 4 weeks by a team of 7 experts, and the necessary revisions were made before the expert opinion form.

Based on the literature review, expert interviews and focus group discussions, an expert opinion form consisting of 65 items was created. The expert opinion forms were sent to 12 different experts and feedback was received from 10 different experts. While the feedbacks were made on the basis of "Relevance" and "Openness", each item was evaluated as "4: Very Relevant-Very Clear" "1: Not Relevant at all – Not Clear at all". After receiving feedbacks from experts, content validity rates were calculated separately for each item. Davis Technique (1992) was used while calculating the content validity rates. Then, based on the minimum values (0.80) of the content validity rates at the p = 0.05 significance level (Ayre & Scally, 2014), the

researchers decided to exclude the 10 items below this value from the trial form. In addition, 14 items were revised in terms of language. After the scope validity ratio calculations and revisions, the trial form was created with the remaining 51 items. The items in the trial form were graded as 5-point Likert-type "Completely True", "True", "Undecided", "False" "Completely False".

The trial form was transferred to the online environment and submitted to individuals aged between 18-28. Analyzes were conducted on the data collected from 368 people in total.

Obtaining Data

Participation in the study was based on volunteerism. Each item in the created trial form was transferred to a digital platform by the researchers, and it was shared by the researchers to collect data on this platform. Applications took 15-20 minutes for EFA and 10-15 minutes for CFA.

Data Analysis

Within the scope of validity studies in data analysis; for construct validity, exploratory factor analysis, for convergent and divergent validity, confirmatory factor analysis was used to give information about the relationship between the factor and the items under it.

Cronbach Alpha reliability determination method (for both study groups used in the study) and combining reliability (only for the CFA study group within the scope of the study) were used in the reliability analysis. As suggested in the context of this study, the unified reliability (CR) value was calculated based on the findings obtained from the CFA result. Unified reliability is used to measure the general reliability of similar expressions (Raykov, 1998).

The data were analyzed with SPSS 22 statistic package program. In order to reveal the structure of the scale under development, exploratory factor analysis was conducted. Factor analysis is a multivariate statistical method that transforms different variables that are related to each other in fewer numbers, around a specific theme and independent from each other (Büyüköztürk, 2014). Before starting the exploratory factor analysis, the missing data problem with multivariate statistical numbers, discarding single and multivariate outliers, factoring of R, multicollinearity problem, assumptions of independence of errors were tested on the data set.

368 observations obtained from the study conducted with the trial form of the scale were analyzed. First of all, no missing data was found in the data set. For univariate outliers, items with a Z value between -3 and +3 were examined and no univariate outliers were found. For multivariate outliers, Mahalanobis distances for the items were calculated. Based on the chi-square critical value (Tabachnick & Fidell, 2013), the 20 observations above the value of X^2 (51; 0.001) = 87.96 were excluded from the data set because they were multivarite outliers.

For the multicollinearity problem, VIF and tolerance values were examined. The VIF values for each item were less than 5 and the tolerance values were greater than 0.20. In this case, it is understood that there is no multicollinearity problem in the data set (Tabachnick & Fidell, 2013). KMO (Kaiser Meyer Olkin) coefficient was calculated in order to understand whether the obtained data can be factored or not. The KMO coefficient being close to 1 indicates that the data set can be factored (Büyüköztürk, 2014). KMO coefficient was obtained as 0.83 for the data set analyzed within the scope of the study. In addition, Barlett Sphericity Test results were significant (X^2 = 7522,47; p <.01).

As a result of the analyzes carried out, the total correlations of the items in the scale, factor loads, common variance of factors, internal consistency coefficients and factor loads after rotation were obtained.

After factors were explored with EFA and the factor loadings were obtained, the construct validity of the scale was tested with Confirmatory Factor Analysis (CFA). Before proceeding to the confirmatory factor analysis multivariate statistics assumptions which are the missing data problem, the elimination of single and multivariate outliers, the multicollinearity problem, and the assumptions of independence of errors were tested on the data set.

