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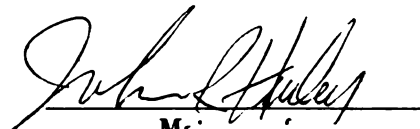
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ABSTRACT

MARITAL ADJUSTMENT AND INTERACTION, RELATED TO INDIVIDUAL ADJUSTMENT OF SPOUSES IN CLINIC AND NON-CLINIC FAMILIES

By

Kees C. Hofman

Marriage assessment primarily consisted of self-report instruments, as represented by the Locke-Wallace Scale of Marital Adjustment (LW) and the Family Concept Inventory (FCI), until the recent innovative methodology of observing spouses interact under laboratory conditions. The present project used both approaches in an investigation of marital adjustment and its concomitants. Interaction measures used were: (a) spontaneous agreement (SA); (b) choice fulfillment (CF); (c) dominance (DOM); (d) decision time (DT); and (e) interpersonal competence (IC). In addition, the Tennessee Self Concept Scale (TSCS) was used to assess individual adjustment.

A clinic (C) sample of 15 couples was constituted of parents of children who had been referred to an outpatient clinic with emotional difficulties. A same-sized non-clinic (NC) sample was recruited from couples designated as "well-adjusted" in their marriages by local

ministers. Selection criteria were that all couples be literate, caucasian, married at least 4 years, and have at least 1 child. In addition, no member of NC families was to have been referred at any time for mental health care.

All spouses ($N = 60$) separately completed the LW, FCI, and TSCS, and ranked solutions to 3 hypothetical family situations dealing with finances (task 1), parent-child relations (task 2), and birth control measures (task 3). Upon completion of these tasks, spouses were requested to resolve their differences on tasks 1, 2, and 3. The ensuing discussions were tape-recorded and independently rated by two judges to obtain IC scores (average agreement was 81.2%). SA was defined as the rank-order correlation between spouses' initial rankings. CF was the rank-order correlation between spouses' initial ranking and the joint ranking. DOM was derived from CF and SA. DT was time needed for joint completion of tasks 1, 2, and 3.

It was hypothesized that: (a) individual adjustment of spouses is highly positively correlated; (b) individual adjustment is positively related to marital adjustment as measured by the LW, FCI, and interaction indices (positively with SA, CF, and IC, but negatively with DT); (c) LW, FCI, SA, CF, and IC are positively inter-related, and negatively correlated with DT; (d) the TSCS, LW, FCI, and interaction measures differentiate the C and NC samples at statistically significant levels.

Results showed a statistically significant positive correlation between spouses' TSCS adjustment as well as maladjustment scores. Individual adjustment was significantly and positively correlated with LW, FCI, and, to a small degree, with SA. Other interaction indices were minimally and variably related to individual adjustment scores. More pronounced correlations obtained between interaction measures (especially SA and DT) and TSCS response-style measures. Husband's (a) tendency to acquiesce with positive statements, (b) degree of conflict in, and (c) certainty of, self-perception were related to lower SA and high DT scores. These relationships were less pronounced between wives' response-style and interaction measures. LW and FCI correlated highly, but did not consistently correlate as predicted with interaction indices. Male LW scores were positively correlated with SA on task 3, while female FCI scores were negatively related to DT scores, also on task 3.

The C and NC samples differed significantly on most measures, except the interaction indices. The NC sample scored significantly higher on 9 of 10 TSCS adjustment scales (and significantly lower on 5 of 6 maladjustment scales) as well as on the LW and FCI. The FCI discriminated more clearly, with less overlap, than did the LW.

NC mean SA scores were significantly higher for task 3 and for all tasks combined, but not for tasks 1

and 2. An analysis of variance yielded significant Task and Task X Group effects. Neither the CF nor the DT measure differentiated between the samples. Similarly, there was no difference on the DOM measure, although all couples tended to show husband dominance, relative to wife dominance or compromise, on task 1. When summing across tasks there was no preferred dominance pattern. A very consistent finding was that tasks 1, 2, and 3 were qualitatively different and that couples' interaction varied significantly from task to task. There were no sample differences on IC. However, the C couples were assigned significantly more feeling scores, relative to idea scores, than were assigned to NC couples. This was interpreted to suggest that NC couples' discussion remained more task-oriented than did C couples' discussion.

A significant ($p < .01$) inverse relationship was found between FCI and length of marriage. Most pronounced when discussing birth control measures (task 3) was a rather stable positive correlation between number of children and dominance of husband.

