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A

FAMILY TEMPORAL ORGANIZATION AND CHILDREN'S AFFECT REGULATION: A QUANTITATIVE AND QUALITATIVE STUDY OF FAMILIES LIVING IN A NEW YORK CITY HOMELESS SHELTER

by

SKYE ALEXA COURTNEY WILSON

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2001

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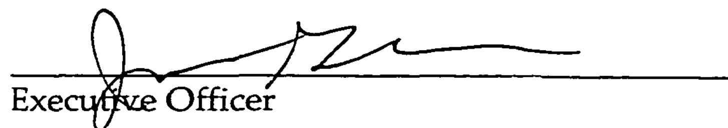
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ABSTRACT

Family Temporal Organization and Children's Affect Regulation: A Quantitative and Qualitative Study of Families Living in a New York City Homeless Shelter

by

Skye Alexa Courtney Wilson

Adviser: Peter Fraenkel, Ph.D.

This study examined the hypothesis that temporal organization of family life is associated with children's affect regulation in homeless families. Forty-seven families with children between ages three and twelve participated in this study, completing questionnaires about family time and routines, children's affect regulation, and child behavior problems. A subset of twenty-one families participated in interviews that inquired into family routines and children's affect regulation according to the parent. Two of these families were selected for qualitative analysis of themes that illuminated the hypothesis tested. Correlational analyses revealed statistically significant relationships between family temporal organization and children's affect regulation. No association was found between temporal organization and general child behavior problems. These findings confirm the hypothesis that a specific relationship exists between child affect regulation and family temporal organization rather than family temporal regulation having a broader association with child psychopathology.

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Qualitative analysis suggested child affect regulation may be most associated with family temporal patterns that are both structured and flexible. In addition, a parent's ability to focus on details of family schedules and child affective states may provide part of the link between affect regulation and temporal organization. Clinical applications of these findings are discussed.

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so much depends
upon

a red wheel
barrow

—*William Carlos Williams*
pediatrician, poet

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This dissertation is dedicated to Arthur S. Wilson, in recognition of his humor, love, and unfailing support despite so much, and to Carolyn Mason Jones Wilson, for her dedication, love, and talented vision. How happy she would have been.

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INTRODUCTION

The idea for this study grew out of a curiosity about how the rhythm of children's emotional life reflects the ebb and flow of daily family life, moment to moment and day to day. The broadest question asked is how internal life is shaped by the matrix of life's many influences, including family members' inner worlds as well as their routines. How does the environment that children live in bear a relationship to the development of their emotional selves? What happens when that environment is pushed into a position of importance because of the limitations imposed by poverty? A main intention of this study was to focus on the lives of poor families, because these families are often overlooked in psychological research and because how they meet their struggles has much to teach about how families' functioning and children's inner experiences are affected by adversity.

Overview and Significance of the Study

Informed by both psychoanalytic and family systems theory, this study brings together two key aspects of a family's functioning—the organization of family time and how that organization relates to the emotional functioning of the children—in a way not yet discussed in the literature. It examines this relationship in families living in a New York City homeless shelter.[1]

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[1] This study does not examine differences between homeless and housed families.

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Sheltered homelessness may be a unique vantage point from which to view the relationship between family time and child emotional functioning. Without the permanent boundaries of a home to define the families' physical identity, these families may need to rely even more upon the boundaries of a regular schedule and family routine to create a sense of regularity and predictability in their world. That is, predictability of events during shared family time, established by the daily structure of a schedule, may become a substitute for the lack of a consistent structure provided by permanent housing. While it is hypothesized that the degree of regularity in the temporal organization of families' lives relates to the degree of their children's affect regulation (a psychological concept relating to the internal management of feelings) in all families, this first test of this hypothesis examines this relationship within a group of families in which it may be more clearly revealed. In addition, if temporal regulation is indeed related to child affect regulation, this association would suggest an important intervention for encouraging the positive emotional development of children—namely, encouraging families to develop clear, regular schedules.

Both of these areas—time and affect regulation—have recently come to the forefront of investigation in the social sciences, but have also left much ground to cover. For example, whereas time's influence on families has become a recent topic of marked interest among sociologists (Daly, 1996; Hochschild,

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1997; Hochschild & Machung, 1989; Levine, 1997; McGrath & Kelly, 1986; Schor, 1991), limited work has been done to understand specifically the role of time in shaping the emotional life of families or their children (see, however, Fraenkel, 1994, and Fraenkel & Wilson, 2000, for an analysis of time factors in couples' emotional functioning). Additionally, affect regulation is just beginning to be understood empirically in the psychological literature (Fox, 1994), with few studies investigating how facets of family life may influence its course (Sroufe & Fleeson, 1988). It is also increasingly seen to be essential to psychological health (Greenspan, 1997; Pine, 1998).

Also, most studies of time and family life have been limited to middle-class families, typically analyzing how increasing work demands of middle-class jobs affect families' happiness (e.g., Galinsky, 1999; Hochschild, 1997; Hochschild & Machung, 1989). Virtually no research has investigated the qualitative aspects of family life in homeless families (see, however, Styron, Janoff-Bulman, & Davidson, 2000, about formerly homeless mothers' perspectives). This study is intended to contribute to the clinical psychology research literature on urban homeless families, which is an understudied and vulnerable population.

The Context of Welfare-to-Work Legislation

Participants in this study come from homeless families living in a nonemergency shelter in the South Bronx run by HELP USA, New York City's largest private family shelter provider. This population has come under recent

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scrutiny as the homeless in New York are just starting to be affected directly by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, also known as the welfare-reform act. This law dramatically changed eligibility for public assistance, requiring that recipients participate in work programs in exchange for benefits that would also have strict time limits. The larger study from which these data were drawn was begun in connection with the development of a family-based welfare-to-work support program, a program intended to ease the transition from welfare dependency to successful employment. This transition has not gone well for welfare recipients in regular work programs so far. For example, one study found more than 70 percent of participants in state-sponsored welfare-to-work programs had lost their first job within twelve months (Vice President's Welfare-to-Work Coalition, 1999). Concerns about their children, such as the adequacy of childcare and worry about the impact of parental absence on children once parents return to work, are considered to be powerful factors in parents' capacity or willingness to move off welfare and maintain employment (Wilson, Ellwood, Brooks-Gunn, 1995).

Although the focus of the research described in this dissertation is not directly on welfare-to-work issues, one of the ideas behind the larger study from which these data are taken is that a family's time regulation and the children's affect regulation are two variables that may influence welfare-dependent and formerly welfare-dependent parents' capacity to maintain employment. First, it

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is hypothesized that a regular temporal pattern at home will accommodate and support the parent's going to work. Second, a child's ability to successfully regulate affect at home and at school is hypothesized to play an important role in a parent's being able to focus successfully on a job. For example, behavior related to dysregulated affect in the child is likely to interfere with a parent's ability to work by making the parent respond to frequent demands from the school or child and by causing the parent to worry about the child's emotional health. Parents of disruptive children are often tracked down by school officials insisting that they pick up their children from the school because of misbehavior in the classroom. Also, if dysregulation on either side of this equation is left unattended to, it is possible that, if there exists a relationship between the two, temporal dysregulation and affect dysregulation may form a mutually reinforcing vicious circle (Wachtel, 1977, 1993), each exacerbating the other, that could significantly interfere with a parent successfully getting and keeping a job. It could also reduce the possibilities for positive, transmutative experience as a vicious circle takes hold and worsens conditions overall in the family (Wachtel, 1977, 1993).

Applied Clinical Aspects of This Research

Demonstrating that the rhythm of family life reliably correlates with children's affect-regulating abilities could provide clinicians with a minimally intrusive tool for assessing what kind of parenting environment is in place in a

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family. A temporal assessment of family time and routines can be seen as a more "objective"-seeming, less potentially judgmental approach to parents. It allows the clinician to approach topics that parents often have difficulty describing or feel somewhat defensive about—parenting and children's emotional functioning—as well as provides a jumping-off point for a nuanced discussion of a particular family's life. It could also provide a concrete intervention to begin a process of change. Family temporal organization could thus be seen as a kind of "marker variable" of affect regulation (P. Fraenkel, personal communication, September 15, 1998).

Applied Programmatic Aspects of This Research

The findings about family and child functioning from this study will also help to refine a preventive, psychoeducational intervention for homeless and formerly homeless families participating in welfare-to-work programs affiliated with the larger study. The intervention is conducted in homeless shelters as a Multiple Family Discussion Group (MFDG), which brings together four to seven families for eight sessions. This program is currently implemented by the Ackerman Institute for the Family and HELP USA. The subjects for the present study participated in this program following participation in the research. The aim of the support program is to improve parents' ability to engage in and maintain employment by providing family-oriented mental-health support and

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parenting assistance as parents make the transition from welfare to work. The program is planned to be replicated both locally and nationally.

The MFDG is a systemic-intervention model developed initially for hospitalized psychotic patients and their families and is used increasingly in medical settings involving chronic illnesses and with families with an alcoholic member (Steinglass, 1998). It is unique in its group-treatment design because it brings families together to discuss issues in common and to do group exercises as directed by the MFDG leaders. These groups have been shown to reduce feelings of isolation in the families, to significantly influence medical outcomes for the patients in the groups, and to reorient families away from a preoccupation with the illness of the family member toward a healthier functioning family system (Steinglass, 1998).

An exercise for the MFDG resulting from this study could be to have each family describe their "typical day" and how a parent's return to work might alter this schedule. Parents could be encouraged to create a regular schedule with an understanding of its importance for their children's development as well as their own adjustment to changes caused by work. Through this more indirect approach of making informed changes to their typical day, families that appear to have particularly chaotic home environments may be able to improve emotional dynamics without more intensive psychological help that may not be available or sought. In theory, as families in the group implement schedule

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changes that provide more predictability and notice children's increased ability to regulate emotion, these changes would build on themselves, encouraging more awareness of this link and leading to further improved temporal and affect regulation, creating a positive cycle of change (Wachtel, 1977, 1993).

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REVIEW OF THE LITERATURE

The following will summarize relevant literature that informs this dissertation. First, research about time and its relationship to family life will be reviewed. An exploration of affect regulation will follow. Then will come an investigation of the theoretical basis for an intersection of these two areas, including a reflection on Winnicott's writings on the relationship between time and the development of an integrated self in children. Finally, there will be an exploration of some aspects of homelessness to elaborate the context of this dissertation.

Time and the Family

The Time Famine and Current Discourse About the Family and Time

In the face of increasing work hours, less leisure time, and technological changes that blur home and work boundaries, American society has voiced a loud complaint about the pace of life, making the topic of time increasingly popular. As part of the attempt to sort out this latest change, overall attention has shifted in focus on the effects of this harried lifestyle from the individual to the effects on the family. A major scholarly contribution to this discussion of time's impact on the family is *Families & Time: Keeping Pace in a Hurried Culture* (Daly, 1996).

Daly points out that until recently most discussion has centered on issues of quantity—essentially on how little time family members seem to have for each

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other and for themselves. The contemporary stereotype is of parents feeling desperate to find more time to spend with their children while each morning yelling at their children to hurry up and get ready so as not to make the parents late to work (Daly, 1996). There are numerous references to a "time famine" and people feeling "time poor" (i.e., Daly, 1996; Galinsky, 1996; Hochschild & Machung, 1989; Schor, 1991), especially as two-career couples[2] have become the norm, and people are experiencing an overall "speed up of work and family life" resulting in a feeling of tremendous strain at home (Hochschild & Machung, 1989, p. 9). Schor (1991) found that since the early 1970s there has been a one-third decrease in leisure time enjoyed by Americans and that the average employed individual is on the job an additional 163 hours a year, which is the equivalent of an extra month of work. The greatest change has been in women's lives; women are working the equivalent of 7.5 weeks per year more, whereas men's work schedules increased the equivalent of 2.5 weeks per year.

Because there is only a finite quantity of time in a day, other aspects of life are squeezed to make up the time spent at work, including the time spent with children. Economist Victor Fuchs found that between 1960 and 1986, the time parents could spend with their children dropped ten hours a week for whites and twelve hours a week for blacks (cited in Hochschild, 1997, and Schor, 1991). Children are now more frequently left alone, with up to one-third of children

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[2] Recent Bureau of Labor Statistics (1997) indicate that both partners work in more than half of all married couples, with a steady, significant increase in these numbers over the last few years.

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caring for themselves while their parents work (Schor, 1991). Women in two-career couples tend to carry much of the burden of work at home on top of their full-time jobs, predominantly taking responsibility for "the second shift" while their husbands have more leisure time and get more sleep than they do (Hochschild & Machung, 1989).

As distressing, and recognizable to many, as these statistics are, many of these observations of a hurried society have been focused on middle-class, two-parent, two-career families who are burdened by e-mails and cell phones impinging on their home life. However, poor families are also affected by the vast changes in the labor market resulting from technological and economic shifts, such as the large increase in low-paying service jobs catering to a twenty-four-hour society without a concomitant increase in support systems like health insurance and childcare (Chavez-Thompson, 1999; Seccombe, 2000; White & Rogers, 2000). Thus, whether the discourse over the time famine and the perceived acceleration of time applies to families of all socioeconomic backgrounds for the same reasons is doubtful. A detailed analysis of the effects on poor families is palpably missing.

Time's Meaning in Evaluating Family Life

Regardless of socioeconomic class, when one tries to move away from the research literature's emphasis on the quantification of family time to a broader conception of the family's temporal structure and its meaning, there is a much

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smaller body of work to guide investigation. Daly (1996) points out, "In the family literature, there has been considerable emphasis placed on documenting the changes in the number of hours that family members spend on various activities but considerably less effort committed to the exploration of the meanings of time for families" (p. 15).

Some of the efforts that have been made in this direction have focused on theory-based explanations of temporal variations between families (for example, Fraenkel, 1994; Kantor & Lehr, 1975; Reiss, 1981). According to these writers, how families allocate time exposes underlying dynamics in their relationships (Fraenkel, 1994; Fraenkel & Wilson, 2000). Revealing patterns include the balance of time in work versus at home, time together versus time apart, and time for shared activities versus time for individual pursuits (Fraenkel, 1994). Kantor and Lehr (1975) write, "In a very immediate sense, the way in which a family clocks its movements [regulates daily cycles of time] determines its members' access to affect, power and meaning. . . . It is no overstatement to suggest that a family's clocking patterns operationally reveal what the family considers most important" (pp. 85-86). These theorists suggest that daily temporal cycles provide a valid point of access into family dynamics, including illustration of who has power, how much closeness is wanted or allowed, and what kind of affect will occur among family members.

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Empirical Family Systems and Temporal Organization Research

Although interesting theory has emerged in this area to date, a limited amount of empirical research has been done on time and family functioning. One study (Ausloos, 1986) described researchers' observation of the experience of time in two types of poorly functioning families. This study concluded that in families characterized by rigid family rules, boundaries with the outside world were impermeable and there was almost no experience of change in the family. Observers felt time was arrested in these families. In families with chaotic interactions, in which boundaries with the outside world were open and there was an absence of stable rules, observers noted constant changes with no apparent effects on the family interaction style. Time in these families moved to the rhythm of constantly occurring events and appeared to investigators to be experienced by these family members as being unpredictable, almost arbitrary. Ausloos concludes that neither family type was able to alter its poor functioning because neither could use information effectively from outside itself. The experience of time, therefore, may be one clinical indication of the kind and degree of dysfunction affecting those families.

