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# SELF-MONITORING AND FAMILY ENVIRONMENTS

A Thesis  
Presented for the  
Master of Science  
Degree  
The University of Tennessee, Knoxville

Janet Krantz  
May 1996

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## DEDICATION

This thesis is dedicated to

Alvin G. Burstein, Ph.D.

my Mentor

and

the light on the path to my dreams.

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### Abstract

This study investigates the relationship between self-monitoring behavior and alcoholic and normal family environments. Little research has focused on the impact of an alcoholic family environment on self-monitoring behavior (Ross, 1992; Snyder & Gangestad, 1986).

Subjects (n=208) were obtained through undergraduate and graduate psychology classes. Snyder's Self-Monitoring Scale was used to assess individual levels of self-monitoring with demographic items added to identify subjects reared in alcoholic family environments and subjects reared in normal family environments.

The research hypothesis was that those individuals reportedly reared in alcoholic environments will have, on average, a higher degree self-monitoring behavior than those reared in normal environments.

The data were examined using a One-Way ANOVA and, post hoc, factor analyses. The results did not support the research hypothesis. The implications of this failure are discussed.

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## 1. Introduction

Psychologists have been intrigued with the question of how and why people react in particular ways to specific social situations; the question is an important one. Are such reactions the result of deliberate conscious strategies, or might they result, at least in part, from less conscious sources? One concept that relates to the relationship between environment and behavior is the construct of self-monitoring (Snyder, 1987).

First, one must clarify what is meant by self-monitoring behavior---and by the terms frequently associated/substituted/confused with self-monitoring behavior. At times, the terms self-regulation, self-awareness, self-evaluation, self-reinforcement, self-control and self-monitoring are used interchangeably. While it is likely that these constructs are inter-related, they can be quantifiably separate entities and individually measured. Many of these constructs have been studied in a effort to define better the component parts of an individual self-concept, a construct in which self-monitoring plays a role in combination with other constructs (Markus & Nurius, 1984).

Self-regulation is the ability to be regulated by one's own "needs, desires, goals, knowledge, skills, and expectations" (Markus & Nurius, 1984). Self-awareness is the awareness of one's private self or internal state (Markus & Nurius, 1984). Self-evaluation is one's ability to realistically evaluate one's strengths and weakness. Self-reinforcement is the act of rewarding oneself following goal attainment and punishing

oneself for failing to attain a goal (Carver & Scheier, 1981). Self-control is the ability to control, or not control, impulses in a flexible and productive manner.

While self-monitoring shares certain characteristics with the above constructs, the focus of this study is self-monitoring defined by Snyder & Ickes (1985), as one's active attempt, in a social setting, to construct a pattern of social behavior appropriate to that particular context. A similar definition is "a measure of how concerned an individual is about the image he or she conveys to others" (Wortman & Loftus, 1988). While not unambiguous, the terms "active" and "concerned" in the above definitions seem to imply "consciously active" and "consciously concerned".

The social psychological definition of self-monitoring can be distinguished from a behavioral/clinical definition of the term. Clinically, self-monitoring behavior is understood as when the "client assumes the primary responsibility for assessing the problem behavior" (Nevid, Rathus, & Greene, 1994), a characteristic specific to therapy situations and lacking the broad implications of Snyder's concept.

Snyder's concept of self-monitoring is very closely related to another construct in personality research literature usually referred to as *traitedness*: "the degree to which a particular trait structure is approximated in a given person" (Tellegen, 1991). Such individuals tend to be very consistent in their behavior across situations (have one or more strong, persistent, enduring traits). Individuals low in *traitedness* are characterized by behavior that varies situation to situation. It is

Snyder's claim that such individuals (low traited people) are high self-monitors and conversely, high traited people are low self-monitors.

How self-monitoring behavior develops in an individual has long puzzled researchers. Ross (1992) indicates that research has failed to connect self-monitoring behavior to one's social class, economic status, geographic origin or religion and that one's environment tends to enhance rather than cause the development of self-monitoring behavior (p. 157). Instead, he argues for the genetic contribution of an individual's predisposition to relate to certain social environments in a specific manner (Ross, 1992). Snyder supports the idea that self-monitoring behavior has a genetic component, citing Gangestad's (1984) studies indicating a 95 percent concordance rate for all presumed identical twins and a 99 percent concordance rate for identical twins determined by blood type in contrast to fraternal twins with a 74 percent concordance rate and random pairs with a 55 percent concordance rate (Snyder, 1987). While twin studies appear to indicate a significant genetic link in the construct, Snyder prefers to talk about a strong genetic predisposition for self-monitoring behavior in infants which is then influenced by their developmental environment rather than a simple cause and effect relationship (Snyder, 1987). Snyder (1987) suggests that biological-genetic and environmental-socialization influences work together to create self-monitoring behavior in individuals. "Social circumstances and life experiences that bring out diverging self-monitoring orientations may be ones toward which people gravitate precisely because of their

self-monitoring predisposition" (Snyder, 1987).

Despite a plethora of studies relating self-monitoring behavior to various personality traits (need for approval, exploitation, extraversion) and social situations (romantic relationships, sexual relationships, friendships and general social skills) no research was found which explores the impact of an alcoholic family environment on self-monitoring behavior ( Ross, 1992; Snyder & Gangestad, 1986). This study addresses the question of whether self-monitoring behavior defined as one's active attempt, in a social setting, to construct a pattern of social behavior appropriate to that particular context (Snyder & Ickes, 1985), is related specifically to normal vs. alcoholic early family environments.