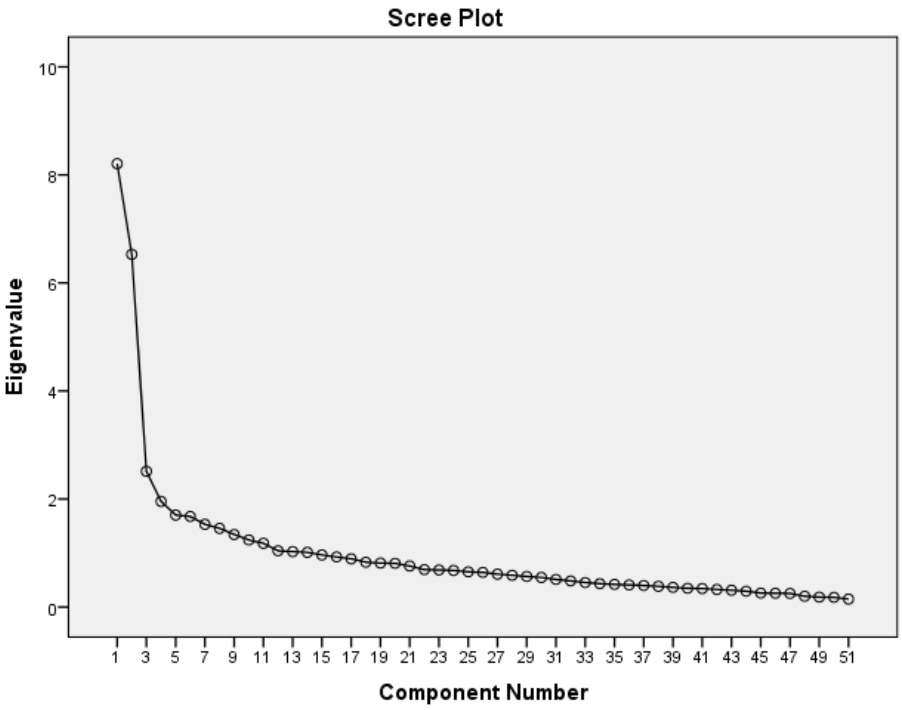
When the assumptions were tested, it was seen that there was no missing data or single outlier in the data set. In the calculation of multiple outliers, the 10 observations above the critical value (X^2 (26; 0.001) = 54.05)

were removed from the data set. In addition, it has been determined that there is no multicollinearity problem in the data set.

Findings

As a result of the factor analysis carried out in the first stage, after reaching the conclusion that the data set is factorable, a structure with 14 factors which explains 63.55% of the total variance was reached. Then the scree-plot chart was examined and it was, as suggested in scree-plot chart, decided to limit the number of factors to 3.

Figure 1. Scree Plot Graphic



Within the scope of the analysis carried out in the second stage, the number of factors was limited to 3. The 3-factor structure explains 33% of the total variance. Subsequently, 25 items with a factor load of less than 0.45 were excluded from the analysis (Çokluk et al., 2014; Tabachnick & Fidell, 2013). The exploratory factor analysis was conducted with the remaining items.

As a result of the factor analysis performed again in the third stage, it was seen that the structure explained 43% of the total variance. In addition, it was found that one item was not loaded under any factor. This item was removed from the analysis and factor analysis was repeated.

As a result of the fourth exploratory factor analysis, it was concluded that the 3-factor structure explained 44% of the total variance. It is considered sufficient for scale development studies in social sciences that scale explains between 40% and 60% of total variance (Scherer, Wiebe Luther & Adams, 1988). Cronbach alfa score for “Independence” subscale was found to be .87, for “Rules” subscales was .78 and for “Privacy” subscales was .64. The results obtained are given in Table 1.