Based on clinical observation and some pilot research, Fraenkel (1994) hypothesizes that distressed couples are more likely to have difficulties than nondistressed ones in the temporal patterns in their relationship, revealing underlying struggles around closeness and power. He further proposes that

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marital distress or satisfaction is not reflected in any one set of temporal patterns—rather, that degree of satisfaction is linked to partners' construal of the meaning of the temporal patterns in their relationship and how similar their construal of that meaning is. For instance, a couple in which both partners prefer to spend weekend days catching up on housework and family obligations and seeing each other in the evening, and are able to do so, are likelier to be more satisfied with their marriage than a couple in which one partner would like to spend the day with the other but the other partner views weekends as time to spend with extended family.

Family time and routines

A subset of study about temporal organization of family life has concentrated specifically on family routines, which is also a focus for this research. In general, both flexibility and regularity in routines have been found to promote healthy functioning in families (Henry & Lovelace, 1995). McCubbin, Thompson, Pirner, & McCubbin (1988) found that parents who reported their family had predictable activities and routines and who valued these experiences as providing a sense of purpose and meaning of family togetherness, regularity, and predictability (called "rhythmic families" (McCubbin, Thompson, & McCubbin, 1996)) had significantly greater strengths in bonding, flexibility, hardiness, and coherence (McCubbin, Thompson, Pirner, & McCubbin, 1988, as cited in McCubbin, Thompson, & McCubbin, 1996). Also, rhythmic families had

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a significant association with family satisfaction, marital satisfaction, and child-development satisfaction, factors which were viewed as indicative of greater family adaptation (McCubbin, Thompson, Pirner, & McCubbin, 1988, as cited in McCubbin, Thompson, & McCubbin, 1996). It was suggested by Broderick (1990) that regularity in daily family routines allows families to both create a sense of continuity while decreasing how many decisions must be made in terms of routine matters, greatly facilitating daily life.

Positive effects of predictable, regular family routines have also been observed in individual family members. Adolescents in remarried households who experience regularity in family time and routines had significantly higher levels of satisfaction with the new household (Henry & Lovelace, 1995). Also, predominantly white, middle-class and upper-middle-class families with higher levels of meaningful routine and rituals felt their families were well-functioning, dependable, and loving. Adolescents in those same families had higher general self-esteem and identity integration (but not so if they felt they had to play a prescribed role in family rituals) (Fiese, 1992; Fiese & Kline, 1993). Wolin, Bennett, Noonan, and Teitelbaum (1980) found that distinct family rituals provide some protection to children in stressful childraising situations.

In terms of the negative effects of dysregulated homes, Radke-Yarrow, Richters, and Wilson (1988) found that negative affect between mother and child was higher in those coming from chaotic homes, as defined by disorganization

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and unpredictability in everyday living, than in homes that were characterized by organization and predictability. What is particularly compelling about this study is that this variable statistically accounted for the previously observed association between low socioeconomic status and expression of negative affect. Thus, unpredictability and disorganization seemed to be the mediating factor linking social class and negativity in mother-child dyads.

Brody and Flor (1997) investigated the link between family routines and child academic and psychosocial adjustment in rural, African-American families headed by single mothers. This study grew out of Young's (1970, 1974) ethnographic research of rural African-American single mothers that found these mothers attempted to create order and continuity for their children in order to protect them from the stresses of rural poverty. Young suggested that these childrearing practices were informed by their belief that this kind of home environment would assist their children in becoming self-reliant and "self-regulated" adults. Brody and Flor's study (1997) examined this concept of "self-regulation," which they defined as "the ability to set and to attain goals, to plan actions and to consider consequences, and to persevere" (p. 1001). These authors found an indirect positive relationship between family routines and child achievement (mediated through child self-regulation) and an indirect negative relationship between family routines and externalizing problems (defined as conduct and antisocial behavior) and internalizing problems (defined as

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depression). A direct link was found for boys for both of these variables: Boys who came from more routinized homes showed greater academic achievement and fewer internalizing problems.

Interestingly, these findings emerged regardless of maternal depressive symptomatology, which was contrary to the authors' hypothesis; thus, maternal depressiveness did not influence the level of family routines in this population. The authors suggested the chronic nature of the poverty of the families in their study may actually serve to buffer them from the extreme ends of depression. (However, McLoyd (1998) reviews research demonstrating that chronic conditions such as poverty are consistently associated with more harmful effects on children's socioemotional functioning than transient stressful events, such as temporary poverty (also McLoyd, 1990).)

Therefore, the above research indicates a number of positive effects of predictable, regular family routines on individual and family functioning. However, in one study of families with an insulin-dependent child, despite initial research showing that families that emphasized structuring activities, explicit planning, and clarity regarding rules and responsibilities had children who had better adjusted and adhered to their diabetic regimens (Hauser et al., 1991, cited in Jacobson et al., 1994), later research by these same investigators found that this level of family organization was unrelated to glycemic control over time and

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found that in fact it was more strongly influenced by the affective tone of families (Jacobson et al., 1994).

Routines and the Alcoholic Family

Peter Steinglass and his colleagues have studied alcoholic families extensively and have empirically analyzed family-systems factors in these troubled families, including looking at the quality of family routines. In their research, they developed a notion of family temperamental style, which is made of three properties: "(1) the family's typical energy level; (2) the family's preferred interactional distance; and (3) the family's characteristic behavioral range" (Steinglass, Bennett, Wolin, & Reiss, 1987, p. 54). These characteristics exert a regulatory function on all families, and when alcohol becomes involved, the question of the goodness-of-fit between the temperamental style of the family and the need for alcohol use is raised. The "alcoholic family" is one in which the temperamental style allows for alcohol to be worked into the family's daily functioning and create a stable although distressed system.

These researchers looked at family daily routines, such as sleep-wake cycles, mealtimes, and housekeeping, as key observable behaviors that reveal underlying family regulatory processes. Their perception of the meaning of routines is consistent with the view proposed in this study. They write:

> Routines are those background behaviors that provide structure and form to daily life. All families, no matter how chaotic, impose some order on

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> the pace and patterning of their day-to-day lives. . . . The way the family organizes its use of space in the home is, in effect, a projective representation of the structure of the family's internal environment. The use of time at home is a reflection of the degree of patterning (organization) in this environment. The family's use of space and time at home not only is clearly reflective of the qualitative characteristics of its internal environment but also serves as a window into the behavioral regulators of the constancy of this environment. (p. 63)

They also refer to daily routines as tending to be "unconscious phenomena" (p. 176).

Home observations of these families revealed that patterns of daily routines were significantly related to the drinking pattern of the identified alcoholic member. In other words, the way families managed daily events in their home was correlated with the drinking style of one of its members (stable wet, alternating between bingeing and dry periods, stable dry, with no category of drinking pattern demonstrating more dysfunction in these families than another). Thus, these families had found successful fits between family temperamental styles and the drinking pattern of the alcoholics. This research demonstrates at a family-systems level a relationship between the quality of family routines and a quality of the family behavior, in this case the style of drinking of one of its members. It does not suggest that the family's

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"temperamental style" causes the drinking style, however, but does propose they are mutually reinforcing.

Other research into temporal functioning in alcoholic families demonstrates how family routines can act as a protective factor in the transgenerational transmission of alcoholism. In Steinglass et al.'s research (1987) it was found that dinnertime was the routine most likely to be disrupted by alcoholism. Bennett and her colleagues (1987) found that sons of alcoholic fathers whose families of origin were able to maintain a regular family dinnertime were significantly less likely to have become alcoholics themselves (Bennett, Wolin, Reiss, & Teitelbaum, 1987). Hawkins (1997) also found that disrupted family routines in alcoholic families mediated the relationship between parental drinking and adult adjustment in the offspring.

In these studies family routines are looked at in relationship to a part of the family's functioning, and the preservation of these routines is shown to be related to child development (Bennett et al., 1987; Hawkins, 1997). Relatedly, this study suggests that the quality of family routines, a regulatory function as defined by Steinglass's work, is correlated with the regulation of affect in the children. The concept of affect regulation is explored below.

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Affect Regulation

Whereas the study of emotion has long been a focus in psychology, only in recent years has affect regulation become a major topic of interest (e.g., Cicchetti & Izard, 1995; Cummings & Davies, 1996; Dodge & Garber, 1991; Fox, 1994; Thompson, 1994; Walden & Smith, 1997). This shift comes at a time when emotion has come to be discussed less exclusively as a disorganizing, stressful experience and more as one that provides structure to the individual and is biologically adaptive (Thompson, 1994). Also, there is a growing appreciation of the specific role affect regulation has in human life. As Izard and Kobak (1991) explain, "Anything as powerful as emotion requires regulation" (p. 318).

The Role of Affect Regulation in Optimal Development and in Psychopathology

Successful affect regulation plays a positive role in development and its absence has a crucial role in pathology. Its acquisition is a major developmental task (Cole, Michel, & Teti, 1994; Eisenberg & Fabes, 1992), and its presence is considered one measure of mental health (Cole & Kaslow, 1988). Pine (1998) distinguishes between conflict-based and developmental pathology and considers the failure in affect modulation to be one of the main forms of developmental pathology. Greenspan (1997), who has written extensively about affect regulation, describes the ability to regulate emotions as "the first core process" (p. 71).

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Indeed, absence or impairment of affect-regulation abilities is common to many disorders of affect or thought (Cole, Michel, & Teti, 1994; Greenspan, 1997). Many clinical disorders include such affect-dysregulation characteristics as inappropriateness of affect, chronic worry or tension, blunting or avoidance of emotions, and unpredictable fluctuation of emotions (Cole et al., 1994). Cole and Kaslow (1988) describe depression as a "failure in the regulation of negative affect" (p. 311). In addition, affect dysregulation appears to involve the disruption of attention or social relations (Cole et al., 1994), which are problems that have far-reaching consequences in terms of children's development. These authors also point to research showing how dysregulated emotion plays a role in the relapse of clinical problems and how emotion regulation is an "implied goal of most treatment models," including pharmacotherapy (p. 79). Because some research to date implicates affect dysregulation in childhood depression (Cole & Kaslow, 1988), understanding the effects of affect regulation and the risks caused by dysregulation is an important agenda for research on the etiology and prevention of child mental-health problems (Cole, Michel, & Teti, 1994).

Affect Regulation as Distinct From Other Psychological Constructs

Many different constructs, such as coping, affect intensity, temperament, and excitability, have been used in the past to describe what is now typically encompassed by the concept of affect regulation, yet emotion researchers at this time tend to distinguish affect regulation from these other concepts. For

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example, Eisenberg and Fabes (1992) write that affect regulation has come to be seen as a process that modulates affect intensity, and whereas affect regulation and affect intensity are interdependent concepts, they are also distinct: Individuals differ in their levels of baseline arousability, as well as in their regulation of emotional arousal (Walden & Smith, 1997), but affect intensity and excitability are seen as different processes than the capacity for regulating or modulating one's emotions and their expression.

Similarly, discussions in psychological research about temperament and coping draw upon ideas related to but not synonymous with affect regulation (Underwood, 1997). For example, temperament, coping, and affect regulation all relate to the display of feelings as well as the to internal emotional environment; yet temperament is considered to be a physiologically based phenomenon (Chess & Thomas, 1996; Kagan, 1994), whereas affect regulation is considered to be a psychological process mediated by complex emotional and interpersonal factors (Underwood, 1997). In addition, affect regulation is in part concerned with the handling of feelings once they occur, whereas temperament does not address that process (Chess & Thomas, 1996), although they share the trait of both being descriptions of behavior involving intensity of reactions. Further, the research on coping suggests there is a direct correlation between management of a feeling and behavior; but in affect regulation this simple relationship is not posited to exist (Walden & Smith, 1997). The nature of affect regulation is that people

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adjust their responses to specific affects, whereas, according to Lazarus (1981), most stress and coping theories view coping mechanisms as generic responses to all stressful experiences (as cited in Westen, 1994). Additionally, coping is a more conscious, deliberate act, whereas affect regulation reflects an internal capacity for managing feelings as they arise, which is often outside of conscious control or thought (Fraenkel, personal communication, December 19, 2000).

Whereas there does exist some definitional overlap, the advantage of focusing on affect regulation instead of a biologically based attribute like temperament is it allows for evaluation of observable behavior, which eases its measurement. It is also considered to be influenced and therefore changeable by the social environment. In turn, this influence means affect regulation may be amenable to intervention. The affect regulation construct also allows for a discussion of unconscious as well as family systems factors influencing behavior, whereas focusing on a biologically determined construct such as temperament does not. Gottman, Katz, and Hooven (1997) propose that it may "eventually turn out that emotion regulation abilities are, to some extent, temperamental, but that, to a greater extent, we think that they are shaped by parents beginning in infancy" (p. 102).

Clinical Definitions of Affect Regulation

Although originally characterized as the demonstration of positive affect with a limited amount of negative affect, a well-developed capacity for affect

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regulation is now considered to be achieved by a balance between positive and negative emotions that are in relation to the surrounding circumstances (Walden & Smith, 1997). Overall, affect regulation is considered to be more of a question of quality than quantity; it is not how *much* one regulates affect but the range of responses an individual has access to that may be most promoting of mental health (Gross & Munoz, 1995). In fact, excessive "regulation" can result in constricted affect, which can relate to psychopathology. For example, if a child can manage feelings of anxiety caused by a social setting either by letting her needs be known to another child or by finding another child to play with or by taking a break from social interactions while she re-establishes her equilibrium, she is drawing on a variety of responses to make herself feel better in the moment. If her only response is to shut down emotionally in the face of anxiety and to not talk to anyone, in the long run this one-note response leaves her out of the social mix and prevents her from learning how to negotiate interpersonal conflict, even if on occasion this singular response proves useful to her.

Cole, Michel, & Teti (1994) provide a clinically helpful understanding of affect regulation. According to these authors, affect regulation entails several aspects: (1) *access to a full range of emotions*, which is necessary for optimal functioning; lack of access is characteristic of dysregulation or psychopathology. (For example, these authors believe depression is partly the inability to access positive affect as much as the dominance of feelings of hopelessness); (2) *the*

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modulation of intensity and duration of emotion, including experiencing intense emotions when appropriate; (3) *fluid transitions from one emotion state to another*, the opposite of which is characterized as lability—or abrupt, unexpected, frequent, or dramatic changes in emotion and mood; (4) *conformity with cultural display rules*, because there are cultural variations in affective expression; (5) *the ability to integrate dissimilar emotions*, such as feeling anger and sadness simultaneously. Lack of this ability is known as the psychological defense of splitting; (6) *the verbal regulation of emotion*, meaning the ability to think and talk about emotions; and (7) *the establishment of an observing ego*, to facilitate the ability to recognize one's emotional response and be able to reflect on it.

This study will look specifically at what is known in the literature as "downregulation" (Gottman, Katz, & Hooven, 1997). Although affect regulation by its nature implies both down- and upregulation (the ability to decrease and to increase one's emotional expression, respectively), most empirical studies thus far have looked only at downregulation. A key example is Gottman et al.'s extensive empirical work on affect regulation in children, which informs this study. However, downregulation is not about rigidly clamping down on intense, frequent emotional states. Cole et al. (1994) point out that *both* down- and upregulation reflect the ability "to respond emotionally and to attune one's emotional experience and expression to the ebb and flow of life's moment-to-

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moment situations" (p. 83). Successful downregulation is a sensitive response to the internal and interpersonal environment.