Conclusions drawn were:

- (a) the results supported the homogamy theory; i.e., spouses tend to be equally well- or mal-adjusted.
- (b) people who were individually well adjusted also tend to be better adjusted in, and more satisfied with, their marriage as compared to less well adjusted people.

- (c) questionnaire methods, e.g., the FCI and to a lesser degree the LW, more accurately distinguish between adaptive and maladaptive marriages, than do those interaction indices used in this project.
- (d) interpersonal processes, as measured by the present interaction indices, are to a significant degree dependent on task content.

Suggestions for further research were discussed.

MARITAL ADJUSTMENT AND INTERACTION,
RELATED TO INDIVIDUAL ADJUSTMENT
OF SPOUSES IN CLINIC AND
NON-CLINIC FAMILIES

By

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TO MY IMMEDIATE FAMILY

PA, MOE, HANS, JOHN, WILL, NELLY, and MARTHA

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CHAPTER I

INTRODUCTION

Although marriage is one of the most important human relationships (in terms of time and emotional involvement) it has been relatively ignored by psychology. This is not true of sociology and anthropology, which have a long history of investigating the marital relationship. One of the major factors of interest in sociological research on marriage has been mate selection. The increasing divorce rate stimulated the investigation of marriage, among these most notably the ambitious project of Terman in the 1930's (See also Burgess and Wallin, 1954), and necessitated some means of assessing the quality of the marriage. An early construct designed to meet this need was "marital happiness." Davis (1929) asked subjects: "Is your marriage happy or unhappy." This early example was followed by several self-report measures which purportedly measure marital "happiness," "adjustment," or "success." Tharp (1963) identified four additional approaches to the assessment of marriage. These are: a. interpersonal perception (i.e. marital adjustment depends on degree of congruency between perception of ideal and actual

behavior of spouse); b. identification (i.e. adjustment depends on congruency between spouse's actual behavior and the idealized opposite-sex parent image); c. complementarity of psychic needs (i.e. adjustment depends on the "fit" of the psychological needs between spouses); and d. role theory (i.e. adjustment depends on similarity of perception of spousal roles). In recent years, another approach to the investigation of marriage has emerged in the form of interaction studies. This approach appears to be a manifestation of the increasing awareness of the limitations of the intrapsychic point of view in social science and the attempt to conceptualize interpersonal behavior as system. Framo (1966) called this approach the "transpersonal view," which he defined as ". . . people really do have an effect upon one another when they are in close relationship, a telling effect which is more than the resultant of two interacting intrapsychic systems (p. 451)." This approach emphasizes the desirability of observing actual behavior between spouses for the evaluation of a marriage.

The purpose of the present study is to combine several of these approaches in the comparison of the marriages of clinic and non-clinic subjects by: (a) investigating the similarity between spouses on an overall measure of mental health; (b) analyzing the reported marital happiness or adjustment; (c) observing and analyzing marital

behavior in response to a problem-solving task; and (d) investigating the relationships among these variables.

Relevant Literature

Individual Adjustment of Spouses

The thesis of the present study is that spouses tend to occupy similar positions on a global measure of mental health; namely, self-esteem. Previous research both supports and questions this proposition. Burgess & Wallin (1954) state: "There is a strong tendency for persons with neurotic traits to be engaged to others like themselves. Correspondingly, non-neurotics unite with non-neurotics (p. 115)." Tharp (1963) commented on this early research by stating that the correlations, although positive, were of low order. Fisher & Fisher (1967) after an extensive review of the literature and analysis of their own results in a sample of 119 couples found only moderate support for the homogamy theory (i.e. "likes marry likes"), and commented: "Analysis of the family data collected revealed a surprisingly variable pattern of correlations between spouses (p. 119)."

The research of Winch and his associates (summarized in Winch, 1958) was designed to disprove the homogamy of psychic needs theory. Tharp (1963), after critically evaluating their research methods and results, discredited the complementary need theory of Winch and summarized the

research by stating that mate selection ". . . is a function of unknown psychological variables (p. 115)."

Similarly, Murstein (1961) stated: "The heterogeneity-homogony dichotomy seems a gross simplification of the actual marital situation. The assumption seems more plausible thus, that for adequate marital adjustment some needs require complementary needs in the marital partners, while others necessitate homogenous patterns (p. 196)."