If one asks the question of the relationship of family environments to self-monitoring behavior, one must look for potential developmental links between an individual's psychological development in an alcoholic family and the development of self-monitoring skills. Erikson's (1963) eight stages of personality focusing on psychosocial stages of development can serve as a theoretical template for this discussion. While literature on alcoholic families utilizes all eight stages in Erikson's theory (Robinson, 1989), Snyder's theory does not map exactly on to the same stages; this discussion will focus on those areas of development common to Erikson, the alcoholic literature (Robinson, 1989), and Snyder's suggestions as to how self-monitoring behavior might develop (Snyder, 1987).

In infancy, Erikson's trust-mistrust stage, the psychosocial

development of the child points to the importance of the trusting foundation on which childhood development rests (Wortman & Loftus, 1988). Cermak (1989) discusses the importance of the development of basic trust which is "largely dependent on our parents' ability to respond to our needs with consistency and accuracy" (p. 46) and their (the parents') ability to "focus their attention according to the infant's schedule more than their own" (p. 46).

Literature on the alcoholic family consistently refers to the chaotic atmosphere (Braithewaite & Devine, 1993; Sheridan & Green, 1993; Havey & Dodd, 1993) where the development of trust is critically impaired. Brown (1988) states that "chaos is one of the most prominent features" of alcoholic families, where "defensive adaptation and efforts at coping often successfully mask the chaotic reality" (p. 49). Self-monitoring skills may be useful in such a chaotic and threatening environment to assist emotional survival. The potential outcome of cumulative untrustworthiness and chaotic family environment may precipitate an individual's need to foster skills which allow him/her to attend to minute and quickly shifting social cues for self-preservation. In the absence of the parental ability to focus attention on the infant rather than alcoholic pursuits, infants "learn to adapt their needs as much as possible to the random availability of care" (Cermak, 1989).

Snyder suggests that infants and toddlers, born with a genetic predisposition to self-monitoring behavior, may exhibit pre-self-monitoring behavior in the way they develop speech. "Referential"

infants and toddlers develop a language system for conveying information about world events utilizing a large vocabulary of nouns. These infants may develop into low self-monitoring individuals who are less sensitive to the social context of a situation. In contrast, "expressive" infants and toddlers, who may develop into high-self-monitoring adults, develop a language system as "a social vehicle for capturing the attention of others" (Snyder, 1987). If this is the case, then children deprived of parental attention due to the adult's alcoholic behavior may find it necessary to develop a means of attracting necessary attention and engage in high self-monitoring behavior.

According to Erikson, it is in the early childhood stage that children "struggle with the conflict between initiative and guilt" (Robinson, 1989). During this stage children learn right from wrong and must begin to adhere to society's rules. This stage is marked by increased individual responsibility, yet is also a time of imagination, fantasy, and fairy tales making the distinction between reality and fantasy both important and problematic.

The inability to separate truth from fiction becomes confused in the alcoholic family where children are told events did not occur which they have witnessed. For example, "Daddy isn't drunk, he's just sleepy". Many children find it necessary to decrease the cognitive dissonance of the alcoholic family situation through whatever means available.

Snyder suggests this early childhood stage may be a time when the child begins to identify with a parent's self-monitoring style. Children

may choose playmates based on self-monitoring similarities. (Snyder, 1987). The alcoholic family may provide poor examples of reality testing or social appropriateness requiring the child to look elsewhere for such support. This may be why high self-monitoring children appear to gravitate toward high self-monitoring peers.

In Erikson's middle childhood stage children struggle with industry versus inferiority, where success comes when the child feels productive and competent; failure leads to feelings of inadequacy. Mastery of industry is found through recognition from others of one's accomplishments (Robinson, 1989). If parents are consistently too distracted by their alcoholic agendas to focus on their children's accomplishments or to provide models for success, the child may begin to doubt his/her own self-worth.

Snyder describes the middle childhood stage as one during which a child may become invested in image control and a sense of how they are perceived by others. In order to control one's image, one must first know how they are perceived. This may also be a time when the child's perception of others shifts from concrete descriptions of behavior to a more abstract perception of their personalities--and those abstract perceptions may grow more accurate (Snyder, 1987). Perhaps a child with high self-monitoring tendencies develops this skill to create the perception for others that there is nothing wrong in the home; their family is just like their friends' families. It becomes increasingly important to do well at school and extracurricular activities in order to boost the self-

esteem that is under steady attack at home. It may be important to not appear different from their peer group and so the chameleon-like adaptability to a broader and changeable social environment is fostered.

Adolescence is a critical phase in childhood development. According to Erikson, success at this stage is dependent on the successful resolution of previous stage conflicts. The struggle between identity and role confusion is daunting for the youngster in a normal family. It involves the development of a sense of self while defining an "outlook on life that is acceptable to both the teenager and society" (Robinson, 1989). There must be a compromise between what the adolescent believes of him/herself and what society wants him/her to be. This task is complicated for those individuals raised in alcoholic families. "Lacking the inward resources to affirm their own worth, they become approval seekers...constantly change(ing) their values to gain the affirmation of others or lose their identity in another person altogether" (Robinson, 1989).