The Interpersonal and Social Context of Affect Regulation

Many researchers emphasize the role of the interpersonal and social context in the development of affect regulation (Cole & Kaslow, 1988; Cole et al., 1994; Fox, 1994; Schore, 1994; Shields & Cicchetti, 199; Thompson, 1994; Walden & Smith, 1997). In this view, affect regulation occurs in response to something, and its correspondence with the demands of that situation is one measure of how well someone regulates her or his feelings. In addition, effective affect regulation is a means to social success: As a result of successful regulation of emotion and action, the individual can be free to influence others (Cole et al., 1994; Walden & Smith, 1997).

Shields and Cicchetti (1997) define affect regulation as "the capacity to modulate one's emotional arousal such that an optimal level of engagement with one's environment is fostered" (p. 907). Katz and Gottman (1991) consider child affect regulation as "consisting of children's ability to (1) inhibit inappropriate behavior related to strong negative or positive affect, (2) self-soothe any physiological arousal the strong affect has induced, (3) focus attention, and (4) organize themselves for coordinated action in the service of an external goal" (p. 130). Interestingly, Katz and Gottman consider the early childhood years (i.e., four to five) and not the years of infancy as most vulnerable to disruption of

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affect regulation from environmental stressors, because of increased interpersonal demands of peer relationships.

Acquisition

Cole et al. (1994) explain that a limited amount is known about the specific mechanism for acquisition of self-regulatory skills (see also Cummings & Davies, 1996). In general, it begins in the first few months of life when the mother and infant are primarily involved in the modulation of the infant's affect, state, and arousal (Kopp, 1989). The mother's efforts to respond to and to support her baby teaches the infant's regulatory system what to expect in response to her or his states (Kopp, 1982), creating a context of mutual communication and regulation (Tronick, 1980). Over time the infant internalizes the mother's way of organizing these interactions (Bowlby, 1969), from managing his food and clothing as well as from the interpersonal act of soothing, such as rocking and holding (Calkins, 1994). When all goes well, parents respond to their children's distress in a manner that encourages the child's developing capacity to soothe her- or himself. Thus, according to this general theory, the child internalizes affect-regulating abilities initially engaged in by the parents. Yet when parents are under stress or suffer some psychopathology, they are hypothesized to transmit their own dysregulation of affects to their children. At present, the means of such transmission are poorly understood (Cole et al., 1994). In any event, the input of the caregivers is believed essential both for the development of regulatory

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capacity and, unfortunately, toward the creation of dysregulation and psychopathology in the child (Greenspan, 1997).

Empirical Research on Parental Factors Related to Children's Affect-Regulation Acquisition

Some research relates to this intersection of the parents' style of emotional relating, including their regulatory style, and the children's own emotional style (Calkins, 1994; Fox, 1994; Izard & Kobak, 1991). For example, preschool children who displayed high degrees of positive emotion with peers had parents who were more affectively positive, and children whose parents were more negative were less socially competent at preschool (Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997). Preschoolers are also more responsive to others' displays of distress (Garner, Jones, and Miner, 1994) and toddlers are better at self-soothing behavior (Garner, 1995) when their mothers report more expression of positive emotions in the family as opposed to negative ones, such as sadness.

Shields and Cicchetti (1998) have conducted empirical studies of affect regulation in poor, maltreated children and have found children who have been abused displayed compromised attentional capacities that interfered with their behavioral and affect regulation in social settings. These authors suggest that in response to extreme environmental stress, maltreated children develop adaptive defensive processes such as hypervigilance that help them in unpredictable and

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dangerous environments but that also interfere with the more flexible stance required for successful affect regulation.

Gottman and colleagues (1997) have done extensive work attempting to understand the links between parents and children in terms of acquisition of affect regulation and the relationship to social development. In early research Gottman and Katz (1989) found that children who are highly stressed at home reduce their level of play with peers, apparently in order to avoid confrontation. As a result, these children gain less social-skills experience. Later work refined the variables involved and found a specific correlation between parental awareness of their own emotions and child affect regulation (Gottman et al., 1997; Katz, Gottman, & Hooven, 1996). Overall, they found when parents show an awareness of differentiated emotions in themselves and their five-year-old children, and assist them with their feelings of anger and sadness—a phenomenon they call coaching—at age eight these children are better able to successfully downregulate their physiological state in the face of negative emotions and have more socially competent peer relationships than children whose parents are not as good at coaching and are less aware of their own feelings. Denham et al. (1997) similarly found that parents who were better "coaches" of their children's emotion had children who understood emotions better and functioned better socially.

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Affect Regulation and the Family as a System

As is seen above, explorations of affect regulation have focused particularly on parents' influence on the child's affect-regulation development. Sroufe and Fleeson (1988), however, view affect regulation as stemming from the total family system and not solely from the parent-child relationship (see also Cummings & Davies, 1996). In addition, Sroufe and Fleeson view the acquisition of affect regulation as one of the major family functions, along with meeting adult intimacy needs and other aspects of childrearing.

These authors suggest that family organization and affect regulation are linked. Sroufe and Fleeson (1988) write, "Organizational features of the family and affect regulation may be thought of as two sides of the same coin with respect to family assessment. If there are organizational anomalies, there will be problems with affect regulation. Likewise, difficulties in affect regulation will interfere with maintenance of functional family organization. . . . Family pathology may be accessed either in the organization or affect regulation domains; commonly these would be complementary" (p. 43). Thus, these writers propose family organizational structure would see its counterpart in the quality of affect regulation in the family, an idea empirically examined in this dissertation.

Empirical Research Related to Affect Regulation and the Family as a System

Empirical studies are beginning to address the regulatory process observable in the family as a system, taking what Cummings and Davies (1996)

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refer to as a "family-wide perspective" (p. 136). Cummings and Davies reviewed the research on family-wide functioning's effect on the development of individual dysregulatory processes and found that histories of destructive marital conflict result in reduced regulatory capacities of spouses and their children, including regulatory physiological systems; they concluded, "Repeated exposure to family anger sensitizes children's emotions" (p. 133).

These authors propose a model for dysregulation akin to what Shields and Cicchetti (1998) proposed (reviewed above): Under stress, the child's threshold for detecting and responding to emotion is lowered, which may be initially adaptive in that it draws attention to the potential danger to the child, allowing children to better prepare for impending stress. However, over time repeated exposure to certain family conflicts also lowers the threshold for psychological dysregulation. Thus, the child's set point for emotional security is suppressed. Of note, these researchers also found conflict followed by its resolution dramatically and positively affects children's emotionality, causing little or no distress (Cummings et al., 1989, as cited in Cummings & Davies, 1996).

In a refinement of family-environment research, Jaycox and Repetti (1993) found that it was *family* conflict and not marital discord or parent-child discord that predicted child adjustment, particularly externalizing behavior in children. Family conflict includes sibling relationships, which children in particular consider to be a significant component of family conflict (Jaycox & Repetti, 1993).

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Sibling relationships were also important in the research of Dunn and Brown (1991), which concluded that family relationships other than parent-child are powerful forces in a child's emotional development. For example, children are more likely to engage in pretend play with siblings rather than parents, which is the time children are most likely to investigate other people's feelings rather than their own. In research more specific to affect regulation, Dunn (1994) showed that playfulness in the family predicts the early acquisition of a capacity to reflect on feelings and attitudes (as cited in Target & Fonagy, 1996). Interestingly, both Christensen and Margolin (1988) and Gottman and Katz (1989) refer to sibling relationships as adding to the family conflict in their studies but did not isolate their effects from marital discord.

Thus, many researchers have suggested that the context of the family environment determines the characteristics of the child's affect-regulating ability.

The Measurement of Affect Regulation

Because the study of affect regulation is relatively new, researchers are just beginning to standardize its measurement (Dodge & Garber, 1991; Gerson et al., 1996; Underwood, 1997). Unlike the measurement of family routines and temporal organization, which has been mainly studied through home observation (Steinglass et al., 1987) or self-report measures filled out by parents (McCubbin, McCubbin, & Thompson, 1986), there is as yet no standard bearer for the measurement of affect regulation in children.

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In general, researchers have focused on four distinct areas in their study of affect regulation: subjective experience of emotion; physiological indices of emotional arousal; behavioral indications of emotion, such as facial expression; and outcome behaviors, such as aggression, that are mediated by emotion (Walden & Smith, 1997). Underwood (1997) compiled a list of the variety of measures that have been used thus far to attempt to assess emotion regulation: child self-reports; parent and teacher questionnaires assessing children's management of emotions; ethnographic studies identifying good models of emotion regulation to further later investigations; observational methods of categorizing behavior in naturalistic settings; and experimental methods for eliciting emotions in a laboratory. Additionally, socially oriented behaviors such as peer relations and the presence of internalizing and externalizing behavior have also been used as indicators of emotion regulation, based on the theory that emotions are experienced in a social context (Underwood, 1997).

All methods have some limitations. Walden and Smith (1997) indicate the difficulty with observational studies based on the notion of emotional control: both low arousability and successful emotion regulation may behaviorally look the same (see also Kagan, 1994). As such, one child may have a less reactive central and autonomic nervous system and thus will experience a less intense feeling state; these children have less to control in their emotional displays. Another child who has acquired good regulatory skills may appear to react the

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same way but is managing a far greater response. According to Kagan (1994), ease of arousal, intensity of arousal, and form of regulation are all confounded in a visual observation of a child's behavior. Physiological assessment can distinguish between arousability and affect regulation. However, such methods are particularly difficult with children except in laboratory settings (Walden & Smith, 1997), which tend to use contrived emotional stimuli.

Also limited in practicality, self-report measures filled out by children appear to be unreliable (Underwood, 1997). However, reports filled out by adults have much greater reliability (Underwood, 1997). Nevertheless, Westen (1994) points to the unreliability of self-reports in general, based on cognitive and psychodynamic reasons in which procedural knowledge and unconscious defensive processes are not fully accessible to conscious thought. Given the limitations to assessment, Underwood (1997) recommends using reports from different informants or using multiple types of measures and assessing how rating scales correspond with other kinds of data, including observational methods.

This study used multiple measures of affect regulation and a general, widely used measure of children's behavior, all filled out by parents, in addition to a qualitative analysis of interviews of the parents about their children and the temporal organization of their home. Some research supports the reliability of parents' assessments with others' observations (Underwood, 1997). For example,

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Eisenberg et al. (1996) found that parents and teachers assessed emotionality and regulation similarly in the same children, and Miller and Jansen op de Haar (1997) reported parents and teachers described high-empathy children in a similar fashion (see also Underwood, 1997). Applicable specifically to the design of this study, Gottman, et al. (1997) found that the answers provided by the mother's Child Behavior Checklist (CBCL; Achenbach, 1991 & 1992), a measure used in this study, was significantly correlated with the other outcome variables used, including the teacher total CBCL score, the teacher externalizing CBCL score, the amount of negative parallel play observed in a child-peer interaction, and the child's mathematics and reading comprehension scores. The measures of affect regulation used in this study are parents' reports about their children on three different affect-regulation measures as well as the CBCL, in order to attempt to minimize the limitations of each scale in measuring this construct. More detail is provided on each scale in the Methodology section below. Following is a look at theoretical underpinnings of the intersection between affect regulation and temporal organization of families.

Theoretical Contributions to Understanding Time's Role in Shaping Affect Regulation

The family constitutes "the first temporal horizon for children" (Pronovost, 1989, p. 47). In each day of the family there are several experiences of time, including daily cycles of wake, sleep, and meals, the work cycles of the

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parents, the life cycles of each of its members, as well as the life cycle of the family itself (Pronovost, 1989). Through these rhythms of family life children become socialized into the structuring of their lives in time. As children mature cognitively, they come to understand the dimension of time through these experiences (Daly, 1996; Pouthas, Droit, & Jacquet, 1993), which is extended into their understanding of how time is a part of society and how they fit into that larger temporal system (including the schedules of work) (Daly, 1996). Extrapolating from parent-infant research reviewed below, children also internalize the particular patterning of time of their family, a rhythm that is as unique to their family as their parents' own internal world. Time serves to socialize the child as much to society as to the unique psychological context of her or his family.

Infancy Research

Contemporary infancy researchers typically study the mother-infant dyad, as this relationship appears to form the basis of the child's development, including the capacity for affect regulation. In his book *Affect Regulation and the Origin of the Self*, Allan Schore (1994) posits that the infant brain can only develop in the context of a relationship with another self. Regulation of affect has been demonstrated to occur via the mutual influences of mother and child, as well as through the self-regulatory efforts the child engages in so as to manage the nature of these ongoing interactions (Beebe et al., 1992; Beebe, 2000; Slade, 1999).

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One's behavior determines the other's, both positively and negatively: Attachment research has shown how a mother's failure to contain the child's emotional experience leads to the infant's failure to regulate and integrate emotional experience (Slade, 1999).

The element of time

In order to gain access into the internal world of the young child, infancy researchers Stern and Beebe in particular have broken down mother-infant interactions into microseconds and analyzed what these interactions reveal about the child's experience. Moment-to-moment analyses of interactions show how mother and infant take turns in relating, regulating attention, and responding affectively and how both partners adjust their behaviors to the other (Beebe, 2000). Time is an essential element of these microinteractions. Beebe writes, "The timing of the communicative process affects what it feels like to be with the other and contributes to the representation of self and other at every developmental level" (Beebe et al., 1992, p. 72).

Stern (2000) points out how much temporal rhythms are part of understanding the emotional life of the infant. He reviews research that demonstrates how infants have remarkably fine abilities to detect temporal structures, begun even in utero, such that newborns can recognize sound patterns heard in their third trimester and can discern the difference between their mother and another woman reading the same lines. "This should not be

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surprising, because the initial communication natural to our species is highly structured in time from the very beginning of life. Accordingly, if the infant were not so endowed, he would not be able to read social signals embedded in a movement flow, decode shifting facial expressions, or learn a language from a stream of sounds; in short, he would be unable to become a functioning social animal," Stern writes (p. 21). Interactive moments between caregiver and infant are intuitively broken into episodes lasting not more than several seconds (between two and five). Stern points out this is the length of time of most musical and spoken phrases as well as lines of poetry.

In the first year, daily cycles of attending to the infant's psycho-physiological needs, such as feeding and sleeping, are repeated over and over, but not exactly the same way each time (Stern, 2000). What unifies these experiences is the feelings that accompany these experiences, what Stern calls *vitality contours*. These vitality contours are "made up of the instant-by-instant patterns of shifting intensity and hedonic tone over time, as occasioned by internal or external events" (p. 25). The vitality contour, a unit of feeling and time, likely becomes the basis for forming object relations, according to Stern.

Beebe's and Stern's research on parent-child rhythms of interaction has focused on what Fraenkel (1994) calls the micro level of temporal phenomena. This dissertation research is looking at the molar (minutes to 24 hours) and

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macro (days to years) levels of time, a level of time shown above to be suited to the study of families and school-aged children.

Predictability

Beebe writes, "The dyad provides the route to predictability in development" (Beebe et al., 1992, p. 73). Many infant researchers invoke the idea of predictability in interactions as being a powerful force in development, an idea that relates to the concept of time. Target and Fonagy (1996) suggest a child's ability to develop a representational capacity is dependent on a relationship with a caregiver who reflects on the child's experience and thus creates the *necessary* experience of predictability of others. Being able to anticipate the other as learned through mutual interactions allows children to develop their own ability to manage their internal experience.