It should be noted that much of the homogony-heterogony of psychic needs controversy is in terms of personality traits or needs. It is the purpose of this study to deal with a global measure of mental health rather than traits or personality characteristics. Traditionally, the "healthy" person has been described as a flexible, problem-solving individual who does not occupy an extreme position on any dimension of most personality inventories since most traits, when carried to an extreme, become maladaptive. The less well-adjusted individual, on the other hand, is usually described as a person with age-inappropriate "needs" or rigid behavioral patterns which are used at the exclusion of others and therefore result in extreme scores on one or more scales of personality inventories. Most of the research has focused on the traits or personality characteristics of spouses. The present study tends to focus on an overall evaluation of the "maturity," "adjustment" or "mental health" of the

spouses with the hypothesis that spouses tend to occupy similar positions on an overall measure of health.

This position is also advanced by Satir (1964) who posits that a person with low self-esteem seeks to bolster it through approval from a marital partner; who, in turn, needs a "weak" partner in order to build his/her own self-esteem. Similarly, Bowen (1960) stated that partners with equal levels of immaturity tend to marry, even though they frequently rely on opposite defensive systems. Lidz, Cornelison, Fleck & Terry (1957) advanced a similar position after investigating the marriages of parents of schizophrenics. They described a variety of patterns of marriage; however, all were marked by similar degrees of maturity of spouses.

Research evidence which supports the proposition of homogamy in terms of level of adjustment or mental health is found in studies by Eschleman (1965), Dean (1966) and Murstein (1967). Eschleman (1965) reported a modest positive relationship between mental health and marital adjustment in a sample of 82 couples. Mental health was measured by the Adult Form AA of the California Test of Personality and a symptom check list. Marital adjustment was measured by interpersonal checklist perception discrepancy scores (after LaForge & Suczek, 1955) and seven questions concerning satisfaction with the marriage (e.g. would you marry the same person, have you regretted your

marriage, etc.). Correlations among these variables were all significant at beyond the .01 level, ranging from .19 to .57 in the predicted direction.

Dean (1966) also presented supportive data by reporting positive interspouse correlations (r is .42) for an emotional maturity scale (derived from the Dean Emotional Maturity Scale) and marital adjustment scores (r is .59, derived from the Nye Scale of Marital Adjustment). The emotional maturity scores and marital adjustment scores of individuals were also modestly positively correlated (r is .28 for males, r is .35 for females).

Murstein (1967) investigated courtship progress and individual mental health scores in a sample of 99 couples. Six months after the original interview and tests (primarily the Minnesota Multiphasic Personality Inventory) a follow-up interview assessed whether the relationship had progressed in intensity or deteriorated. Mental health was measured by the neurotic triad score, Welsh's Repression and Anxiety Scales and Barron's Ego Strength Scale (all based on the MMPI) as well as an overall rating of the MMPI profile. Murstein reported that those individuals judged to be normal were more likely to be engaged to another normal partner ($p < .03$). However, correlation coefficients between partners for the previously mentioned scales were not significantly different from zero (r ranging from .042 to .156). He also reported "only

moderate support" for the hypothesis that couples similar in mental health would progress further in courtship than dissimilar couples. An intriguing finding was that the mental health of the male was related to a higher degree with courtship progress than that of the female.

To sum up: the research intended to show that spouses tend to be either homogamous or heterogamous in psychological variables has yielded a "surprisingly variable pattern" of results. The present author believes that this may have been partly due to the instruments used and also the failure to adequately conceptualize the problem. It is the thesis of this research that spouses tend to be homogamous in terms of overall level of adjustment, while they might be homogamous or heterogamous in terms of specific characteristics or traits. The instrument used to investigate this hypothesis is the Tennessee Self Concept Scale, which is described in the method chapter.

Marital Happiness

Marital "success" was identified by Tharp (1963) as the second-most basic variable of interest in marriage research (after the homogamy-heterogamy issue). One of the earliest attempts to measure this construct was made by Davis (1929) who asked subjects: "Is your marriage happy or unhappy." Kirkpatrick (1937) identified marital success with the social stimulus value of the marriage

when he evaluated marriages by asking acquaintances of marital couples to rate that marriage. Terman (1938) contended that marital success is a subjective phenomenon which therefore can only be measured by self-report of the experience of the marital partners.

Most current approaches to this variable of success consist of self-report questionnaires in which the basic question of Davis (1929) is still asked except that a variety of aspects of the marriage are evaluated. An example of this is the instrument developed by Locke & Wallace (1959). This questionnaire (the LW), reproduced in Appendix A (p. 124) has been used extensively, also as an independent variable. Basically, the approach of the LW is to question subjects directly concerning their expressed satisfaction with the marriage, the degree of cooperation, conflict, and similarity of attitudes between them.