Snyder suggests self-monitoring behavior in adolescence may result in high self-monitoring adolescents refining their skills of adaptation to different reference groups in order to decrease the role confusion of this period. Low self-monitoring adolescents may resolve similar conflicts by articulating those ideas which permit them to identify with peers and parents (Snyder, 1987). It seems plausible that adolescents from alcoholic environments would consciously or unconsciously attempt to enhance those social skills which would allow



them to blend in with the social climate of the moment in order to gain personal validation and to not draw attention to the alcoholic family system.

While much of the literature addresses the negative impact alcoholic environments have on the developing child, it would be oversimplifying to characterize self-monitoring behavior as a totally negative consequence of the alcoholic environment. Image management, a positive component of self-monitoring behavior, is enhanced by vigilance to social cues (Snyder, 1987). The very notion that individuals may be able to develop self-monitoring skills as a result of what many would label a seriously dysfunctional environment is a testimony to the survival effectiveness of the construct. Children who do not develop self-monitoring skills, whether they be high or low self-monitoring skills, may not fair as well as adults as those who do develop these skills.

Sheridan and Green (1993) reviewed several studies on adult children of alcoholics (ACOA) and found the following aspects of self-identity to be problematic for this population generally; lower levels of self-definition and self-awareness, and a greater tendency to be other-focused in terms of self-evaluation and individual behavior. Garbarino and Strange (1993) cites studies indicating college age ACOA's display greater career indecision, self-depreciation and substance abuse. It is not much of a leap to see where matching one's behavioral responses to the prevailing social environment would fit nicely in to the ACOA's survival kit and potentially provide positive outcomes in social and

business endeavors. In fact, studies have been conducted to attempt to identify those factors which allow children to leave alcoholic homes virtually unscathed. Those ACOA's found to be coping well were seen as affectionate children of at least average intelligence with good expressive skills (Braithwaite & Devine, 1993)---which may be a direct link to the expressive component of self-monitoring behavior.

#### Problem Statement

While several studies have been conducted relating self-monitoring behavior to personality traits and various social situations, no studies have been found linking self-monitoring behavior to family environments. This study explores the possibility that self-monitoring behavior is a function of the family environment; that the presence of alcoholism in a family system results in higher self-monitoring behavior in the offspring of that family.

#### Research Hypothesis

The hypothesis of this study is that those individuals reared in alcoholic environments will exhibit, on average, significantly higher self-monitoring scores on the Self-Monitoring Scale than those individuals reared in a normal family environment.

#### Operational Definitions

The dependent variable used in this study is Snyder's Self-Monitoring Scale (see Appendix) except for Snyder's items 11, 13, and

14 (Snyder & Gangestad, 1986).<sup>1</sup> These three items are double-barreled items and have been split into a total of six items. The revised item descriptions are discussed in the Instruments section.

As previously stated, self-monitoring behavior is defined as one's active attempt, in a social setting, to construct a pattern of social behavior appropriate to that particular context (Snyder, 1987). Operationally, self-monitoring behavior (SMS) was measured by items 1 through 21 of the instrument (see Appendix).

The definition of a "normal" family includes any or all of the following: one in which one or two parents were in the home, there was financial security, though not necessarily wealth, and the parental figures provided an atmosphere of love, support and acceptance of the children. It is understood that "normal" is a difficult psychological concept to define and that the definition "normal" can assume many meanings. Operationally, normality (N) of the family environment was measured by items 26 through 30 of the experimental instrument. Normality was defined by the endorsement of any item 26 through 30 and the absence of endorsement of alcoholic items 31 through 40 or psychiatric items 26 through 30.

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<sup>1</sup>From "On the nature of self-monitoring: matters of assessment, matters of validity," by M. Snyder and S. Gangestad, 1986, Journal of Personality and Social Psychology, 51, 125-139. Reprinted with permission.

The definition of an alcoholic family includes any or all of the following: one or both parents drank or used drugs excessively without admitting they had a problem with substance abuse, one or both parents were admitted alcoholics/substance abusers but did not seek treatment, or one or both parents were admitted alcoholics/substance abusers who sought treatment and were recovering alcoholics/substance abusers. Alcoholic environments were measured by items 31 through 40 of the experimental instrument. Alcoholic families (A) were defined by the selection of any item 31 through 40 and the absence of endorsement of psychiatric items 26 through 30 (see Appendix). The time frame subjects used in characterizing their family was infancy through high school.

#### Assumption

While the operational definition of a "normal" family environment used in this study fits accepted parameters of "normal" and has face validity, these specific criteria have not been used in previous studies. It is assumed that the family history items accurately reflected the normal or alcoholic nature of the subject's family of origin.