The behavioral component associated with schedule regularity is emphasized in the parenting-advice literature (Leach, 1997). Parents are encouraged to set regular bedtimes in order to instill in children soothing, consistent experiences in the daily psychophysiological transition from wakefulness to sleep; Penelope Leach (1997) calls this "ritualized time" (p. 259) and refers to the "beloved routine" (p. 261). According to parenting experts, these experiences promote children's ability to develop their own means of calming themselves. With repetition, bedtime becomes automatically associated with this psychophysiological shift and children automatically regulate their

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level of arousal in order to "downshift" into sleep. The idea is that if the infant develops an early ability to master events like making the transition from wakefulness to sleep through the help of a predictable schedule, the child will build on this capacity and will be able to make the ever more increasingly difficult transitions that come later, such as concentrating on school activities after playing at recess. But if families do not provide an environment that regulates these transitions, the family itself will be more distressed in reaction to the child's upset cries (Leach, 1997), and the child will develop without a capacity to adequately self-soothe and manage daily changes. Without such daily activities occurring at regular times and in a regular manner, transitions between activities occur only when parents initiate them (P. Fraenkel, personal communication, October 29, 1997).

Winnicott's Theory of the Holding Environment and its Relationship to Time

Winnicott's theory of the holding environment provides theoretical grounding for the concept that the child's experience of time as managed by the parent is related to the child's development. Essentially, Winnicott sees time as a dimension of the "good-enough" holding environment, with reliable maternal care providing the basis for healthy development and unreliable maternal care forcing the child to react to environmental impingements that create a discontinuous and unintegrated development of the self and object relations. Time is a part of the auxiliary-ego functioning the parent provides for the

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growing child, and as the child develops, she or he also acquires an essential "time-sense" (Winnicott, 1963b/1965, p. 77).

The first phase of the parent-child relationship is the holding phase (Winnicott, 1960/1965). For the infant the holding environment is characterized by her or his experience of what is being provided; it exists before the more object-filled concept of *living with* takes root (Winnicott, 1960/1965). Without this experience of maternal care, there is no infant, according to Winnicott: The infant who is born is no more than "inherited potential" without the reliable care of the mother (Winnicott, 1960/1965). With this care the child develops a structured integration of the ego—and thus becomes "an individual in his own right" (Winnicott, 1960/1965, p. 44).

When there is a good-enough holding environment, the "inherited potential" becomes a "continuity of being" (Winnicott, 1960/1965, p. 47) or "going-on-being" (Winnicott, 1963a/1965, p. 86). In the absence of an adequate holding environment, being instead becomes "reacting," which Winnicott believes annihilates being: "The holding environment therefore has as its main function the reduction to a minimum of impingements to which the infant must react with resultant annihilation of personal being" (Winnicott, 1960/1965, p. 47). Although perhaps unintentionally, Winnicott seems tacitly to invoke the rhythm of time in these terms: *Reacting* suggests the staccato quality of interruption whereas *going-on-being* draws upon the idea of continuity of experience in time.

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Winnicott (1962/1965) stresses the importance of the "continuity of the human environment" (p. 70), which implies a continuity over time and the reliability of the mother's behavior for the integration of the child's emerging personality.

This freedom from reacting to environmental impingements is essential to the child's mental health, as continuity of being is "the basis of ego-strength" (Winnicott, 1962/1965, p. 52). Its alternative, reacting, causes "ego-weakening" (p. 52), which results in varying degrees of psychopathology. In a later essay Winnicott (1963/1965) clarifies that it is the "pattern" of reacting, and not a single episode, that interferes with the infant's development as an "integrated unit, able to continue to have a self with a past, present, and future" (p. 86). Thus, integration of the self also includes a sense of oneself existing over time, and this integration can be disrupted by a pattern, or perhaps rhythm, of discontinuous experiences unmediated by the mother.

This concept of the development of the sense of self relating to the past and future is echoed in Emde's (1983) psychoanalytically informed reflections on the pre-representational self. He writes, "Just as the development of other and self go hand in hand, so do the development of past and future (anticipation)" (p. 176).

Although the holding environment is determined, according to Winnicott, by the mother's capacity for empathy with her child, it is the environment itself that Winnicott stresses, one that is a "three-dimensional or space relationship

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with time gradually added" (Winnicott, 1960/1965, p. 44). Therefore, time becomes a factor of the child's experience of maternal care in this earliest stage, more expressly than the experience of the mother herself. As the child's development further unfolds, especially in terms of object relations, time plays a more specific role. Winnicott (1963b/1965) writes that "integration *in time* has become added to the more static integration of earlier stages. Time is kept going by the mother, and this is one aspect of her auxiliary ego-functioning; but the infant comes to have a personal time-sense, one that lasts at first only over a short span" (p. 77, italics in original). Here Winnicott states more directly how he considers time an essential dimension of the child's development, given to the child by the mother and eventually integrated by the child as the child matures. This development is associated with the child's unfolding object relations.

Although Winnicott does not explicitly apply these concepts to the developmental stage of children under investigation in this study, he does lay a foundation for understanding how a pattern of rupture in one's environment disrupts the development of an integrated sense of self, a self that needs to incorporate the dimension of time to achieve full functioning. Yet despite this caveat Winnicott (1963b/1965) also states that "most of the processes that start up in early infancy are never fully established, and continue to be strengthened by the growth that continues in later childhood, and indeed in adult life, even in old age" (pp. 73-74). Thus, the processes under investigation in this study can be

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seen as an essential part of development bearing relation to the full spectrum of a child's development.

Therefore, following Winnicott's theory, if a child experiences her or his environment as constantly disruptive, due perhaps to a rhythm of family life that lacks continuity and predictability, creating impingements on the child to which the child must frequently react, then it follows there would be consequences to the child's development—ones that Winnicott identified as disruptions to the integration of self and development of object relations, and ones that may be manifested in later development in the symptoms of affect dysregulation. Additionally, borrowing Winnicott's language, it could be said that the experience of "going-on-being," the foundation of healthy development of the personality, creates the capacity for effective affect regulation.

The population of this study is homeless families who are living in a temporary shelter. The impingements on family life are numerous and trying, from frequent benefits appointments, frustrating welfare-to-work program requirements, extended-family struggles, and the difficulties that come with raising children without a private home and enough money. These families have to work all the more to contain and safeguard their children's experience from the multitude of demands. In the absence of a stable, physical space to protect the family and children from numerous disruptions, building strong daily routines may be one way to create a good-enough holding environment. The

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next section examines homelessness among families to provide a context for the population of this study.

Homelessness in Families

In her book about working-class families *Families on the Fault Line* (1994), Rubin writes, "when the economy falters, families tremble" (p. 223). Although her subject was families who have managed to have work histories and stay in some sort of housing, her analysis of the pressures on these families illuminates many of the issues facing the families of the population of this study—families whose hopes often center on wanting to be seen as "working class" and not "poor." But as Rubin's studies demonstrate, being working class in America today carries few of the assurances that the homeless families may fantasize it does, including the assurance of having or keeping a job. Close to 15 percent of her families were unemployed at the time of their interview, and another 20 percent had had episodic bouts of unemployment. The strains of unemployment on these families included depression in the adults, isolation from work-based friends, sexual dysfunction, domestic violence, and divorce. For instance, Rubin cites research that when family income drops 25 percent, divorce rates rise by more than 10 percent (p. 121).

According to Rubin, who is both a psychotherapist and a sociologist, the loss of status is particularly damaging psychologically. And what is relevant

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here, these families, both the unemployed and the employed, unfailingly mention their fear of homelessness. Rubin (1994), who wrote an earlier book on working-class families (Rubin, 1976), comments:

> Nothing exemplifies the change in the twenty years since I last studied working class families than the fear of being "on the street". Then, homelessness was something that happened somewhere else, in India or some other far-off and alien land. Then, we wept when we read about the poor people who lived on the streets in those other places. *What kind of society doesn't provide the most basic of life's needs?* we asked ourselves. Now, the steadily increasing numbers of homeless in our own land have become an ever-present and frightening reminder of just how precarious life in this society can be. Now, they're in our face, on our streets, an accepted category of American social life—"the homeless." (p. 114).

Insufficient economic resources is one of the most important causes of family homelessness (Bassuk et al., 1997), and yet despite a current economic environment of low unemployment and a federal budgetary surplus, the national picture in terms of poverty is more dire than ever, creating a large population vulnerable to becoming homeless. Currently, one child in five is poor; in the early 1970s it was one child in seven (Edelman, 1999). Whereas 34 percent of all children will spend at least one year in poverty, 69 percent of black

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children will do so (Seccombe, 2000). Also, the number of children in extreme poverty has increased recently (Edelman, 1999) rather than decreased, as would be hoped for in times of economic plenty. Eleven percent of families are living below the poverty line (Seccombe, 2000), with minority groups in general being more likely to live in "deep poverty," which is when income is less than half of the poverty line (Seccombe, 2000). Despite a recent surge in economic expansion, African-Americans and Hispanics have unemployment rates two to three times higher than for non-Hispanic whites (U.S. Bureau of Labor Statistics, 1998a, 1998b). Even when employed, lower-wage jobs are more typically the ones available for minority groups. Also, a minimum-wage job at most pays $11,000 a year, which is substantially below the poverty line of $16,700 for a family of four (Seccombe, 2000). Low-wage earners are worse off than even a few decades ago. Once the rate for the minimum wage is adjusted for inflation, its current value has dropped by more than a dollar since the early 1970s (Seccombe, 2000).

However, homelessness has an effect on families beyond and above the effects of poverty itself. Nationwide 3 percent of Americans have been without a home for a five-year period (Shinn et al., 1998). In New York City there are 4,800 homeless families and 8,500 children in the shelter system (New York City Department of Homeless Services, 1999). Families with children are the most rapidly expanding group within the total homeless population (Shinn & Weitzman, 1998). Children accounted for 25 percent of the homeless population

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in a survey of thirty cities in 1998 (U.S. Conference of Mayors, 1998). These families face especially difficult challenges to their mental as well as physical health. For example, sheltered homeless children in New York City have the highest prevalence of asthma in any child population ever reported (Redlener & Johnson, 1999). Additionally, 60 percent of two- and three-year-olds homeless children have not been properly immunized, and many suffer from severe stress (Redlener & Johnson, 1999). In an interview, one of the authors of the report, Dr. Irwin Redlener, stated, "The safety net that's really supposed to be in place from the public sector—from government—is very much failing our children" (Herbert, 1999).

The homeless in New York are just starting to feel the effects of welfare-reform laws. New York City has been one of the last city's to comply with workfare requirements for its homeless population because of legal challenges by homeless advocates that had prevented welfare-to-work mandates from going into effect until the end of 1999 (Bernstein, 1999). Because the city is more dependent on public funding of its shelter system than any other city, homeless advocates are making predictions of great hardship ahead, including families' being evicted from shelters and children being removed to foster care for parents' refusal or inability to comply with workfare demands (Bernstein, 1999). However, at the same time as states are left with large surpluses of federal

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welfare money, welfare-to-work needs, such as childcare and mental-health services, remain unfunded (Edelman, 1999).

Homelessness is associated with specific psychological troubles, including depression, anxiety, and behavioral problems in children, although due to methodological problems, the difference between poor, housed children and sheltered children is not always so clear (Rafferty & Shinn, 1991). Homeless mothers are reported to have a higher rate of mental disorders (from 50 percent to 80 percent) than housed impoverished mothers, especially if they are without custody of their children (Zima et al., 1996). Homeless mothers living with their children tend to be less educated and younger than other homeless women (Zima et al., 1996). Compared with housed poor mothers, they tend to be single parents of several children and are separated from at least one child, had their first child during adolescence, and have fewer social supports and more traumatic histories of domestic violence, child abuse, and foster-care placement (Goodman, Saxe, & Harvey, 1991; Zima et al., 1996). They also have higher rates of substance abuse and fewer economic resources than mothers with housing (Bassuk et al., 1997). In one study parental distress in homeless families was associated with child behavior problems (Masten et al., 1993, cited in Zima et al., 1996). However, Zima and her colleagues' study found a less clear relationship between maternal mental disorders and child emotional or behavioral problems than previously reported.

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Conclusion and Hypothesis of the Study

Thus, the above section provides us with an understanding of the context of the families in the present study. The families examined in this study are struggling to create stable lives despite their individual troubles and lack of permanent physical boundaries with which to buttress themselves. Whereas they cannot easily control their physical boundaries, they do have the capacity to determine some of their temporal structures. It is for this reason that this population lends itself to a specific analysis of the structure that can be created from time despite the clear difficulties that these families face. An intervention that could harness the dimension of time and help meet parents' concerns about their children's functioning would be an important resource. Yet little is known about the relationship between children's affect regulation and family temporal organization. The above literature review reveals the various threads of how a temporal rhythm of family life could bear some relation to the children's ability to regulate their emotions in a manner that promotes their development. Thus, this study investigates the hypothesis that parents who report a regular temporal organization to family life on a measure of family time and routines will have children who will demonstrate the capacity to regulate their emotions, as measured by parent-report affect-regulation scales and a child behavior scale, better than parents who report less temporal organization. The following section will detail the methodology used to examine this hypothesis.

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METHODOLOGY

Subjects

The subjects of this study were families living in a Tier II shelter in the South Bronx who were participants in a larger study conducted by the Ackerman Institute for the Family, a family-therapy training and research institute, and HELP USA, New York City's largest private-shelter provider for homeless families. These families each had their own private unit within the shelter that had a galley kitchen, two living/sleeping areas, and a private bathroom. All 212 families residing in the shelter were eligible to participate in the larger study. Families were approached individually by an experienced staff member at the shelter who was part of the research team and were invited to participate in the project as part of a discussion about the shelter's welfare-to-work programming.

The targeted population for this present study was families with children between the ages of 3 and 12. There are three main reasons this age range was desirable for this investigation: (1) the affect-regulation measures being used were designed for this age group; (2) it includes latency-aged children, who are underrepresented in systematic research (especially African-American children) (Brody & Flor, 1997); and (3) families with preschool and school-age children emphasize family routines more than families with adolescents (McCubbin, Thompson, & McCubbin, 1996), making families with children these ages the most appropriate for answering the question studied. A total of 103 families participated in the larger study, of which number approximately 80 completed

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questionnaires about their children, including toddlers and teenagers. Of these families, a total of 47 had children who were within the appropriate age range for this study. Therefore, a sample size of 47 families was used for quantitative data analysis.

The parents selected for quantitative data analysis were the primary caretakers of the children, which in 93.6 percent of the families was the mother. Table 1 presents the demographic information for the parent sample. Single parents comprised 76.6 percent of the sample. In addition, 59.5 percent were African-American, 34 percent were Latino, and 6.5 percent were Caucasian. The parents were 29.62 years old on average (s.d. = 7.45), with a range from 19 to 54 years. The parents' education level was as follows: 4 percent never attended high school; 38 percent had not graduated high school; 26 percent had a high school diploma or GED; 26 percent had attended some college; and 6 percent had graduated from college. They had an average of 2.26 children (s.d. = .79) living with them in the shelter, with a range from 1 to 4 children. Compared with census data from HELP-Morris, these demographics are roughly representative of the shelter population at large, except this study had more single parents represented in the sample (76.6 percent in the study versus 59.3 percent in the shelter) and had more boys (59.6 percent versus 51.1 percent).

The oldest child in each family who was within the age range for this study (3 to 12 years) was targeted for quantitative analysis. Table 2 summarizes the child demographic information. These children's mean age was 7 years, 2

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months (s.d. = 30.91 months), with a range from 3 years to 11 years, 10 months. Boys comprised 59.6 percent of the sample; girls, 40.4 percent. Of the children in the sample, 59.6 percent were African-American, 36.2 percent were Latino, and 4.3 percent were Caucasian.