Table 1. Factor Loads, Explained Variance Ratios, Eigenvalues, Communalities and Cronbach Alpha Coefficients Regarding the Perceived Family Boundaries in Young Adults Scale

Item	Communalities	Factor 1 Independence	Factor 2 Rules	Factor 3 Privacy
43	.722	.838		
39	.623	.756		
7	.539	.725		
44	.596	.700		
28	.490	.694		
5	.455	.659		
38	.533	.592		
40	.318	.556		
42	.399	.554		
14	.361	.534		
9	.282	.498		
19	.542		.702	
2	.494		.696	
47	.398		.621	
37	.400		.611	
3	.386		.601	
15	.504		.588	
30	.330		.558	
1	.357		.536	
16	.307		.492	
41	.249		.478	
6	.248		.474	
34	.639			.788
35	.556			.722
36	.480			.675
33	.343			.503
Explained Variance		%20.099	%16.370	%7.959
Eigenvalues		5.226	4.256	2.069
Cronbach Alfa		.87	.78	.64

After the factor loadings were determined, the construct validity of the scale was tested with Confirmatory Factor Analysis (CFA). A total of 480 observations were obtained for CFA. After these observations were passed through multivariate normality tests, 10 observations were removed from the data set because there were multivariate outliers and CFA was applied to the remaining observations. Since the fit indices were not at the desired level in the first CFA analysis, the modifications proposed by the LISREL program (Schreiber, Nora, Stage, Barlow, & King, 2006) were examined by the researchers and modifications were applied among the items in the same sub factors. The model did not need to be reconstructed since the modifications bring the fit indices to the desired level. It was observed that some of the fit indices of the model obtained after the modifications were good fit and some of them were among acceptable values (Bentler & Bonnet, 1980; Hu & Bentler, 1998; Hu & Bentler, 1999). Values for fit indices are given in Table 2.

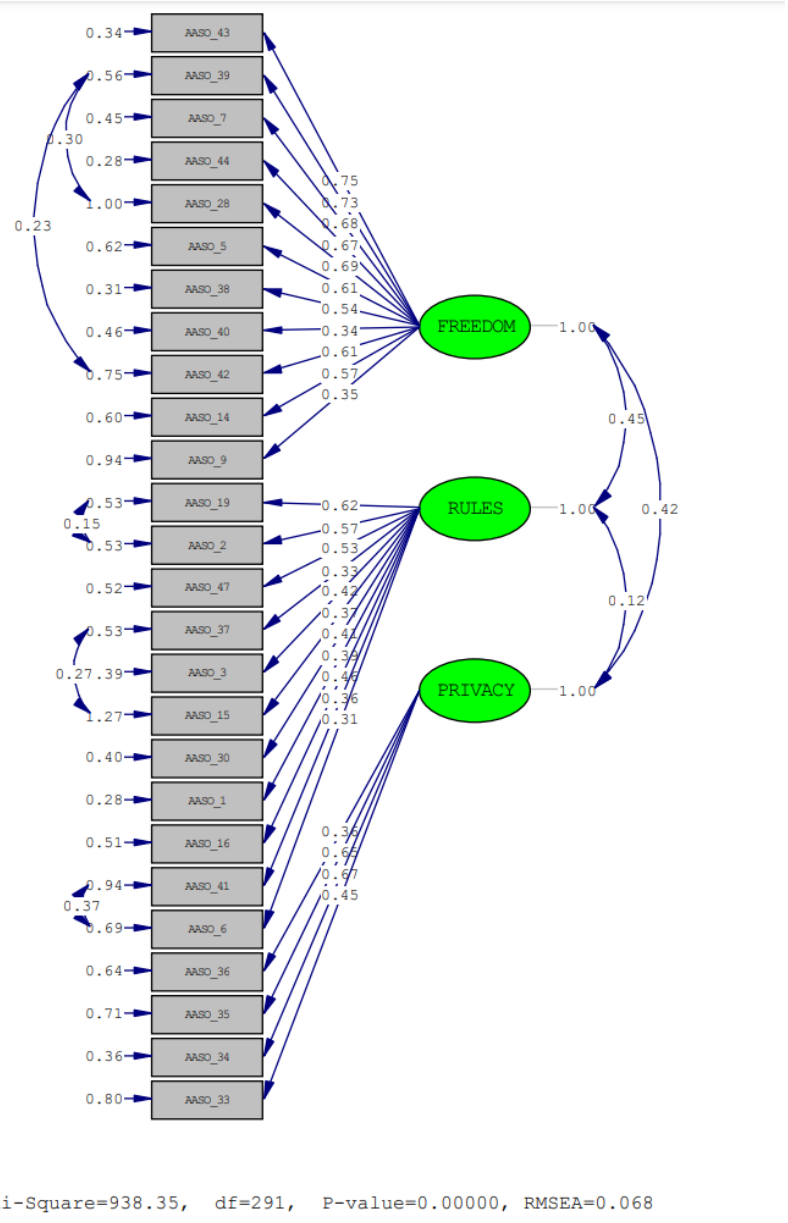
Table 2. Fit Indices Regarding the Scale of Perceived Family Boundaries in Young Adults