## 2. Method

### Subjects

Subjects for this study were comprised of graduate students enrolled in Counselor Education/Counseling Psychology and undergraduates in general psychology courses; two hundred and eight (208) subjects were solicited. The subjects' mean age was 23.48 years. The subjects' gender were 68.6 percent female and 31.4 percent male. The subjects' race were 87.1 percent Caucasian, 9.3 percent African American, .7 percent Native American, .7 percent Latino/Hispanic, and 2.1 percent Asian. The subjects' college year levels were 8.7 percent sophomore, 36.2 percent junior, 32.6 percent senior and 22.5 percent graduate. The designated subject pool was chosen based on the likelihood of a reasonable distribution of relevant variables and availability of subjects. Previous research supports the relevance of using a college sample (Havey & Dodd, 1993). There were one hundred and seven (107) subjects in the normal family environment group and thirty-four (34) subjects in the alcoholic family environment group.

### Instrument

The instrument for this study was Snyder's Self-Monitoring Scale (Snyder & Gangestad, 1986 ) which was renamed a Self-Awareness Scale in order to minimize the demand characteristics of the instrument name, augmented with the addition of family history and demographic items (see Appendix). Permission for the use of Snyder's scale was obtained from the author. Items 11, 13, and 14 of Snyder's scale were

modified because they are double barreled questions potentially addressing two different attitudes which could yield different responses if separated. Snyder's item 11, "I would not change my opinions (or the way I do things) in order to please someone or win their favor" was altered on the research instrument to become item 11, "I would not change my opinions in order to please someone or win their favor" and item 14, "I would not change the way I do things in order to please someone else or win their favor".

Snyder's item 13, "I have never been good at games like charades or improvisational acting" was altered on the research instrument to become item 13, "I have never been good at improvisational acting" and item 15, "I have never been good at games like charades."

Snyder's item 14, "I have trouble changing my behavior to suit different people and situations" was altered on the research instrument to become item 16, "I have trouble changing my behavior to suit different people" and item 17, "I have trouble changing my behavior to accommodate different situations."

Items 1 through 21 of the research instrument are the self-monitoring items. Items 22 through 25 were designed to identify subjects from "normal" families, items 26 through 30 were designed to identify subjects from psychiatrically dysfunctional families, and items 31 through 40 were designed to identify subjects from alcoholic environments. Additional demographic information of age, sex, race and college class rank was requested to determine if these variables correlate significantly

with self-monitoring behavior.

The dependent variable of this study is the level of self-monitoring behavior. The independent variables, normal family environments and alcoholic family environments, are indexed by the identification items. Individuals identified as being from both alcoholic and psychiatrically dysfunctional families were eliminated from the study. All instruments with missing values were deleted from the study.

Snyder (1974) reports the Self-Monitoring Scale internal consistency reliability as .70 and the test-retest reliability as .83 at one month intervals (Snyder, 1974; Snyder & Gangestad, 1982; Snyder, 1987). In addition, Snyder and Gangestad (1986) report "significant relationships between the Self-Monitoring Scale and behavioral criterion variables" (p. 216). Snyder (1987) states, "the Self-Monitoring Scale and the self-monitoring construct itself have been demonstrated to possess considerable construct validity" (p. 171).

### Procedure

The research instrument was administered in classroom settings during class time; administration and debriefing took fifteen to twenty minutes. Subjects were provided a cover sheet containing the Informed Consent information (see Appendix). Subjects were instructed to keep their Informed Consent statement so they could contact the researcher for project results at a later date. This page served to cover subject responses as they took the instrument. The title page (see Appendix) remained attached to the instrument to protect subject responses as the

instrument was collected. The instruments were distributed and collected from subjects randomly to avoid subject identification. Return of the completed instrument to the researcher constituted the subject's informed consent to participate in the study. Two hundred and eight (208) instruments were distributed and returned.

#### Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS). Cronbach's alpha and inter-item reliability coefficients were used to quantify the reliability of the self-monitoring scale. A One-Way ANOVA was used to determine if there was a significant difference in the means of the two groups, i. e., a difference in the self-monitoring scale scores in normal versus alcoholic families.

A post-hoc factor analysis was employed to assess if a pure factor for self-monitoring existed and, if so, might the pure factor show a significant difference in the two groups in a One-Way ANOVA.



### 3. Results

#### Reliability Results

Subjects with a family history of psychiatric disorder, as identified by the instrument, and instruments with missing values were excluded from the study resulting in a sample of one hundred and forty-one (n=141).

The reliability analysis of the twenty-one (21) self-monitoring items from one hundred and forty-one (n=141) subjects revealed a scale mean of 11.00. The coefficient alpha was .78. The descriptive statistics for these items are reported in Table A-1a. The corrected item-total correlations for these items are reported in Table A-1b.<sup>2</sup>

#### Experimental Results

The One-Way ANOVA comparing the mean scores on the Self-Monitoring scale with the normal and alcoholic groups revealed no significant difference at or beyond the five percent (5%) level of statistical significance. The results are reported in Table 2.

A post-hoc factor analysis was done in an attempt to identify a pure factor which would then be used in a One-Way ANOVA. The initial rotated factor matrix resulted in seven (7) factors. The results are reported in Table 3. Based on eigenvalues of 1.0 or more that accounted for thirty-seven percent (37%) of the variance, it was deemed appropriate to re-run the factor analysis and force all items into three (3) factors. The

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<sup>2</sup> Corrected item total correlation is the correlation of any one scale item with the other twenty scale items.