Procedures

Families who elected to participate in the larger study signed informed consents and met with research staff for an initial interview. The meeting began with the interviewers describing the purpose and sequence of the research activities. Interviewers reminded the participants that their answers would be kept confidential, that they did not have to answer any question they did not want to, and that they could withdraw from the study at any time without consequence. They were informed that their answers would have no impact on their receiving any services or public benefits, but that at the end of the interview they would be eligible to participate in an elective family support group. Subjects were also given the packet of questionnaires to be brought back the following week, for which they received twenty dollars for the time required to complete them.

All families were asked questions about their work histories, their hopes for future employment, their ideas about family time, and some time problems they might experience in their family. A subset of 36 families was selected at random and asked more detailed questions about employment and time problems as well as questions about their children's affect regulation. (Of these

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families, 21 had children who met the child age criteria for the present study.) These interviews were conducted by this author and the principal investigator of the project, Dr. Peter Fraenkel. They were videotaped and lasted approximately four and a half hours with breaks and snacks. Subjects were given a pizza dinner at the end of the interview and paid thirty dollars for their time.

The portion of the interview from which data were qualitatively analyzed for the present study (see Appendix A, Fraenkel & Wilson, 1997) began by having families describe in detail a typical day from the time when the first person wakes up until the last person goes to sleep. Interviewers rated on a scale of 1 to 5 the ease with which subjects described this schedule. (There was a mix of quantitative and qualitative questions throughout the interview. The numerical ratings were analyzed qualitatively in the present study.) Subjects were then asked to describe a shared mealtime and rate on a scale of 1 to 5 how often during this mealtime (usually dinner) they talked together, joked, watched TV, and argued or disagreed and how regular are these shared mealtimes.

Parents were then asked to describe after-school routines, their children's moods after school, and their response to those moods, and then to rate the regularity of these routines. A similar format was given for bedtime routines. Next parents were asked to specifically describe what their children are like when they are feeling sad, happy or excited, scared or nervous, and angry or frustrated. Parents were also invited to say how they respond to those emotions and what they observe as the effect their response has on the child. And finally,

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parents were asked to rate their child on a scale of 1 to 5 on how well they feel their child "copes" with those feelings, which was defined as being able to stay in control when feeling a strong emotion; being able to comfort her or himself; finding something else to do to change the feeling; talking about her or his feelings; or reaching out for help. Families ended the interview by describing the mood the family was in most of the time.

Quantitative Measures

Family routines

Family routines were measured by the Family Time and Routines Index (FTRI; McCubbin, McCubbin, & Thompson, 1986). This questionnaire assesses families' efforts to "orient and routinize family life into a predictable pattern of living" (McCubbin, Thompson, & McCubbin, 1996, p. 74) by looking at routines of leisure time, bedtime, and mealtimes, among others. It takes approximately 5 minutes to complete. Two dimensions are rated: endorsement that the routine occurs and its importance. Endorsement is rated on a four-point scale, from 0 to 3. Cronbach's alpha for this measure is .88. In this study only endorsement scales were used to measure the extent to which family routines occur in the subject families; importance ratings were not well-distributed within the sample, tending to be rated overall as "very important" by the sample. Items not applicable to this population were excluded (such as questions that assume a two-parent home). Other studies (Brody & Flor, 1997; Henry & Lovelace, 1995; Manne et al., 1996) have similarly excluded nonapplicable items using this and

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its predecessor measure, the Family Routines Inventory (Jensen, James, Boyce, & Hartnett, 1983). The only one of these studies that reported the reliability of the modified measure was that of Henry and Lovelace, for which the alpha was .79.

Child affect regulation

Children's affect regulation was measured by three affect-regulation questionnaires, the Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997), the Child Affective Lability Scale (CALS; Gerson et al., 1996), and the Katz-Gottman Child Regulation Index (CRI; Katz & Gottman, unpublished). All are completed by the parent. These measures are the main parent-report questionnaires currently in use to measure affect regulation. However, because this is a new area of study, none of the scales is thought to be superior to the others. Of the three affect-regulation scales, the Katz-Gottman measure focuses in particular on the parent's behavior in response to the child, specifically how often the parent had to do something in response to the child's behavior or to tell the child something (e.g.., "How often did you have to tell your child 'Let me talk on the phone' even though he/she is excited about telling me something"). The other two scales, the ERC and CALS, ask the parent to rate the child's affective behavior directly in certain situations (e.g., how often a child "is easily frustrated" (ERC) or how often a child "suddenly loses his/her temper (may yell, cuss, or throw something) when you wouldn't expect"(CALS)). All three measures were included to determine which is most sensitive to other variables

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so that the best scale can be used in future studies. The scales are described in turn below:

The Emotion Regulation Checklist (Shields & Cicchetti, 1997) has 24 questions that are positively and negatively coded to assess degrees of emotionality and regulation, including affective lability, intensity, flexibility, and situational appropriateness of affective response. It can be completed in approximately 10 minutes by adults familiar with a child. Raters judge on a four-point Likert scale (from "almost always" to "rarely/never") how characteristic each item is of the child. There are two factors to the scale: (1) lability/negativity, which assesses mood swings, angry reactivity, and dysregulated positive emotions; and (2) emotion regulation, which assesses equanimity, emotion understanding, and empathy (Shields & Cicchetti, 1998). It has been studied with low-income parents of children ages 3 to 12. Cronbach's alpha was .96 for the Lability/Negativity subscale and .83 for the Emotion Regulation subscale. A composite score was generated of the two scores that had an internal consistency of .89 (Shields & Cicchetti, 1997).

The Child Affective Lability Scale (Gerson et al., 1996) is a 20-item parent-report measure that assesses affective lability and regulation in children aged 6 to 16. It can be completed by a parent in approximately 5 minutes. It was normed with regular-education school children and children psychiatrically hospitalized, and was used in an outpatient setting for affective disorders. Scores on the CALS successfully distinguish between these samples. There were

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no gender differences in scores. Cronbach's alpha was .85 and .91, and internal consistency using Spearman-Brown was .90.

The Katz-Gottman Child Regulation Index (Katz & Gottman, unpublished) is a 45-item measure filled out by parents about the "degree to which their child requires external regulation of emotion" (Gottman, Katz, & Hooven, 1996, p. 253). It takes a parent approximately 7 minutes to complete. Katz and Gottman found that items that reflected when the parent needs to respond to the child in order to reduce the child's misconduct, inappropriate behavior, or activity level (the downregulation subscale) were the most predictive of affect-regulating capacities (Katz, personal communication, 1997). The alpha coefficient for this scale was .74.

Child behavior problems

Child behavior problems were assessed by the Child Behavior Checklist (CBCL; Achenbach, 1991 & 1992). The CBCL is a general behavioral measure of a wide-range of childhood problems, including attention problems, thought problems, somatic complaints, and aggressive behavior. It does not target child's affect-regulatory capacities specifically. This measure includes 118 behavior problems rated on a 0- to 2-point scale. It takes between 15 and 17 minutes to complete. The CBCL has three global scales: internalizing, externalizing, and total behavior problems. Raw scores for these subscales are converted to T-scores according to the appropriate gender and age-group norms for each subject. The CBCL is one of the most widely used and well-validated measures

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of children's adjustment and has been normed with both clinical and nonclinical populations. It is also desirable because it has been shown that socioeconomic status and race have little effect on scale scores (Achenbach & Edelbrock, 1991). The reliability for the CBCL for ages 4 to 18 was determined using an intraclass correlation coefficient, which was found to be in the .90s for inter-interviewer and test-retest reliabilities of the item scores. The test-retest reliabilities for scale scores were r=.87 for competence and r=.89 for problem scores. The Cronbach's alpha for the CBCL for ages 2 to 3 for internalizing behavior was .88 and for externalizing behavior was .93. The alpha for total problems was .96. The total behavior problem scale is the most reliable and clinically valid measure of the CBCL.

The CBCL was included in analyses to determine whether degree of family temporal organization was associated with variations in general child behavior or whether it was more specifically related to child affect regulation.

Data analysis

Because virtually no research has been done to link family temporal regulation and affect regulation, this study used a mixture of qualitative and quantitative approaches for analysis of the data, as recommended by a number of researchers for exploratory research of new concepts and relationships between phenomena (see Fraenkel et al., 1998, and Moon, Dillon, & Sprenkle, 1990, for review).

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Quantitative research permits a larger sample to be examined using standardized measures so that many individuals can be compared with each other, allowing for a more generalizable conclusion to be drawn. Qualitative research allows for an open-ended, intensive exploration of a topic typically set in a natural context (Moon et al., 1990). Because of the degree of detail that comes from analysis of even a single subject, frequently only one case is selected for study (Moon et al., 1990). Stake (1998) calls this the "study of the particular" (p. 90); it adds depth to the question under study and does not emphasize generalizability of findings to others. The goal is to create rich descriptions and develop theory from observations (Charmaz, 1995; Moon et al., 1990; Strauss & Corbin, 1998); it is also a method well suited for a clinical orientation (L. Gould, personal communication, February 20, 2001). It permits the families to be heard in their own voice and allows for theory to develop from their own ways of talking about themselves and their children.

Used together, qualitative methodology can enrich quantitative data (Moon et al., 1990) by looking not only at the content of responses but also at the way in which respondents present their ideas. It also allows different perspectives, even from the same person, to come through. In the present study, two cases representing opposing possibilities in the quantitative measures were selected for case analysis to carefully explore the relationship between the two variables of interest.

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Quantitative analysis

The degree of association between the FTRI and the affect-regulation and child-behavior scales was measured by correlation coefficients. A Pearson's r correlation was used to determine the degree of relationship between family routines and affect regulation, and family routines and child behavior, in separate analyses.

Qualitative analysis

The second stage of investigation closely examined two cases—one family that was indexed as high on temporal organization and high on child affect regulation and one family that was low on temporal organization and low on child affect regulation, based on their scores on the quantitative measures. Because this study investigated a hypothesis about a relationship between two domains, responses from the mothers of these two families were compared with each other for differences in themes and presentation. Videotaped affect-regulation interviews were coded using grounded-theory methodology (Charmaz, 1995; Strauss & Corbin, 1998) for close analysis of the parents' descriptions of the organization of family time and their children's experience of specific emotions. Grounded-theory methodology is a systematic approach to qualitative data analysis that involves labeling raw interview data with codes that emerge from and capture the meaning of that data (Strauss & Corbin, 1998). Statements are compared and contrasted with existing codes and new codes are generated as needed. This process is known as "the constant comparative

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method of analysis" (Glaser & Strauss, 1967, pp. 101-116). The grounded-theory approach can be utilized with single or multiple cases. In addition, codes can be applied to smaller units of data, such as words or sentences, or larger units. The present analyses used a mixture of smaller units (sentences) and larger units (paragraphs), segmented by the interview questions. In other words, codes were applied to particular sentences or whole paragraphs from each interviewee in response to a particular question. The results of both the quantitative and qualitative analyses follow.

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RESULTS

Quantitative Results

Descriptive statistics are shown in Table 3. Bivariate correlations between family routines and affect regulation, and between family routines and child behavior are presented in Table 4. There are three statistically significant results that bear on the hypothesis of this study. The family time and routines index (FTRI) negatively correlates with the CALS ($p < .05$) and the ERC lability scales ($p < .01$); and the FTRI also positively correlates with the ERC emotion regulation scale ($p < .01$). Thus, these results show that the greater the temporal organization of home life, the greater affect regulation and the less affect dysregulation for the child, confirming the study's hypothesis.

The FTRI also does not demonstrate a significant correlation with the CRI or the CBCL. Therefore, the family routines measure did not correlate with a measure of parent behavior in response to a child's affective behavior, neither did it correlate with a general measure of child psychopathology. These findings are explored in the Discussion section below.

Qualitative Results

As noted above, grounded-theory methodology was used in the qualitative analysis to analyze interviews of two families. One family was in the "high" category—that is, the mother endorsed more regular family time and routines and more successful affect regulation in her child as compared with the average responses on these measures for the whole sample. The other family

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was placed in the "low" category: This mother responded to these questionnaires in a way that indicated she saw her family's temporal structure as less regular and her child's affect regulation as less successful than the average of the sample. The two women are similar in terms of most of their demographics: Both are African-American single mothers in their thirties separated from their husbands and both have at least two children. All names and identifying information have been altered.

Brief Biographical Information

High temporal and affect regulation: Virginia

Virginia is a 32-year-old, African-American single mother who attended some college classes and who has two children under ten. Her oldest, an attractive, friendly boy, is six years and ten months old and the target child for this study. Virginia has a history of domestic violence, which was part of the reason she ended up in the shelter system. She had thought when she left her husband that her relatives would provide her and her children housing until she secured childcare and a full-time job, but within ten days of moving in she found herself at the Emergency Assistance Unit after receiving a chilly reception from her family. She did get one offer for full-time employment around that time, but there was no possibility for adequate childcare so she had to turn the position down. She is currently participating in the welfare-to-work program provided by the shelter. She wishes there were more support for parents in the shelter, such as parenting classes, because she feels her children are under more strain

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these days. On the other hand, she said that being in the shelter gives her some room to breathe: "Right now I feel like time is on my side. I'm not as rushed as I have been, which is a good thing."

Low temporal and affect regulation: Tracy

Tracy is a 34-year-old, African-American woman who did not finish high school and is currently raising three children by herself, one of them a baby. Her middle child is the target child for this study, an 11-year, 2-month-old boy with a winning smile and sensitive gaze. She is legally married but is separated from her husband and does not anticipate their getting back together. Before coming to HELP-Morris, she, her children, her cousin, and her cousin's several children had all been living in her cousin's apartment. Tracy entered the shelter system after child protective services investigated a report that her daughter had bruises on her, which Tracy said had resulted from a fight at school. When caseworkers saw the crowded conditions of the apartment, they informed her she would have to go to a shelter or they would remove her children to foster care. Although she and her children spent two weeks in and out of "welfare hotels" before coming to the Tier II shelter, all in all she reports the move "relieved a lot of stress." She attends church with her children a couple of times a week, and finds it difficult dealing with other families in the shelter. "You can't trust anybody except God and your family," she said. She is waiting for her certification for housing, which should be arriving any day.

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Family Routines

Differences in Specificity in Describing a Typical Day

Both mothers spent an equal amount of time describing to the interviewer their family's typical day. They both focused on their children's comings and goings as the basis of their typical schedule; for both women external systems, especially the children's school schedules, determined much of the broad outlines of the day. What differed between them dramatically was the clarity and specificity of their explanations. Virginia knew in detail exactly what happened when, and the interviewer and videographer could easily follow her descriptions. (Both clinicians rated the ease with which the subject described a typical schedule as "Extremely Easy," a 5 on a scale of 1 to 5.) For example, she reported that by 7:40 a.m. her children are putting on their shoes, preparatory to going out the door to school between 7:50 and 7:55 a.m. While answering the questions, she could be observed reflecting carefully about her answers, and sometimes corrected herself after making a quick calculation that indicated she was off by five or ten minutes. In describing the children's after-school activities, she immediately produced a list of what happens, spontaneously describing it as a "routine." She also described minor schedule variations from day to day but stated there was such a thing as "on a good day" in her household. For Virginia a "good day" is when everyone is doing what they need to when they need to, but there are days that just don't go so smoothly, where adjustments need to be made.