Model	Chi-square	Cs/df	NNFI	NFI	CFI	RMSEA
Three Factor Model	938,35	3,22	0,93	0,91	0,93	0,07
Criteria		<5	>0,90	>0,90	>0,90	<0,08

All of the fit indices obtained, show that the measurement model for the structure determined as a result of the exploratory factor analysis is within acceptable limits. This finding is presented as additional evidence for construct validity. In addition, convergent validity, divergent validity and CR values were also calculated in this study based on the findings of confirmatory factor analysis obtained. Convergent and divergent validity conditions (Fornell and Larcker, 1981) were examined for construct validity. For convergent validity, AVE (Avarage Variance Explained), CR (Composite Reliability) values for the scale were calculated. The results obtained show that the CR values of the scale are greater than the AVE and meet the convergent validity conditions. In addition, MSV (Maximum Shared Variance) and ASV (Avarage Shared Variance) values for the scale were calculated for divergent validity. From the sub factors, MSV value for Freedom was .20 ASV value was .18, MSV value for the Rules sub factor was .20 ASV value was .10, and MSV value for Privacy sub factor was .17 and ASV value was .09. It was observed that the MSV and ASV values, which are the conditions for divergent validity, were lower than the AVE value, and the scale was found to meet the divergent validity conditions. As a result of the calculations performed, it can be said that the scale has construct validity.

The measurement model for the scale developed after analyzes and validity calculations is as in Figure 2.

Figure 2. Measurement Model for Perceived Family Boundaries in Young Adults Scale



The modifications applied in the measurement model were made between the 39th item and 28th and 42nd items, between the 19th and 2nd items, between the 37th and 15th items, and finally between the 41st and the 6th items. When these items were examined, it was seen that the modified items belong to the same sub-factors and measure similar structures. For example; Item 39, *"I can easily open private issues about myself to my family."* with the item 28 *"When I have a romantic relationship, I can easily share it with my mother / father."* and item 42, *"I can directly share my disappointments with my family members."* statements measure the same structure. For this reason, modifications can be made between error variances. In addition, the statement of the 19th item *"It is important for me to be with my family at meals"* and the 2nd item *"It is important for my family to be together at meals"* measure similar structures. Likewise, item 37 *"If I am going to come home late, I have to inform my family."* with the statement of 15th item, *"Home entry times are determined."* expressions measure similar structures within the same sub-factor. Finally, item 41 *"My family wants to meet with my friend's family."* And item 6 "*My family wants to know my friends*." overlaps on the same structure. It is seen that the applied modifications were made between similar structures under the same sub-factors.