Table 1

1a. Instrument descriptive statistics


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| Scale                 | N   | Scale<br>Mean | Item<br>Means | Alpha |
|-----------------------|-----|---------------|---------------|-------|
| <hr/>                 |     |               |               |       |
| Self-Monitoring Scale | 141 | 11.00         | .52           | .78   |

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1b. Corrected item-total correlations of self-monitoringSelf-Monitoring


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|              |     |     |     |     |     |     |     |     |     |     |     |
|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Item Number  | 1   | 2   | 3   | 4   | 5   | 6   | 7   | 8   | 9   | 10  | 11  |
| Correlations | .30 | .27 | .22 | .44 | .46 | .51 | .31 | .29 | .01 | .33 | .26 |
| <br>         |     |     |     |     |     |     |     |     |     |     |     |
| Item Number  | 12  | 13  | 14  | 15  | 16  | 17  | 18  | 19  | 20  | 21  |     |
| Correlations | .46 | .45 | .30 | .40 | .47 | .35 | .42 | .07 | .28 | .29 |     |

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Table 2

One-way ANOVA self-monitoring scale by normal and alcohol environments

| Source         | D.F. | Sum of Squares | Mean Squares | F Ratio |
|----------------|------|----------------|--------------|---------|
| Between Groups | 1    | .55            | .55          | .03     |
| Within Groups  | 139  | 2392.45        | 17.21        |         |
| Total          | 140  | 2392.99        |              |         |

  

|                        | Count | Mean  | Standard Deviation | Standard Error |
|------------------------|-------|-------|--------------------|----------------|
| Normal Environments    | 107   | 10.97 | 4.14               | .40            |
| Alcoholic Environments | 34    | 11.12 | 4.18               | .72            |
| Total                  | 141   | 11.00 | 4.13               | .35            |

Note: No significant difference,  $p < .05$ .

Table 3

Factor analysis: No restriction on number of factors

| Rotated Factor Matrix: |          |          |          |          |          |          |          |          |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                        | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Factor 5 | Factor 6 | Factor 7 | Factor 8 |
| SMS12                  | .66506   | .00006   | .26611   | .13097   | .07245   | -.02127  | -.04336  | .29791   |
| SMS6                   | .65266   | .10572   | .21470   | .37634   | .08739   | -.20807  | .03768   | -.08909  |
| SMS13                  | .63453   | .14123   | -.05326  | .34617   | .01982   | -.03975  | .16664   | -.29900  |
| SMS4                   | .58955   | -.07698  | .09886   | .10074   | .27067   | .41927   | -.02326  | -.27320  |
| SMS20                  | .55913   | .08468   | -.08176  | -.05880  | -.26307  | .32339   | .18415   | -.14414  |
| SMS14                  | -.03085  | .81411   | .13904   | -.03010  | -.05230  | .14625   | .09515   | -.07707  |
| SMS16                  | .05317   | .60413   | .39431   | .13170   | .35451   | -.02994  | .03859   | .05847   |
| SMS11                  | .03875   | .56683   | -.00866  | .09830   | -.07416  | -.29703  | .52869   | -.19743  |
| SMS17                  | .38898   | .49191   | .10859   | -.16571  | .26089   | -.11571  | -.13776  | .28230   |
| SMS15                  | .36573   | .48299   | -.20668  | .14443   | .06637   | .30700   | -.03926  | .26078   |
| SMS8                   | .08550   | .03434   | .81732   | .07828   | -.08824  | .02249   | .01676   | -.01312  |
| SMS10                  | .06219   | .18411   | .70834   | -.03095  | .02132   | .07209   | .09981   | -.06447  |
| SMS5                   | .29760   | -.05464  | .39287   | .31613   | -.02517  | .36226   | .20643   | .10844   |

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Table 3 continued

| Rotated Factor Matrix: |          |          |          |          |          |          |          |          |
|------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                        | Factor 1 | Factor 2 | Factor 3 | Factor 4 | Factor 5 | Factor 6 | Factor 7 | Factor 8 |
| SMS7                   | .14574   | .01970   | .01515   | .81424   | .03790   | .05094   | -.07209  | .05856   |
| SMS18                  | .17641   | .02455   | .07663   | .71502   | .14634   | .18310   | .09788   | .07120   |
| SMS19                  | -.04281  | -.06583  | -.15509  | .12847   | .80299   | -.06069  | .04085   | -.05381  |
| SMS1                   | .12659   | .19849   | .06977   | .02995   | .57384   | .10932   | .13910   | .11518   |
| SMS3                   | -.02163  | .08287   | .09358   | .13780   | .01483   | .80068   | -.00060  | -.00656  |
| SMS2                   | -.00760  | .03025   | .06476   | .09991   | .21846   | .01344   | .78919   | .14054   |
| SMS21                  | .31171   | .07959   | .25830   | -.30807  | -.03787  | .18474   | .52068   | .04412   |
| SMS9                   | -.11056  | .00419   | -.06498  | .11093   | .04592   | -.00915  | .12373   | .84693   |

Self-Monitoring

results are reported in Table 4. The rotated factor loading of 3.0 or higher was consistent with criteria established in previous studies (Lennox, 1988). The remaining four (4) factors were not statistically significant from the primary three (3) to be considered separate factors. Based on the second factor analysis rotated factor matrix it was determined that SMS items 4, 5, 6, 7, 12, 13, and 18 were most likely measuring the self-monitoring construct. A second dependent variable (Fact1), comprised of the above items, was then introduced to the One-Way ANOVA and scores for normal and alcoholic environments compared, again revealing, no significant difference at or beyond the five percent (5%) level of statistical significance. The actual means were 2.69 and 2.79 for the normal and alcoholic groups, respectively. The results are reported in Table 5.