A somewhat more indirect procedure was developed by van der Veen, Huebner, Jorgens, & Neja (1964). This instrument, the Family Concept Q sort, uses a Q sort of statements descriptive of family relationships, perceptions and attitudes. Degree of family success or adjustment is assessed by the degree of similarity of the subject's family rating with that of the ideal family as defined by its description, in terms of the same Q sort, by a group of judges.

Recently a number of authors have taken issue with this general approach of marriage assessment. Ryder, (1966), e.g., stated:

It may be seen that a fair amount of work has gone into the irrational goal of discovering the correlates of successful marriage. What is a successful or good marriage? Is it one that ends in death rather than in divorce? Not exactly. Is it one where husband and wife tell you that they are satisfied? Perhaps. Success depends, does it not, on what one believes marriage ought to be. And what marriage ought to be is not a matter of descriptive fact. One's findings must depend in principle on whose ideals are incorporated into the research. The difficulty cannot be resolved by judging each couple under study in terms of their own values, since this is simply smuggling in the ideal that married couples should be whatever they want to be (p. 565).

Bowman (1956) pleaded with researchers to abandon the questionnaire method in the study of marriage dynamics and marital adjustment. He challenged the assumption that the dynamics of family roles and relationships are simple, uncomplicated phenomena or that informants possess an articulate understanding of these phenomena. Similarly, Fontana (1966) states that retrospective studies assume that:

(1) People conceptualize their lives in terms of the language used by the investigator so their understanding of the question is similar to that of the investigator; (2) People can accurately recall events and feelings of many years past with minimal forgetting; (3) People will report unpleasant events without selective forgetting, defensive distortion and justification of actions by inaccurate elaboration; and (4) People will report past events unaffected by social desirability or other response sets (p. 215).

Lively (1969) stated: "The conclusion is that the continued use of 'marital happiness,' 'marital success' or 'marital adjustment' is detrimental to the development of precise analyses and theoretical formulations of marriage and interactional behavior (p. 144)."

Three studies support this general disillusionment with self-report measures. Kenkel & Hoffman (1956) instructed couples to assume a gift of \$300 and to discuss how they might spend it. Before and after the actual discussion spouses were instructed to characterize their own role in the discussion in terms of: (a) total number or ratio of initiated actions; (b) number or percentage of actions initiated consisting of giving ideas and suggestions and (c) those actions which contributed to the smooth functioning of the session. The actual discussion was recorded and analyzed using Bales' interaction categories (Bales, 1950). The authors reported low accuracy of spouses in predicting or postdicting their own role.

Similarly, Olson (1968) compared self-report and behavioral measures of power in marriages, by instructing 35 couples, all expecting a first child in the near future, to answer a questionnaire consisting of 27 items dealing with issues which needed to be decided soon after the child was born. For each issue, Ss were instructed to: (a) predict who would make the decision; (b) state who had the legitimate right to make the decision;

(c) rate how well they understood spouse's preference on that item and (d) state how relevant the item was to them as a couple. The questionnaire was followed by a Revealed Differences Task for the same items. Olson (1968) reported no significant relationships between predicted and actual power. Spouses did not differ along sex lines in ability to predict decisions.

Weller & Luchterhand (1969) obtained ratings of family functioning for 39 families from two separate sources. The same categories were used in both ratings. One rating was made by a family case-worker who had worked with the family a median of 31 times. The case-workers had not been informed in advance that these ratings would be expected. A second rating was made by a social worker who interviewed the same families specifically to gather the necessary information for the ratings. A comparison of the two ratings showed significant correlations in only two of the eleven aspects of family functioning rated. These were individual behavior and adjustment of the father and the source and amount of income.

A number of experimenters have also reported the striking tendency of marital partners to present a united front, to the point of feigning agreement and deliberate distortion (see below, Vidich, 1956; Ryder & Goodrich, 1966).

Interaction Studies

The interaction studies escape some of the shortcomings of retrospective methods. The interaction method is characterized by direct observation and/or recording of the interaction between marital partners. Usually this occurs in a laboratory setting and a variety of tasks, designed to stimulate interaction (most frequently verbal discussion) have been used. Jackson (1967) attributed the emergence of family interaction studies to "the accident of conjoint family therapy (p. 36)"; i.e. because therapists were seeing family units as a whole rather than piecemeal in individual therapy. (See also Haley, 1962; Riskin, 1968; Levinger, 1963; Rabkin, 1965.)