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On the other hand, Tracy described a day that began with having slept only about four and a half hours the night before (whereas Virginia sleeps approximately seven hours a day). In contrast to Virginia's detailed temporal program, Tracy outlined her children's daily activities in broad terms. She did not break them up into discrete events like Virginia did and described the morning routine quite generally, saying, for example, that from 6:30 to 7:30 a.m. the children all wake up, pray, dress, "eat something if they want to," and by 7:30 a.m. they are out of the house. She also did not make reference at all to the baby until she had accounted for her school-age children having gone. By contrast, Virginia had broken down each of the morning events by time, and for the most part, by child. All of Tracy's time references were approximations and frequently out of chronological order. (The interviewer and videographer both rated her ease in identifying a schedule as a 3 on a scale of 1 to 5.) She did not indicate that there were variations to the schedule, or that some days were better than others, as Virginia had. Her most detailed, specific reference to her daily routine was to taking time each day to take stock of herself, a profound and solitary moment in a rather hazy description of a family's day. "I have to analyze a lot of things, what I'm doing wrong, what I have to get together," she said. She sits down each day after the children have gone to school to give this some thought and to pray. During the interview she also made reference to the children having "quiet time" during the day, but when asked directly when that took place, she did not identify any particular time.

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Beliefs About the Family Schedule: Flexibility for the Family or a Parent's Obligation to Enforce the Routine

Another theme around which the two mothers differed was their emphasis on controlling the family schedule. Virginia spontaneously volunteered her belief that what should underlie a regular routine is flexibility and "going with the flow." A rigid schedule takes away from life's enjoyment, leaving an individual "living to work, working to live," she said. Whereas having a schedule is important, always sticking to it makes life mundane; she said this with a certain passion. She referred to "improvising" what will happen based on the weather or her children's moods after school. However, one thing was set: She always starts to prepare dinner at 5:30 p.m.

Tracy on the other hand emphasized the burdens of being the single-mother whose duty it was to enforce the family schedule. She called this "learning to adjust whether you like it or not." Being unemployed allowed her the time to be at home and thus better supervise the children's schedule. "I'm here now to install [*sic*] it even more," she said, making a hand gesture of pushing down hard against something. Being home also allows her "to teach them by example, so no one else does" who might not be as trustworthy.

Therefore, although Virginia can describe a more detailed and at first glance more exacting schedule, she also endorses a philosophy of flexibility as an essential part of the daily routine, for both practical and emotional reasons. Tracy seems less tied to specific times and appears to make fewer demands on

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her family for meeting precise times in the daily routine, but she subscribes to a more rigid philosophy of her having to control the schedule as a way of teaching her children the lessons she wants them to learn and of keeping out other people's influences. Thus, while she is less tied to a specific timing in her day, Tracy is paradoxically trying to more rigidly enforce a schedule than is Virginia.

Coping With Schedule Changes: Systemic vs. Individual Approaches

Both mothers stated they were the ones to set the family schedule, and that the schedule would not be adhered to if it were not for their efforts to keep everyone on track, but their solutions for handling alterations to the schedule drew from dissimilar sources. Virginia purposefully stacks the deck to have a "good day" in terms of the family's schedule by building in extra time to the family's schedule to allow for whatever may come up, which includes phone calls, friends visiting, or needing to go to the store. That way everyone has room to maneuver if need be, which coincides with her philosophy that it is important to "go with the flow." Virginia creates a systemic solution: by creating some "give" in the time structure, adjustments that need to be made do not have to come out of her own personal resources but are accommodated by the "family time system," allowing everyone in the family some wiggle room.

Tracy's solution is dependent solely on her own efforts: She says she accommodates changes caused by doctor's appointments for her children or shelter appointments with her caseworker by waking up earlier than usual to take care of what she can so she does not interfere with her children's schedules.

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However, it is unclear how realistic this solution is, because Tracy also indicated she regularly wakes up between 4:00 and 4:30 a.m., and she did not offer further explanation. Nevertheless, in Tracy's view the family's time is not a potential resource with which to respond to schedule changes, but instead she draws on her own limited resources to address whatever the problem may be, avoiding making changes to the family system as a whole.

The Evening Routine: When There Is Time to Unwind and Adjust the Schedule

Whether or not there is a regular time to unwind after the day as well as to adjust the evening's routine also distinguished these mothers. Virginia reported that there is time every afternoon for the children to "debrief from the day" after school. (This is evocative of Fraenkel's (1998) "decompression chamber" couple therapy intervention, in which couples are helped to establish a mutually satisfying transition period when they come back together at the end of the day.) The children tell Virginia about school, the bus ride home, and their homework, she said. At this juncture in the day's routine she can discuss with her children what everyone has to do that evening, and they as a family can make adjustments as needed. Virginia believes this time leads to greater satisfaction on the part of the children and improves their mood.

For her part, Tracy indicated that time to unwind takes place at bedtime, specifically between bedtime and falling asleep. Discussing the children's concerns might happen during dinner. She did not seem to have a time set aside

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for family members to decompress from the day upon coming home and reconnect with each other or a time to anticipate any adjustments that might be needed in the evening's routine. Bedtime is the sole transition in the evening she identifies, and it tends to be mostly a time of resistance. (Bedtimes are discussed in greater detail below.) Therefore, just as Virginia builds in time to the daily schedule to accommodate changes, she also builds a temporal structure at a key transition time that allows for both affective as well as temporal adjustments. She sees the emotional results in her children's improved moods.

Subjective Rankings of Regularity of Daily Routines: "It's regular and then again it's not."

Both Tracy and Virginia ranked the regularity of dinnertimes the same, indicating that they were quite regular, or a 4 on a scale of 1 to 5. Both after-school routines and bedtimes were somewhat regular (a 3) for Tracy's children, whereas Virginia indicated that her children's after-school routines were extremely regular (a 5) and bedtimes, quite regular (a 4).

Thus, whereas dinnertimes are considered similarly routine for the two families, for Tracy there is less overall predictability in the day than for Virginia. About bedtimes, which are affected by family time (watching a movie) or going to church, Tracy explained, "It's regular and then again it's not. It's in between." A lot of Tracy's family's temporal regularity appears to be "in between."

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The Family Dinnertime: Regularity and Affective Tone

Whereas both women ranked their dinnertimes as similarly regular, the affective tone of these meals for each family is quite different. Both families have a consistent time to sit and eat together, the whole family gathering around a table at the same time, but their descriptions from there are markedly dissimilar. During dinnertime Virginia tries to enforce a rule of no talking at the table. "Dinnertime is for eating," she says. She acknowledges that it is difficult to follow through on this rule, because "we all like to talk," and says she and her children do talk and joke a little bit, but she is trying to teach her children not to speak with their mouths full. "It's not good table manners," she explains. However, both she and her children seek to compensate for this silence by starting family time before dinner: preparing dinner and helping set the table together. After dinner they spend more time talking together, because that is when family time officially begins. During dinnertime they do not watch TV or argue.

Tracy describes dinner in less organized but more interactive terms. The family sits down, tired from homework and chores, "grumpy sometimes but not that bad. I can't say grumpy. Tired," she says. Dinnertime is their regular time for talking together, which she said they do a lot, and they joke quite a bit. Asked what they talk about, she responded during this time the children might ask when they will move out of the shelter, ask her help with handling their teachers, or ask her a question like "why people are so cruel." Some days caring

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for the baby interferes with dinner and other days dinnertime itself is moved around so the family can go to church in the evenings. Tracy also reports they watch TV "somewhat" as well as argue somewhat during dinner. Her teenage son, however, thought they watched TV quite a bit and argued only a little bit.

Looked at within the confines of the family mealtime itself, this time is starkly different for these two families. Tracy's family may come to the table "tired" but she conveys a certain amount of activity among family members, even if it includes arguing and, according to her son, the distractions of TV as well as the distractions caused by taking care of a baby. Her children span a greater range of ages than Virginia's children do, but this difference does not account for the different affective tone of Virginia's family mealtime, because Virginia has a rule in place that restricts all talking. However, Virginia's "dinnertime" seems to have actually spilled over in affective terms to include the preparation time, through which family members appear to be making up for the silence during dinner by adding to the overall family time and taking pleasure in each other's company more consistently than in Tracy's family experience.

Child Affect Regulation

Differences in Specificity in Describing Children's Emotions

As the mothers differed in the specificity with which they discussed their respective family's daily schedules, they also differed in the degree of detail they provided about their children's moods and emotions. Tracy says she knows what mood her children are in by detecting facial expressions, by the way they

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respond to her questions, and by their body language, but she often found it difficult to describe their specific feelings or just what about their body language, for example, conveys their mood. When asked about her children's moods at bedtime, she did not venture a description, and described her children's after-school mood broadly, saying they are "cheerful, in a good mood" with some "mood swings." Sometimes her attributions of moods intersected more with her own actions than their feelings. For example, she reported that in the morning her children are "in a good mood because I always make them get up and pray." At another point, however, she said they can wake up "cranky."

Virginia by contrast used lots of adjectives to describe her children's feelings. After school they are "playful," "energetic," "hungry," and "grumbly." When they are scared, they are "jittery," "jumpy," and "tearful." She said she reads facial expressions and body language as well as vocal expression to determine their mood. For example, her oldest child when sad "has a long face; he's very verbal when he's angry or sad about something. For him anger and sadness go hand in hand. He huffs and sighs." Her daughter has "a distinctly unhappy countenance" when she is sad. "Her mouth droops, her lips are pointed out, her arms flail about, very dramatic." Although these descriptions are enhanced by Virginia's verbal fluidity, they also show that she distinguishes between her children when she describes their expression of feelings. Tracy, who could be quite descriptive in conveying her own feelings at times, gave more

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generic responses about her children's moods that covered all of her children in one description.

Children's Bedtimes: Differences in Transitional Time and Time for Closeness

Each parent described their children's moods at bedtime in a way that captured key differences in the kind of transition to sleep children were experiencing. Virginia talked about bedtimes as a time for a bedtime story and a chance to talk about what it means. The children are "affectionate," and she describes a sweet scene of watching TV, reading, and laying in bed, the children feeling "comfortable and relaxed." Although she also talked about the children needing her more these days to help them fall asleep, she says her greatest difficulty with their bedtime is having to tell her oldest child three to six times to put on his pajamas while he is busy playing. "He doesn't have time for sleep," she says, with a smile. She will leave their light on if they are scared, leave the TV on, or more frequently, lie in bed with them. When she gets frustrated with them, she says she yells and threatens to spank them, which she says she later regrets because she realizes they had only been tired. What changes bedtimes for Virginia's children are evening doctor's appointments, homework, or their wanting a snack.

Bedtime is less a time for affection and closeness as it is for resistance in Tracy's family. "No kid likes to go to bed, especially if there's a good movie going on," she says. "Going to bed and going to sleep are two different things."

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There is the television and churchgoing that interfere with bedtimes, as well as visits with the children's father and "hearing bad news." In response to these struggles, she lets them watch more TV sometimes, or reminds them they will be sleepy the next day, threatening them that if they don't go to sleep "you'll have a problem with me," or tells them she will take away privileges. And when she is particularly tired, she yells. Yelling is effective, she says: "They get moving."

Tracy's family's bedtime is the point in the day she identified as being when the children unwind, but instead of it being characterized by the relaxation Virginia referred to, Tracy describes a time that seems filled with TV watching and avoiding the transition to sleep. Tracy's response to her children's behavior is either to give in or threaten or yell, responses she does not regret like Virginia reports she does (which while similar in type of response—giving in, threatening, yelling—the intensity is milder in Virginia's description). In sum, Tracy's family's time to unwind does not seem all that soothing, whereas Virginia's description of bedtime captures an aspect of a transition time that is similar to the after-school routine she discussed, which gave the children a chance to "debrief from the day." Also, Tracy's family does not have an opportunity for closeness that is evident in Virginia's characterization. The difference between these two families at this important transition in a day's rhythm has implications for the kind of experience afforded the children in learning to soothe themselves and develop their own regulatory capacities—such that Virginia's children get to experience a far more mild transition with less

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punitive parental reactions than Tracy's children, even accounting for Virginia's children having increased difficulties falling asleep as a result of the situational stresses of being in the shelter.

Responses to Children's Difficulties: Taking Action vs. Soothing

Both Tracy and Virginia refer to talking to their children to find out what is wrong if they seem out of sorts. However, the further steps they each take differ in important ways. Tracy prefers to focus her energies on doing something to fix the problem and seems uncomfortable with more soothing kinds of responses. Virginia has a range of reactions, from comforting her children to encouraging them to take a nap.

If her children come home sad, Tracy says, "I *have* to ask them what's wrong. . . . Sometimes I have to hug them." She says she'll also encourage them and will let them know how much they mean to her. "I can express my love to them if it's indeed necessary," she says, screwing up her nose, in what seemed to be an expression of distaste. When her children are scared, Tracy says, "If I'm not upset, I listen to them." She prefers to take action. She goes to the shelter administrators, if the problem arose there, or goes to her child's school. Later on she might discuss the situation more with her children directly, talking to them during "quiet time." Tracy doesn't like it when her children are feeling bad and she feels that she cannot change the situation. When her children are angry or frustrated, she says she "leaves it alone to a certain extent." She believes they need to let out their feelings of anger so they don't build up into bitterness.

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However, when she feels they should "know better," she yells at them or lets them deal with their problems on their own. And if all else fails when she feels she needs to change their mood, "I go away," she says, on a church retreat without the children.

Whereas Tracy has her preferred response of doing something when trouble arises, Virginia selects a response from several options designed to reduce the child's distress internally. Virginia talks to her children first to find out what is going on. If it is a case of sibling rivalry, she asks them not to argue with each other. She also spends time with each of them on their own. Sometimes she will ask them to take a nap or sometimes will give them a time out. (She remarked that taking a nap took time from doing homework, watching TV, or going outside, but this exchange of time was worth it because naps are especially effective in changing the child's mood.) If they are scared (of the dark, for example), she tries to present them a rational understanding of what is making them scared, but she says that sometimes this approach makes it difficult for her to understand their concerns because she feels she ends up minimizing their fears. She thinks maybe it would be better if she just reassured them. She also threatens to tell their father on the phone what the children have done if they have misbehaved, which she says is a technique that is especially effective with her son now. She makes a point of following up with the father if she has said she would. She admits when she's having a "bad day," she'll yell at them and threaten to spank them although she says she feels this is a mistake.

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Virginia is always trying to refine her response, reflecting on how it affects her children and thinking about what would better meet their needs, something that is much more difficult for Tracy to do. Similarly, Virginia gives more examples of how her responses are aimed at soothing her children in the face of distress whereas Tracy makes several references to how her own feelings may block her ability to respond to her children when they are upset. She prefers the bigger gestures that do not involve accounting for her feelings and her children's feelings at the same time. When worse comes to worse, Tracy leaves, which she states improves the children's moods.

Responses to Children's Good Feelings: I vs. You

Positive feelings in her children are not necessarily easier for Tracy to deal with than their negative emotions. When asked to characterize her response to her children's happiness or excitement, she verbally deflected the emotion's impact by switching to an impersonal "you" construction, responding, "You're happy; you're glad." But she does not respond to her children's emotions in kind; instead she tells us that "I'm not a mushy-mushy kind of mother. . . . I'm not raising my kids to show or express love to another person who shows them that. I'm not teaching them that. . . . People would say I'm kind of hard on my kids. . . . I'm strict. . . . It's hard out there. I don't let them get away with much."

Virginia on the other hand used the first person, warmly embracing good feelings, in her comments about her reactions to her children's happiness or excitement: "I'm very happy too. I laugh, play along with them. Usually we

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have better communicating. It brings out playfulness in me." Virginia can talk about sharing these joys with her children, building on their warm feelings to make an overall positive family experience. Tracy instead sees a threat in these feelings, against which she defends herself. She believes her reactions are necessary to teach her children to survive hardship; sharing feelings of happiness may make one too "mushy-mushy" and vulnerable. Tracy wants her children to be more protected than she herself feels.