Results, Discussion and Suggestions

Psychotherapy approaches have basically gone through three different periods in the last century. These periods are; the psychoanalytic model in which Sigmund Freud explains the source of the problems on the internal processes of individuals, later on the communication model that emerged with the World War II and finally the organismic model in which the systemic perspective was affected (Levenson, 1972). According to the organismic model, it is not correct to deal with individuals and their problems alone because each individual is also a part of a system. In other words, neither should focus only on internal processes as Freud said, nor should problems be taken only through bilateral relations, as the communication model suggests, it is important to deal with the whole system in which the individual is located. Salvador Minuchin's Structural Family Therapy model suggests that understanding the boundaries and communication patterns within the system is the main goal and only in this way to help to system (Minuchin, 1974).

The aim of this study is to develop a statistically valid and reliable measurement tool that enables to measure how young adults perceive the boundaries within the family system. In order to develop the scale, an item pool of 64 items was created and examined by experts. The examined items were tested in terms of content and appearance validity. Observations were collected with the 51-item form created after expert opinions. According to EFA results, the scale has 3 sub-factors and explains 43% of the total variance. This resulting structure was tested by CFA. The validity of the resulting structure has been verified by validity calculations. High scores obtained from the developed scale indicate that perceived family boundaries are clear (healthy), low scores indicate that perceived boundaries are rigid boundaries.

Subscales of the study were named as follow; independence, rules and privacy. Subscales were named in this way because items which loads under certain factor explained a specific family dynamic. These family dynamics were mentioned in different family therapy approaches such as Minuchin's Structural Family Therapy, Bowen's Intergenerational Approach and Don Jackson's Mental Research Institute. Independence subscale explains freedom and dependency of subsystems within the family. Rules subscale explains that if rules are flexible within the family system and are able to modify themselves. Privacy subscale explains that if subsystems of family give enough space to each other or not. When correlations between subscales examined, it's seem that there are significant ($p<0.01$) and positive correlations. Correlation between independence and rules subscales found to be .45 while correlation between independence and privacy is .42 and finally correlation between rules and privacy is .12. It is expected that subscales to have significant positive yet weak correlations since they're different part of same structure. Strong correlations between subscales, otherwise, cause multicollinearity problem (Büyüköztürk, 2007).

Minuchin (1974) suggest that it's possible and more appropriate to act proactively to create healthy family structures. While doing that therapist should pay attention to structure, subsystems and boundaries (Connel, 2010). Boundaries are the rules which manage the members of the family system to how they act and join within the family structure. Based on structural family therapy view, it seems crucial to have healthy boundaries in order to have healthy communication and roles. This scale development study gives us a

perception on how young adult within the family system perceive these boundaries. This perception gives therapists a wider area to work with during the sessions. Also, it's thought that having the perception on how the members perceive boundaries within the family system is really important key point to start discussion about change. As it is known, structural change is main goal of the structural family therapy. According to Colapinto (2019) each boundary and functionality of the boundaries should be diagnosed, after that therapist should carefully consider each of these boundaries to work with family in better way. This scale aims to help therapist to determine to tendency of the perceived boundaries so as Colapinto mention that they could carefully work with the family and its members.

It is very important for counselors who work in the field of family therapy to obtain information about family system correctly. When the relevant literature is examined, it is seen that there is no measurement tool to measure how the family boundaries are perceived. It is thought that this scale developed will be helpful especially for field practitioners. This tools, also, could be using in the family research field. Further studies with all family members or subsystems will give clearer idea about how these boundaries actually affect to system itself and communication within the system.

The study conducted is only a scale development study on how young adults perceive family boundaries. In future studies, researchers can work on different measurement tools that will cover the entire family system. Another limitation of this study was it was conducted with simple sampling method, future studies could use different sampling method to create study groups. Also further researches can focus on qualitative studies.

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Conflicts of Interest: Authors declare no conflict of interest for this study.

Data Availability: Data is available upon request from the corresponding author.

Ethics Approval and Consent to Participate: Authors declared that study carried out within ethical scope. Participants were given informed consent form and were volunteer to participate to study. Ethic committee approval was obtained from Mersin University Social and Human Sciences Ethic Committee (29/12/2020-039).

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