Another significant factor contributing to the rise of the interaction study approach to family and marriage dynamics was most likely the methodology developed by small group research (see Cartwright and Zanders, 1962). In reviewing this approach, Fontana (1966) identified the following assumptions:

(a) . . . reaction patterns in the experimental setting are the usual family patterns and the subjects' usual behavior is not altered by the knowledge that they are being studied by professional experts; (b) reaction patterns remain stable over time; (c) families react to the experimental task as they characteristically react to most tasks and (d) patterns remain the same when some members are absent (p. 217).

There has been relatively little research on these assumptions. An exception is a study by Moore (1966) in which

the interaction of 15 families was analyzed on two occasions, six to eight weeks apart. Moore (1966) interpreted the results to indicate relative consistency in interaction patterns over time.

The earliest marital interaction study in a laboratory setting appears to be the study by Strodbeck (1951). Spouses were instructed to nominate three families with whom they were familiar. After agreement had been reached on three families whom they knew best, spouses were instructed to rank these families on a number of dimensions such as ambitiousness, happiness of children, etc. This initial ranking was done separately and independently by each of the two spouses. When these rankings were complete, spouses were brought together and informed of each others rankings and instructed to resolve any differences. The discussion which ensued was analyzed using Bales' interaction categories (Bales, 1950). Strodbeck (1951) reported that spouses who talked most also "won" most decisions or had the most influence in final answers. This method, named the Revealed Differences Task (RDT), was used in a number of later experiments.

March (1954) investigated husband-wife interaction around political issues using an essentially Revealed Differences Task. He reported a tendency of marital couples to escape conflict by allocating decision power to each other for different areas. Vidich (1956) modified the

RDT by remaining with the couple during the task and pointing out their differences as they occurred. During this experiment two observers were in the room, one to point out the differences and one to observe gestures and to operate a tape-recorder. Vidich (1956) reported considerable difficulty with this technique since most couples found it difficult to interact together without directing comments at the observers. He questioned the value of direct observations because of the artificiality of the situation. He also noted the tendency of couples to present a united, not necessarily accurate, and socially desirable front to the experimenter.

The small group research, especially that of Bales (1950), led to the identification of two leadership roles, the instrumental (i.e. task oriented) and the expressive (i.e. socio-emotional oriented) roles. Parsons (1955) suggested that the instrumental and expressive roles in the family are filled by the husband and wife respectively. This suggestion was investigated by Bachove and Zubaly (1959) by analyzing the discussion of normal family triads (father, mother and son) in response to hypothetical family situations and TAT cards. They reported that the father and mother did indeed emerge as the instrumental and expressive leaders respectively. Levinger (1959) compared normal and abnormal families in a similar experiment and reported a higher degree of maternal negative

emotional behavior and a higher maternal participation rate in clinic families. These results were interpreted as "role reversal" in clinic families with a passive father and a dominant mother, similar to the "schizophrenogenic mother" notion of Fromm-Reichman (1948). This was followed by a number of studies which investigated this construct, conceptualized as a precursor or determinant of schizophrenia in at least one child of the family (see Caputo, 1963; Cheek, 1964; A. B. 1956; Farina, 1960; Farina, Storrs, & Dunham, 1963). Fontana (1966) after critically evaluating these experiments concluded "there is no evidence for the proposed 'schizophrenogenic' pattern of dominant mother--passive father (p. 225)."

The interest in this notion was valuable since it resulted in considerable data on family interaction. Variables of interest were also no longer restricted just to power indices or Bales' Interaction Categories. Activity variables, such as rate of interaction, number of times spoken, amount of silence, etc. were used by Haley (1962), Lennard, Beaulieu & Embrey (1965), and Cheek (1964). Indices of conflict were investigated by Farina (1960), Caputo (1963), and Lennard et al. (1965). A variety of indices of clarity of communication were developed by Fisher, Boyd, Walker, & Shear (1959), Stabeneau, Tupin, Werner, & Pollin (1965), Beavers, Blumberg, Timken, & Weinen (1965), and Caputo (1963). Rigidity of

communication was investigated by MacKenzie 1968; Haley (1964, 1967), Stabeneau, et al. 1965. These studies will not be reviewed in detail here since they are only tangentially relevant to the present study. One exception is the research program of Ferreira and his associates since some of the interaction variables used in the present study were developed in that project. The research method of Ferreira is also in most ways representative of family interaction studies.