Table 4

Factor analysis: Number of factors restricted to three

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Rotated Factor Matrix:

|       | Factor 1 | Factor 2 | Factor 3 |
|-------|----------|----------|----------|
| SMS4  | .68990   | -.02238  | .15698   |
| SMS6  | .65687   | .21821   | .04032   |
| SMS13 | .64476   | .12506   | .08120   |
| SMS18 | .62092   | .09193   | -.29071  |
| SMS7  | .58902   | -.02474  | -.35098  |
| SMS12 | .57599   | .19412   | .05521   |
| SMS5  | .57037   | .13698   | .19171   |
| SMS20 | .43454   | .00079   | .39260   |
| SMS15 | .37169   | .35107   | -.15185  |
| SMS3  | .33840   | -.00159  | .13414   |
| SMS16 | .15968   | .72857   | -.04193  |
| SMS14 | -.03008  | .65831   | .21099   |
| SMS11 | -.04861  | .59784   | .11199   |
| SMS17 | .13988   | .55260   | -.06476  |
| SMS2  | .08915   | .43050   | -.08738  |
| SMS1  | .20449   | .42638   | -.27150  |
| SMS19 | .10565   | .15194   | -.58359  |
| SMS8  | .22576   | .26039   | .46154   |
| SMS9  | -.07471  | .21052   | -.43949  |
| SMS21 | .13941   | .35423   | .43510   |
| SMS10 | .15267   | .39506   | .43200   |

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Table 5

One-way ANOVA Fact1 by normal and alcohol environments

| Source         | D.F. | Sum of Squares | Mean Squares | F Ratio |
|----------------|------|----------------|--------------|---------|
| Between Groups | 1    | .27            | .27          | .06     |
| Within Groups  | 139  | 652.38         | 4.69         |         |
| Total          | 140  | 652.65         |              |         |

  

|                       | Count | Mean | Standard Deviation | Standard Error |
|-----------------------|-------|------|--------------------|----------------|
| Normal Environment    | 107   | 2.69 | 2.13               | .21            |
| Alcoholic Environment | 34    | 2.79 | 2.28               | .39            |
| Total                 | 141   | 2.72 | 2.16               | .18            |

Note: No significant difference,  $p < .05$ .



#### 4. Discussion

The results of this study do not support the research hypothesis that individuals who report being raised in an alcoholic environment would earn higher self-monitoring scores than those individuals who report being raised in a normal environment. Two categories of problems may explain why the research hypothesis was not confirmed: methodology concerns and theory concerns.

##### Methodology Concerns

First, it is possible that Snyder's Self-Monitoring Scale does not optimally measure self-monitoring behavior. The scale's coefficient alpha was significant, but not robust, at .78. The corrected item-total correlations ranged from .01 to .51. Item 2, "At parties and social gatherings, I do not attempt to do or say things that others will like." ( $r=.27$ ), item 3, "I can only argue for ideas which I already believe" ( $r=.22$ ), item 8, "In different situations and with different people, I often act like very different persons" ( $r=.29$ ), item 9, "I am not particularly good at making other people like me" ( $r=.01$ ), item 11, "I would not change my opinions in order to please someone or win their favor" ( $r=.26$ ), item 19, "I feel a bit awkward in public and do not show up quite as well as I should" ( $r=.07$ ), item 20, "I can look anyone in the eye and tell a lie with a straight face (if for a right end)" ( $r=.28$ ) and item 21, "I may deceive people by being friendly when I really dislike them" ( $r=.29$ ) had corrected item-total correlations suggesting that these items may not be assessing the same construct as the other nine scale items. It is possible these items are

more representative of self-awareness than self-monitoring behavior. Refinement of these scale items may be helpful in the overall analysis.

Items comprising FACT1 (items 4, 5, 6, 7, 12, 13, 18) appear to be addressing an individual's acting ability. Snyder believes stage acting is closely related to social acting and the image management component of self-monitoring behavior (Snyder, 1987). This may not be accurate.

Lennox (1988) quoting Briggs, Cheek, and Buss (1980) states

"(Briggs et al.) objected to the use of theatrical-entertainment items, noting that the process of self-presentation in everyday social interactions differs in fundamental ways from the portrayal of a character in a dramatic performance, and fault Snyder for relying too heavily on the life-as-theater metaphor in this explanation of social behavior" (p. 63).

Several researchers have taken issue with Snyder's self-monitoring scale while supporting the theory of self-monitoring (Briggs et al, 1980; Dillard, J. P. & Hunter, J. E. , 1989; Gabrenya, W. K. & Arkin, R. M. , 1980; Lennox, R. D. & Wolfe, R. N. 1984). Lennox and Wolfe (1984) state "the total score on Snyder's (1974) scale tends to defy interpretation; it is impossible to determine what the scale as a whole might be measuring" (p. 1350). Dillard and Hunter (1989) recommend suspension of the Snyder self-monitoring scale altogether, favoring instead the Lennox and Wolfe (1984) revised scale that "exhibits good conceptual fit with a slightly altered self-monitoring construct, as well as strong psychometric properties" (p. 126).