Children's Coping With Feelings: A Mixed Picture

Despite the strong differences between Tracy and Virginia in the details they provide in describing their schedules and their children's moods, and the differing emphasis on flexibility and allowing for soothing experiences for their children, when describing how their children cope with their feelings, these two women are not as far apart from each other as they are in other parts of the interview. Virginia feels that her son (her family's target child for this study) is easily angered and frequently yells. "He's angry at the least bit of nothing," she says. She also says he "wallows" in his sadness, does not easily compromise, "likes to take risks," and feels extremes more than she would like. On the other hand she says he is a "good communicator," has improved in behavior and work at school, and is the one in the family who makes her "rethink" how she has handled some situation with her children. She has found that recently both her children have not been able to fall asleep without her lying down with them. She does not explicitly verbalize that this change coincides with living in the shelter,

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but several times says how "recently," "now," and "lately," they are more frightened at night and want her to be with them. She says she struggles with her response to their requests: For example, she cannot understand her son wanting her to accompany him into the bathroom at times because the size of the units means they are never more than 40 feet away from each other. She has also noticed more sibling rivalry between her son and daughter, and has asked for a referral for psychotherapy for her son because she has become concerned about his not being happy.

Tracy says that her son (Tracy's family's target child for this study) has been through a lot already in his life, and handles most of his feelings satisfactorily except she feels he does not manage his feelings of anger and frustration well (as Virginia also feels about her son). When he gets mad, Tracy has to tell him to calm down. She recognizes that especially for him, going to school is laden with troubles because they live in the shelter and the other children at school tease him. He himself spoke painfully and eloquently about feeling "shame" and being "embarrassed" about where he lives. Tracy is proud that despite these strains her children have been promoted at school and have received awards. Nevertheless, when Virginia completed questionnaires about her son's affect-regulating capacity, she rated him as more successful in regulating his emotions than did Tracy about her son. It may be that when Virginia compares her son in her mind's eye to other children when filling out

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the questionnaires, she does not feel the same worry about his affective-regulatory capacities as she expressed in the interview format.

Family Mood

In descriptions of overall family mood, however, Tracy and Virginia definitely switched positions. Tracy said that her family is "normal" and "happy." "I still have a peace of mind, and they still with me, and God is in my life," she says. She is proud they are "coping as a family" and believes that the baby has strengthened the family bond and helped them deal with living in the shelter. "It's like a connection with the body," she comments. "A baby can bring happiness."

Whereas Tracy emphasized her family's resiliency in response to a question about the usual family mood, Virginia reported the negative effects of shelter life more clearly in response to this question than in any other section of the interview. Virginia described the mood of the family as being "frustrated" and "somewhat unhappy" because of the strains of their being without a permanent home and her not working. "Everyone feels a little volatile." To counteract these stresses, they try to do "family things" together.

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DISCUSSION

This study tested a preliminary hypothesis that the temporal organization of family life is related to affect regulation in children. It is an area that has not yet received attention; thus, these findings are proposed as jumping-off points for further work in exploring this topic.

Analyses of the quantitative data obtained a statistically significant correlation between parents' reports of the degree of regularity of family routines and parent reports of child affect regulation. Thus, the hypothesis that temporal organization is related to children's affect regulation was supported. The finding of a correlation between these variables is strengthened by its being demonstrated in two different measures of affect regulation.

Interestingly, no relationship was found between family routines and a measure that assessed parenting behaviors geared toward encouraging affect regulation by the child. This is a rather striking finding, given that parenting behavior is theoretically linked both to child affect regulation and temporal regulation over the course of development. This lack of a relationship cannot simply be attributed to weak measurement, as the questionnaire used to assess parent response to child affects is considered psychometrically sound and empirically sensitive (Gottman, Katz, & Hooven, 1996). Taken together, these findings suggest that the relationship between temporal regulation and affect regulation cannot be attributed solely to the parent's efforts to regulate the child's affect. Stated differently, this study does not just capture two variations

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on parental structuring behavior—organizing the family schedule and externally regulating a child. Instead, the results suggest that there is indeed a specific aspect of the child's modulation of her or his own feelings that is being detected, and that this modulation relates to the temporal structure of the family.

In addition, no relationship was found between temporal organization and a general level of child problem behavior. This finding helps define the specific connection between affect regulation and temporal organization. This study was able to zero in on a narrowly defined aspect of child emotional functioning that is not necessarily a reflection of general child psychopathology. Therefore, these results imply temporal regulation at home corresponds with a child's ability to regulate her or his feelings and not necessarily whether or not a child has overall behavioral or emotional problems.

There is an intuitive logic to these findings. The mothers of Young's study (1970, 1974) felt that creating order would protect their children from stresses of rural poverty, an idea that was backed up by Brody and Flor's (1997) work. Recent evidence of regulation in sleep in young children has found that lack of overall rhythmicity of sleep affects school adjustment in a low-income sample, even accounting for family stress and functioning, which was largely assessed in terms of quality of parenting (Bates, Beyers, & Stockton, in press). The data presented here suggest that predictability of family routines and family time is similarly important to child development, because it relates to a core aspect of children's emotional life—the ability to handle successfully what comes a child's

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way in emotional terms. Especially in situations of adversity, where little may be under direct control of families, if family life can have a predictable rhythm, it might be of meaningful benefit to a family.

How does a parent whose family has good temporal organization describe both daily family life and the emotional experiences of the children? How does a parent with less temporal structure at home do so? The qualitative results of this study help us understand how these questions may be answered in a clinical context. Overall, the mother who was rated as "high" in affect regulation and family temporal organization described her experiences with more detail and sensitivity than the other mother, who was rated "low." We cannot be certain that the way these two women described their families' lives was always "accurate," but it does indicate at least their conscious representations of their family experiences, which are in themselves revealing. Virginia, in the high category, could describe several aspects of family life in detail and could distinguish between each of her children in her descriptions, while Tracy, from the low group, was not as clear and tended to lump her children together. Tracy also tended to focus on herself, thinking in terms of individual solutions to problems instead of systemic ones. By not having a schedule that could absorb the impact of temporal changes, for example, by having built-in time cushions that benefit everyone in the family, Tracy did not engage what may be a protective factor offered by this kind of temporal structure. Even if it is up to her to create the schedule, having room in the schedule for *everyone* to respond to

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new demands, or go through a crucial transition in the day, instead of Tracy alone drawing on her limited energies to handle what comes her way could lessen the burden she feels. Thus, close study of these two cases suggests that a parent's focus on detail, both in terms of schedules and in terms of child affective states, along with a belief in flexibility of family time with built-in time cushions, may provide part of the link between affect regulation and temporal organization.

These two women did differ in level of education as well as in the ages of their children, variables that may account for some of the differences in their responses. However, although Virginia was clearly articulate by any standard and had some college education, which Tracy did not, there were times when Tracy matched Virginia in evocative detail. These moments tended to come when she could focus on just her own experience and did not have to account for her children's feelings. This observation may be similar to the findings from the Adult Attachment Interview research that coherency of details provided by subjects, which is an important element in determining attachment classifications, is not affected by intelligence or verbal fluidity (Main, 1995).

Similarly, in the other parent interviews for this study, even though they were not examined in as great detail, it appeared that the parents who seemed to have more difficulty explaining to the interviewer what a typical day's schedule was like had more difficulty describing their children's feelings. This pattern also raises comparisons to the Gottman, Katz, and Hooven (1997) study of

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emotion awareness on the part of parents and its effect on the affect-regulation capacities of their children. In that investigation, parents who were more aware of their own differentiated emotions were able to give their children more support and to better assist them with their negative feelings, which translated to their children developing better affect-regulation capacities. Perhaps level of emotional awareness in parents is similar to level of time awareness: Parents who can reflect on the time organization of their family may have a greater ability to reflect on the emotional organization of their family life and can provide more "scaffolding" (Gottman et al., 1997) for the emotional development of their children. Therefore, families with greater temporal regularity may have an advantage in home environments and pass that advantage on to their children, as mediated by parents' ability to struggle with and differentiate their own emotional lives.

Another meaningful finding from the qualitative results was the descriptions of dinnertime. This shared mealtime provides an intersection of temporal regulation and emotion regulation in a family context. This intersection occurs because of the unique place dinnertime has in the family, especially families with younger children who tend to have more consistent routines. Unlike other routines of the day (getting ready for school, coming home from school, bedtime), there is not an individual "job" to be done, such as getting dressed or going to sleep, and it involves all family members (as long as it is a family that actually shares a meal together, as was the case for all of the

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families in this study). It is a time for everyone to be in the same place at the same time and perhaps at a roughly similar time day to day, creating the possibility for predictability. Indeed, analysis of this juncture in the family day could provide rich fodder for future study.

The studies of alcoholic families reviewed above similarly found dinnertime crucial in the study of family process. For example, Steinglass and his colleagues (1987) found that dinnertime was the most likely family routine to be interrupted by alcoholic behavior, and Bennett et al. (1987) found that a regular dinnertime was protective of children's later emotional health in alcoholic families. Yet the results presented here suggest that measuring regularity alone is insufficient for understanding the relationship between family temporal organization and child affect regulation. Familial affective tone, including the opportunity for soothing transitions and times for connection, is one factor that may mediate this relationship. For instance, in this study, both Tracy and Virginia said they had quite regular dinnertimes, but in Tracy's family this time for talking together was mixed in with a fair amount of TV watching and a "tired" quality to children's moods. Virginia's dinnertime was not characterized by discussion at all, because of her attempt to teach her children not to talk with their mouths full by discouraging discussion. But it seems that as a result her "dinnertime" broadened to include preparation time to increase the opportunity for togetherness. Nevertheless, Virginia was also quite exact in stating the time she starts dinner preparations. Whereas some things are flexible

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in terms of the schedule, preparing dinner remains an anchor point for the whole evening. Tracy's family dinnertime did not have share the cohesive affective tone of Virginia's, nor did it seem to anchor the rest of the evening's family time.

This idea of flexibility with intermittent anchor points emerged specifically from the qualitative data: Virginia believed having flexibility to a schedule is as important as having a schedule. She spoke about this idea with feeling, whereas Tracy made no reference to flexibility, either in terms of schedule or emotions, including her own. Although it may seem contradictory to emphasize both regularity and flexibility in terms of structure, when applied to the world of feelings, this relationship is made clearer. Affect regulation is about both flexibility of responses and the ability to structure one's feelings in the moment, and effective temporal organization may share the same attributes.

But Virginia did not use her philosophy about having structure with flexibility just to accommodate schedule considerations. She deliberately created time structures that allowed both temporal and affective regulation. By having time to debrief after school and to adjust the evening's routine, she used a temporal construct to facilitate a flexibility in both mood and schedule. Thus, by creating a system where she allows for predictability alongside variation, she appears to also shape the affective environment of her family. This arrangement evokes Stern's (2000) description of the infant's first experiences: repetition that is never exactly the same but unified by a similar feeling. When Virginia stops to make dinner every night at the same time, she creates a temporal support for the

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rest of the evening, and even though her family lacks a permanent physical structure in which to live, this action of hers is much like laying a joist to help support what will become her home's living space someday. She does the same when she sits down with her children after school to unwind together and make adjustments to the evening routine based on what they discuss. These actions create a temporal space that makes use of both predictability and flexibility.

As seen throughout the qualitative findings, Tracy and Virginia differed from each other in a number of ways that provides texture for this study's hypothesis. But looking at these women's similarities also helps our understanding of the complexity of issues presented. Neither woman is a hero, nor is either a derelict. In their answers to the interviewer's questions, they were both demonstrably concerned about their children's welfare—filled with hopes for their children's futures and worried about their struggles and the effects of the difficulties faced by the entire family on their children's emotional health. Despite the dismissing quality of her responses to her children's emotions, Tracy held her baby in her arms for a good part of the several-hour interview, smiling at her, subtly smiling to herself at times when thinking about her children, and keeping track of her baby's needs with awareness and without anxiety, appearing just like a mother who had done this several times before and took a quiet pleasure in caring for an infant. Her words about how a baby is like a "connection with the body" were a genuine and beautiful metaphor about keeping the family whole through care of the most vulnerable of its members.

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Virginia was also clearly moved by her children, but she also definitely held her poise throughout the interview. Also, neither family was problem-free. Both women were especially concerned about their boys, whose assertiveness and sometimes aggressiveness have their mothers worried about the effects of their not having a father. They each expressed a wish for feedback and guidance on parenting, and saw being in a shelter as an opportunity to get help from professionals knowledgeable about childcare. Neither considered their children's handling of emotions to be as skilled as they wished.

The fact of these families' being in a shelter came up continually in both of their interviews—in both a positive and a negative light. One might suppose that living in a shelter and bearing the label *homeless* is the worst possible condition for a family, just as it is held to be that way in the general imagination. Homelessness is a significant societal problem, increasingly so for families, and it puts children in particular in jeopardy, as was reviewed above. It horrifies us in particular to imagine children spending nights in crowded, frightening Emergency Assistance Units, a shopping bag holding all their belongings, or going from welfare hotel to welfare hotel, sometimes by foot because the family cannot afford even public transportation. But the mixed attitude expressed by Tracy and Virginia was shared by many of the other families interviewed and also appeared in a systematic qualitative study of formerly homeless mothers conducted by Styron, Janoff-Bulman, and Davidson (2000). These authors found that homelessness *per se* is not the trauma to these families that it is typically

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thought to be. When taken in the context of the life histories of most of these families—stories that typically include significant poverty, abuse, and loss—the time in the shelter is either relatively similar to other times of their lives, or for many of those studied, actually a welcomed respite from the stresses of poverty and inadequate housing. Also, Tier II shelters are considered to be a vast improvement over earlier shelters, which were often dangerous. In the new shelters, each family has its own private living unit, which includes a galley kitchen, bathroom, and two separate sleeping areas, so parents and children can have some privacy from each other. Yet both women presented in this study were also concerned about the deleterious effects of being in the shelter on their children. An interesting study to complement Styron et al.'s work might be to investigate the feelings of formerly homeless women about the impact of homelessness on their children's subsequent development.

Taken as a whole, these quantitative and qualitative results provide some support for the idea that by strengthening family rhythms, one might shape child affect regulation. In a related realm of study, in clinical settings Bates and his colleagues (in press) have seen powerful improvements in child manageability when parents established a regular sleep schedule for their children, much more quickly than could be accounted for by changes in general parental behavior. Would Tracy's family be helped by more predictable family routines? Hers was not a family that was grossly "dysregulated," either affectively or temporally, but there was a lack of consciousness about these dimensions in her philosophy

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about parenting, and her family also did not have an optimal temporal rhythm. Strengthening the idea of a connection between temporal rhythm and affect regulation could help to make both these processes more conscious for Tracy, and possibly benefit her children. Taking a look at this idea is more likely to be accepted by her than exploration of the far more complicated issues of her conflicts about dependency, attachment impairments, and unresolved feelings of loss and anger, of which there were several signs during her interview.