Lennox (1988) argues that Snyder's self-monitoring scale is not unidimensional. Lennox (1988) suggests the scale "contains two distinct types of items"; assertive and passive items (p. 65). He asserts that the core of the self-monitoring construct is self-presentation and that a self-presentation model offers explanation for the multi-dimensionality of Snyder's scale.

Lennox (1988) suggests Arkin's (1981) theory that self-presentation utilizes two distinctive styles, i. e., the protective style used to avoid disapproval and which has been associated with social anxiety, reticence and conformity and the acquisitive style which promotes favorable treatment in unfamiliar situations through accumulated social approval, or acquisitive self-monitoring, may more accurately reflect the "two faces of self-monitoring" (p. 65). Lennox (1988) proposes that "two separate tracks of self-monitoring be considered independently" (p. 71), i. e., one track relating to the protective style and the other relating to the acquisitive style.

If self-monitoring is a multi-dimensional construct derivation of self-presentation, as Lennox (1988) and Dillard and Hunter (1989) suggests, perhaps it would be more useful to identify the protective component of self-monitoring and attempt to identify a relationship between protective self-monitoring and family environments.

Second, college ACOA's have already achieved some degree of academic success, despite a negative family environment (Havey & Dodd, 1993). This may suggest there is a compensatory

behavioral mechanism at work which warrants investigation.

Third, it may be that the subjects' retrospective account of their family environmental history is inaccurate; it is possible that the identification variables used do not accurately assess an alcoholic family twenty years after the fact. It might well be that a Likert type item assessing the degree of alcoholism in the family of origin would have provided a more robust measure.

Fourth, the operational definition of a "normal" family may be too limited--or not limited enough. It might be that a more robust operational measure of normal family background could be developed.

#### Theory Concerns

The independent variables in this study were normal and alcoholic family environments. However, chaos within the alcoholic environment was assumed to be the linking variable contributing to the increased likelihood of high self-monitoring adults. It is possible that if a measure of the degree of family chaos had been the independent variable that a different result might have been obtained.

Using chaos as a linking variable might be taken to mean that the only important difference in self-monitoring between normal and alcoholic family environments is chaos and that may not be the case. Other variables in the environment, which were not controlled for, might contribute more to the development of self-monitoring behavior.

Literature suggests that alcoholism and self-monitoring behavior each have a genetic component, albeit predispositional (Snyder, 1987;

Sarason & Sarason, 1989). If not likely, it is possible that the genetic basis of self-monitoring behavior is biologically incompatible with the genetic basis of alcoholism.

There has been an ongoing discussion in Snyder's writings as to whether self-monitoring behavior is trait or state in nature (Snyder, 1987). Snyder's position that high self-monitoring people will be low in traitedness involves a degree of internal contradiction with respect to the trait of self-monitoring. If individuals are low in traitedness, in general, then why should one expect the self-monitoring trait be consistent? Therefore, self-monitoring may be more state than trait.

Finally, it is possible that there simply is no relationship between self-monitoring behavior and family environments.

### 5. Implications for Future Research

It is this researcher's belief that this pilot study has explored an interesting question as to the developmental/environmental origin of self-monitoring behavior. It is suggested that the items in all areas of this instrument be refined and the sample size for the demographic groups expanded in order to further investigate the possibility of a relationship between self-monitoring behavior and family environments, especially in the context of additional linking factors and more robust measures of family history.

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## APPENDIX

**SELF-AWARENESS and FAMILY ENVIRONMENTS  
INFORMED CONSENT STATEMENT**

**PLEASE READ BEFORE BEGINNING SURVEY**

The purpose of this study, Self-Awareness and Family Environments, is for the Thesis investigation of Janet Krantz. It is designed to seek information about the impact of various family environments on individual levels of self-awareness. All forty questions are True/False and involve marking the response that most closely reflects your view. Completing the survey should take no longer than ten to fifteen minutes.

Participation in this study is entirely voluntary; there are no gratuities or penalties for participation. You may STOP completing the survey to withdraw from the study. Only grouped data will be reported so that anonymity is assured; no individual scores will be reported.

Completed surveys will be stored in a locked cabinet in 108 Claxton Building. Survey responses will be used to complete the present Thesis research, however, stored anonymous data may be used at a later date in an extended study by the primary researcher or by the faculty of Counselor Education and Counseling Psychology.

Please detach this document from the survey, use it as a Cover Sheet for your responses and keep it for future reference.

**Your return of this survey will constitute your informed consent to participate in this study.**

**Do not put your name on the cover sheet or survey.**

Results of this study may be obtained from:

Janet Krantz  
108 Claxton Bldg.  
Knoxville, Tn., 37996-3400  
615-974-5131  
Krantz@utkvm1.utk.edu

This study has been reviewed by the Office of Research Administration and deemed Exempt from Review--IRB# 4744A.

## **SELF-AWARENESS SCALE**

**Janet Krantz  
Counselor Education/Counseling Psychology  
108 Claxton Bldg.  
Knoxville, Tn., 37996-3400  
615-974-5131  
Krantz@utkvm1.utk.edu**

**Please do not put your name on this survey.**

## Self-Awareness Scale

This study has been reviewed by the Office of Research Administrations and has been deemed Exempt from Review, IRB# 4744A

**DIRECTIONS:** Do not put your name on this scale. Please circle the response, True (T) or False (F), for each statement which best describes you. Please answer honestly; there are no right and wrong answers.

- |     |                                                                                               |   |   |
|-----|-----------------------------------------------------------------------------------------------|---|---|
| 1.  | I find it hard to imitate the behavior of other people.                                       | T | F |
| 2.  | At parties and social gatherings, I do not attempt to do or say things that others will like. | T | F |
| 3.  | I can only argue for ideas which I already believe.                                           | T | F |
| 4.  | I can make impromptu speeches even on topics about which I have almost no information.        | T | F |
| 5.  | I guess I put on a show to impress or entertain others.                                       | T | F |
| 6.  | I would probably make a good actor.                                                           | T | F |
| 7.  | In a group of people I am rarely the center of attention.                                     | T | F |
| 8.  | In different situations and with different people, I often act like very different persons.   | T | F |
| 9.  | I am not particularly good at making other people like me.                                    | T | F |
| 10. | I'm not always the person I appear to be.                                                     | T | F |

- |     |                                                                                            |   |   |
|-----|--------------------------------------------------------------------------------------------|---|---|
| 11. | I would not change my opinions in order to please someone or win their favor.              | T | F |
| 12. | I have considered being an entertainer.                                                    | T | F |
| 13. | I have never been good at improvisational acting.                                          | T | F |
| 14. | I would not change the way I do things in order to please someone else or win their favor. | T | F |
| 15. | I have never been good at games like charades.                                             | T | F |
| 16. | I have trouble changing my behavior to suit different people.                              | T | F |
| 17. | I have trouble changing my behavior to accommodate different situations.                   | T | F |
| 18. | At a party I let others keep the jokes and stories going.                                  | T | F |
| 19. | I feel a bit awkward in public and do not show up quite as well as I should.               | T | F |
| 20. | I can look anyone in the eye and tell a lie with a straight face (if for a right end).     | T | F |
| 21. | I may deceive people by being friendly when I really dislike them.                         | T | F |
| 22. | My family of origin was financially secure.                                                | T | F |
| 23. | While I was young, I lived with one of my parents.                                         | T | F |
| 24. | While I was young, I lived with both of my parents.                                        | T | F |

|     |                                                                                                                            | Self-Monitoring | 40 |
|-----|----------------------------------------------------------------------------------------------------------------------------|-----------------|----|
| 25. | When I was young my parents created an atmosphere of love and support.                                                     | T               | F  |
| 26. | One or both of my parents suffered from bipolar disorder.                                                                  | T               | F  |
| 27. | One or both of my parents suffered from major depression.                                                                  | T               | F  |
| 28. | One or both of my parents suffered from a major anxiety disorder.                                                          | T               | F  |
| 29. | One or both of my parents suffered from schizophrenia.                                                                     | T               | F  |
| 30. | One or both of my parents received psychiatric or psychological treatment for over 1 year.                                 | T               | F  |
| 31. | One or both of my parents had a problem with alcohol.                                                                      | T               | F  |
| 32. | One or both of my parents had a problem with prescription or illegal drugs.                                                | T               | F  |
| 33. | One or both of my parents had a significant problem with alcohol but were not involved in treatment.                       | T               | F  |
| 34. | One or both of my parents had a significant problem with prescription or illegal drugs but were not involved in treatment. | T               | F  |
| 35. | One or both of my parents had a significant problem with alcohol and were unsuccessfully involved in treatment.            | T               | F  |



- |     |                                                                                                                                       |   |   |
|-----|---------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 36. | One or both of my parents had a significant problem with prescription or illegal drugs and were unsuccessfully involved in treatment. | T | F |
| 37. | One or both of my parents had a significant problem with alcohol and were successfully involved in treatment.                         | T | F |
| 38. | One or both of my parents had a significant problem with prescription or illegal drugs and were successfully involved in treatment.   | T | F |
| 39. | My parents had no problem with alcohol.                                                                                               | T | F |
| 40. | My parents had no problem with prescription or illegal drugs.                                                                         | T | F |

Age\_\_\_\_\_ Sex\_\_\_\_\_ Race: circle one      Class Rank: circle one

|                  |           |
|------------------|-----------|
| Caucasian        | Freshman  |
| African-American | Sophomore |
| Native American  | Junior    |
| Latino/Hispanic  | Senior    |
| Oriental         | Graduate  |
| Other            |           |

## VITA

Janet Krantz was born in Washington, D.C. on May 14, 1954. She has spent her entire life in the Southeast with the past twenty years in East Tennessee. She began attending the University of Tennessee in 1980, pursuing a nursing degree. She completed her Undergraduate studies in 1992 with a Bachelor of Arts in Psychology. She began her graduate studies in Counselor Education and Counseling Psychology in January, 1994. She received her Master's Degree in Educational Psychology in May, 1996.

In the future, Ms. Krantz intends to pursue doctoral studies in psychology. Her professional goals include teaching, practice and research directed towards under-served populations. She is particularly interested in issues of dissociation, Dissociative Identity Disorder, adult survivors of sexual abuse and professional/legal/ethical concerns.