Indeed, some of the material presented by the women in this study raises questions about how parental attachment quality, a comfort with emotions and parental affect-regulating capacity, and the nature of object representations are all factors in a parent's capacity to describe in detail family life, to respond to children in ways that encourage better or worse affect regulation, as well as to shape the temporal structure of the family. Tracy and Virginia were quite different in their comfort with their own and others' emotions, just as they differed in the temporal structures they provided to their families. Tracy's description of not being a "mushy-mushy kind of mother" and her assertion that "I'm not raising my kids to show or express love to another person who shows them that [shows them love]" spoke of her profound anxiety in the face of even good feelings, which may relate to powerful fears and an unconscious desire for protection from overwhelming affects. In addition, the way she spoke in the second person in response to a question about her reactions to her children's happy feelings, (saying, "You're happy; you're glad" instead of saying *she* was

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happy) captures the dismissive way she often approached the world of feelings. She was also not able to clearly differentiate between her children in describing their moods or provide detailed descriptions of their feelings whereas Virginia was quite successful in this regard. In discussing the concept of reflective functioning, Target and Fonagy (1996) pinpoint the role of an adult's capacity to imagine a child's inner world in that child's subsequent psychological development. Thus, how much does Tracy's difficulty with feelings influence not only her children's affect-regulating ability but also the temporal structures she creates?

One could certainly speculate that what underlies Tracy's affective discomfort would also influence the kind of temporal environment she creates, just as Virginia's relative freedom to experience her own and her children's emotions seems to be reflected in the kind of flexible but reliable temporal structure she has set up. One can imagine that people who cope more competently with a range of emotions might also be better at taking charge of their lives by organizing their time as well as a host of other aspects of their lives. The degree to which underlying psychodynamics—including self-other differentiation and capacity for affect integration, which both differed notably in these two women—determine the nature of temporal structure is an important question yet to be answered.

However, it is also possible to imagine parents using temporal regulation as a way to *compensate* for their own acknowledged difficulties with experiencing

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their own and their children's feelings. For example, a mother who has learned by experience or by how she herself was raised that she cannot give as much affectively to her family as she believes is ideal but knows that providing a rhythmicity to home life can provide a "good-enough holding environment" may indeed successfully promote her children's capacities to regulate their emotions in relation to their context. In fact, it appears that one of the main benefits of a predictable routine is that it affords protection against less-than-optimal circumstances, which may include fluctuations in parent's responsivity to their child. This relationship was demonstrated in Bennett and her colleagues' study (1987) that found that when there was a regular dinnertime in alcoholic families, as adults sons were less likely to become alcoholics themselves. Similarly, Brody and Flor (1997) discovered that regular family routines were associated with better child academic and psychosocial adjustment even when there was evidence of maternal depressiveness, and Bates et al. (in press) found parents' regulating their children's sleep-wake cycles improves child behavior even when more intensive changes in parenting have not occurred. That temporal regularity relates to affect regularity could provide affective "guidance" to children that their parents may not be able to provide from their own psychological resources. Ultimately, it would be helpful in elaborating the concepts presented in this study to analyze the relationships among family temporal organization, object representations and affect maturity of parents, child object relations, and child affect-regulation capacities.

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Also, it would be important for future studies to develop a more systems-wide measure of family time and routines instead of sole reliance on parent reports. Such a means of measurement would allow for elaboration of the systemic versus parental influences on temporal organization. For instance, families could be asked to keep a log of daily schedules and activities. Future studies could also examine the variables used here with a larger sample to validate these findings and to test their generalizability to a more heterogeneous sample, one that is not facing the special conditions and challenges of homeless families.

There are some limitations to this study. For one, the interview did not ask parents directly their thoughts about a possible link between regular rhythms at home and their children's capacity to regulate emotional experiences. This question might have produced interesting responses that could help build theory in this area. Also, parents have myriad ideas about what it means to cope well with feelings—and have different ideas about different feelings—and it would be helpful to hear their own explanations of what the idea of "coping well" means to them. In general, affect regulation, a professional term not used in day-to-day discussions, is a difficult concept to bring into a conversation. Finding a more consensual meaning would illuminate the concept as a whole.

McCubbin, Thompson, & McCubbin (1996), the authors of the family time and routines measure used in this study, suggest that a main reason temporal

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organization is worth examining is that family routines build day-to-day stability, which strengthens the family in the face of stressors. The population of this study is one that knows quite personally the effects of stressors, and how troubles and anxiety about managing them can eat at both the edges and the center of a family. Focusing on temporal structure, something families can have some control over (even if there is significant dysfunction in a family) could benefit the family as a whole by adding to its resiliency in the face of adversity. This study suggests that routinizing daily life by accounting for both predictability and flexibility may also help with something families hold quite dear: their own children's abilities to regulate the ebb and flow of their emotional lives.

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Table 1
Parent Demographics

Demographics	**Mean (S.D.) or percent**	**Range**
Parent age	29.62 (7.45)	19-54
# of children in shelter	2.26 (.79)	1-4
% female	93.6	
% single parent	76.6	
% race: African-American	59.5	
Latino	34.0	
Caucasian	6.5	
Education: % no h.s.	4.3	
% some h.s.	38.3	
% h.s. grad/GED	25.5	
% some college	25.5	
% college grad	6.4	

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Table 2
Child Demographics

Demographics	**Mean (S.D.) or percent**	**Range**
Age	85.83 months (30.91)	36-142
% male	59.6	
% race: African-American	59.6	
Latino	36.2	
Caucasian	4.3	

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Table 3
Descriptive Statistics

Measure	Mean (S.D.)	Range
FTRI	54.98 (8.31)	35-68
CALS	11.41 (9.47)	0-42
ERC lability	26.95 (6.15)	19-42
ERC emo. reg.	24.30 (3.71)	18-32
CRI	31.00 (7.72)	15-51
CBCL total	24.89 (20.72)	0-96
CBCL internal.	5.47 (5.66)	0-23
CBCL external.	9.68 (8.95)	0-40

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Table 4
Bivariate Correlations

	FTRI	CALS	ERC lability	ERC emo. reg.	CRI	CBCL total	CBCL internal.
FTRI	-----						
CALS	-.334*						
ERC lability	-.444**	.529***					
ERC emotion reg.	.457**	-.225	-.346*				
CRI	-.064	.257	.434**	.110			
CBCL total	-.160	.642***	.672***	-.133	.421**		
CBCL internal.	-.138	.516***	.485**	-.213	.321*	.865***	
CBCL external.	-.084	.605***	.645***	-.029	.367*	.921***	.656***

Significance level (2-tailed): * = .05; ** = .01; *** = .001

APPENDIX A

Affect Regulation

Skye Wilson & Peter Fraenkel

I. Rhythmicity and Affect Regulation

SCHEDULE

1. Describe a typical day in the life of your family from when the first person wakes up until the last person is asleep.

INTERVIEWER: USE BLANK SCHEDULE FORM TO RECORD.

****MAKE SURE TO GET MORNING ROUTINE, AFTER-SCHOOL ROUTINE, DINNER ROUTINE, BEDTIME ROUTINE.****

2. INTERVIEWER ONLY: Rate how easy or difficult it was for the family to identify a typical schedule.

1	2	3	4	5
EXTREMELY DIFFICULT	QUITE DIFFICULT	A LITTLE BIT DIFFICULT/EASY	QUITE EASY	EXTREMELY EASY

3. Are there times when the family's daily schedule is different from usual? How is the schedule different at these times? What are the reasons for these changes?

4. How easy or difficult is it for your family to handle/adjust to these changes? **(E on handout)**

1	2	3	4	5
EXTREMELY DIFFICULT	QUITE DIFFICULT	A LITTLE BIT DIFFICULT/EASY	QUITE EASY	EXTREMELY EASY

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5. Who in the family has the most power or influence in making or setting this schedule?

6. Who keeps people to this schedule?

7. Who tries to change or not follow the schedule? Why?

8. If you could change your schedule in any way you like, what would you do?

MEALTIMES

9. (Just to review) A. Which meals do family members eat together?
B. At what time or times?

Breakfast _________Lunch _________ Dinner ____________ Other? _________

10. Describe a recent shared mealtime as if we were watching a video of your family. Tell us how everyone usually seems to feel, what they usually say, or how they act.

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11. During ______________ (SHARED MEAL) on a scale of 1 to 5 how much do you . . .
(D on handout) INTERVIEWER: GET MULTIPLE PERSPECTIVES. EMPHASIZE QUESTION APPLIES TO MEALTIME AND NOT IN GENERAL.

1	2	3	4	5
NOT AT ALL	A LITTLE BIT	SOMEWHAT	QUITE A BIT	A LOT

Name	**Talk Together**	**Joke**	**Watch TV**	**Argue/Disagree**
________	________	________	________	________
________	________	________	________	________
________	________	________	________	________
________	________	________	________	________

12. How regular are these mealtimes? **(F on handout)**

1	2	3	4	5
NOT AT ALL REGULAR	A LITTLE BIT REGULAR	SOMEWHAT REGULAR	QUITE REGULAR	EXTREMELY REGULAR

AFTER SCHOOL

13. Describe a recent time when your child(ren) came home from school as if we were watching a video of your family. Tell us how they usually seem to feel, what they usually say, or how they act.

14A. Do they stay in that mood? What changes their mood?

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14 B. Are there times when your child(ren) changes his/her own mood and how do they do that?

15A. What do you consider to be the best way you handle their moods in these times?

15B. And how does your child(ren) respond?

16A. Would you give us an example of ways you handle your child(ren)'s mood(s) in these times where afterwards you think it wasn't the best way?

16B. And how does your child(ren) respond?

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17. Earlier you told us what your children usually do after school: How regular are these activities for each child? **(F on handout)**

1	2	3	4	5
NOT AT ALL REGULAR	A LITTLE BIT REGULAR	SOMEWHAT REGULAR	QUITE REGULAR	EXTREMELY REGULAR

Child	Rating
______________	______________
______________	______________
______________	______________
______________	______________

BEDTIME

18. In an average week how many nights do children have the same bedtime?

________________ /7 nights

19. (To review) What are the bedtimes for each child for a typical weeknight? A typical weekend night? **INTERVIEWER: USE TO VERIFY TYPICAL DAY SCHEDULE.**

Child	Typical weeknight	Typical weekend night
__________	__________	__________
__________	__________	__________
__________	__________	__________
__________	__________	__________

20. When the bedtime is different or if the bedtime is not regular:
    A. What is the range of times (earliest to latest)?

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B. What affects bedtimes? **PROBE FOR WHAT DETERMINES EARLY VERSUS LATE BEDTIMES. WHAT LEADS TO IRREGULARITY?**

21. How regular are these bedtimes for each child? **(F on handout)**

1	2	3	4	5
NOT AT ALL REGULAR	A LITTLE BIT REGULAR	SOMEWHAT REGULAR	QUITE REGULAR	EXTREMELY REGULAR

Child	Rating
______________	______________
______________	______________
______________	______________
______________	______________

22. Describe a recent bedtime as if we were watching a video of your family. Tell us how your children usually seem to feel, what they usually say, or how they act.

23A. Do they stay in that mood? What changes their mood?

23 B. Are there times when your child(ren) changes his/her own mood and how do they do that?

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24A. What do you consider to be the best way you handle their moods at bedtime?

24B. And how does your child(ren) respond?

25A. Would you give us an example of ways you handle your child(ren)'s mood(s) at bedtime where afterwards you think it wasn't the best way?

25B. And how does your child(ren) respond?

26. How easy or difficult is it for each of your children to go to sleep? (How much supervision or reminding do you need to give?) **(E on handout)**

1	2	3	4	5
EXTREMELY DIFFICULT	QUITE DIFFICULT	A LITTLE BIT DIFFICULT/EASY	QUITE EASY	EXTREMELY EASY

Child	Rating
__________	__________
__________	__________
__________	__________
__________	__________

27. When there are difficulties with bedtime, what are they and what do you do to handle them?

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II. Systems Affect Regulation: Parental Perspectives

Now I'm going to ask you some questions about what your child(ren) is/are like when they're feeling different emotions.

GIVE PARENTS THE CHOICE OF WHETHER THEY WANT THEIR CHILDREN THERE OR NOT FOR THIS PART OF INTERVIEW

1A. Tell me about a recent time or incident when your child was sad. Please describe for each child. (How can you tell? What do they say or do, look like, who do they go to, if anyone?)

1B. What do you do? How do you react? What does that bring out in you (What does that feel like for you)?

1C. How does your child(ren) respond?

2A. Tell me about a recent time or incident when your child was happy or excited. Please describe for each child. (How can you tell? What do they say or do, look like, who do they go to, if anyone?)

2B. What do you do? How do you react? What does that bring out in you (What does that feel like for you)?

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2C. How does your child(ren) respond?

3A. Tell me about a recent time or incident when your child was scared or nervous. Please describe for each child. (How can you tell? What do they say or do, look like, who do they go to, if anyone?)

3B. What do you do? How do you react? What does that bring out in you (What does that feel like for you)?

3C. How does your child(ren) respond?

4A. Tell me about a recent time or incident when your child was angry or frustrated. Please describe for each child. (How can you tell? What do they say or do, look like, who do they go to, if anyone?)

4B. What do you do? How do you react? What does that bring out in you (What does that feel like for you)?

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4C. How does your child(ren) respond?

5. What was the most upsetting or dangerous incident with your child that concerned or worried you? What happened? What did you do?

6. What was the thing your child has done that you have felt the most proud of? What did you do?

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Child Affect Regulation

7. We're interested in the different ways children cope with feelings. For instance, some children have an easy time going from one feeling to another whereas other children tend to feel feelings very strongly and seem to get "out of hand" as a result. For example, a child who gets angry and can't calm down, whereas another child might get mad briefly but is soon smiling again. Or one child who is feeling happy gets sort of wild and it takes a lot of work to calm him or her down while a different child is clearly happy but doesn't get out of hand. Every child is different. We're interested in the range of ways children handle these feelings.

I'm going to ask you how well you think your child(ren) copes with the feelings we just talked about. Some ways of thinking about what "coping with feelings" means are being able to stay in control of how he or she is acting even while still feeling a strong emotion; being able to comfort her or himself when upset; being able to find something else to do to feel better or change the feeling; talking about how he or she is feeling; or reaching out for help. Those are examples of coping well with feelings.

I'm going to ask you to picture each child and keeping that picture in your mind tell me on a scale from 1 to 5 **(G on handout)** how well you believe __________ copes with feeling . . .

1	2	3	4	5
NOT WELL AT ALL	A LITTLE BIT WELL	SOMEWHAT WELL	QUITE WELL	EXTREMELY WELL

CHILD	**RATING**			
	sad	happy/excited	scared/nervous	angry/frustrated
__________	_______	_______	_______	_______
__________	_______	_______	_______	_______
__________	_______	_______	_______	_______
__________	_______	_______	_______	_______

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8. Do you think that your child(ren) could handle any of these feelings better? If yes, which ones?

Family Affect Regulation

9. Describe a recent time when one person in the family had a very strong feeling and what happens next. Describe it as if we were watching a video of your family.

10. What would you say is the mood of your family most of the time? What's the reason for this mood? What changes the family mood? (To what (feeling/mood))?

INTERVIEWER: Please complete the following:

1. In a sentence or two please describe the child's behavior throughout the interview.

2. How easy or difficult was it for the child to sit through the interview?

1	2	3	4	5
EXTREMELY DIFFICULT				EXTREMELY EASY

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3. In a sentence or two please describe the parent's behavior toward the child(ren) throughout the interview.

4. How did the parent discipline the child(ren) during the interview?

1	2	3	4	5
VERY HARSHLY				VERY PATIENTLY

5. How responsive was the child(ren) to the parent's discipline?

1	2	3	4	5
NOT AT ALL RESPONSIVE				EXTREMELY RESPONSIVE

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