Ferreira (1963) instructed family triads to independently answer 16 emotionally neutral items by ranking 3 solutions in decreasing preference. (Example: "If you had to order something to drink which would you choose: coffee, milk or tea?") Upon completion the family was brought together and instructed to arrive at a consensual decision for the same items. The analysis consisted primarily of a comparison of individual and joint answers. Ferreira identified: (a) unanimous decision or spontaneous agreement; i.e. members agreed without previous discussion; (b) majority decision; i.e. joint answer was the same as the initial answer for two of the three members; (c) dictatorial decision; i.e. joint answer was the same as initial answer of one member; (d) chaotic decision; i.e. joint answer different from all initial answers. Results were interpreted to suggest among other conclusions: "that normal families agreed spontaneously, significantly more often than abnormal families (p. 72)."

A later study (Ferreira & Winter, 1965) followed the same basic design. Subjects were 50 normal; 15 schizophrenic; 16 delinquent and 44 mal-adjusted family-triads. Subjects were instructed to (a) independently and then (b) jointly choose three preferred and three non-preferred from among ten alternatives to seven questions. The questions were essentially the same as those of the earlier (Ferreira, 1963) study. Analysis was in terms of a Spontaneous Agreement score (number of unanimous decisions); Decision Time (time needed to complete the joint questionnaire); and Choice Fulfillment (computed for each member, consisting of number of initial choices which became family choices). The authors concluded that "normal families, when contrasted with abnormal ones, were shown: (a) to have a much greater agreement in what their members liked or disliked, prior to any exchange of information, (b) to spend less time in the reaching of family decisions and (c) to arrive at more appropriate decisions in terms of a better fulfillment of the family members' individual choices (Ferreira & Winter, 1965; p. 220)."

In yet another study (Ferreira, Winter & Poindexter, 1966) the same family-triads were instructed to produce stories to three TAT card sequences. Among other results the authors concluded that the normal families needed less time for this task while the abnormal families' discussion contained a significantly greater number of silences.

Haley (1962) and Cheek (1964) also reported that clinic families were less active than non-clinic families, i.e. more time was needed to complete a given task. Bodin (1966) also demonstrated higher overall parental agreement and more efficient joint decision making in real than in artificial families.

A novel approach, called Interaction Testing, was developed by Roman & Bauman (1960). This method consisted of two phases: (a) standard administration of individual psychological tests (both projective and intelligence), followed by (b) administration of the same test to both spouses where only the mutually agreed upon response was recorded. Most of their research used the Wechsler-Bellevue Comprehension and Similarities Subtests. This procedure yielded four sets of data: (a) individual protocols, (b) joint protocol, (c) comparison of individual and joint protocols, and (d) the interaction process (Bauman & Roman, 1966).

A comparison of individual and joint protocols led to four scoring categories: (a) dominance (joint response contains one individual's response in the absence of other's response); (b) combination (joint response contains elements of both individual responses); (c) emergence (joint response contains a new idea or concept not present in either individual answer); (d) reinforcement (joint response is same as both individuals' response). In

addition, the quality of the response from individual to joint protocol was evaluated. A plus was scored if the joint response was better than either individual's response. A minus was given if the joint response was poorer than at least one of the individual responses and a zero reflected no change in quality of response. Bauman & Roman (1966) administered this procedure to a sample of 50 couples of which one spouse was an inpatient in a mental hospital. The primary variable of interest was pattern of dominance and its determinants which were hypothesized to include: rational, (i.e. dominance based on competence) and irrational considerations (i.e. dominance based on husband status, non-patient status or recorder status). The authors reported that all these factors were significantly correlated with dominance (husband status $r = .44$; competency (based on individual IQ score) $r = .39$; nonpatient status $r = .30$; recorder status $r = .26$). These determinants acted independently.

This research led to the development of a decision efficiency concept. The "intellectual efficiency" of a marriage relationship was defined as the difference between a couple's potential joint IQ (i.e. the "best score" which a couple would obtain if they consistently selected, in interaction, the better of their two individual responses) and their actual IQ. Bauman & Roman (1968) reported the results of an unpublished study which suggested that degree

of efficiency is directly related to degree of individual pathology.

The most comprehensive study of marriage is currently in progress. It is sponsored by the Family Development Section of the Child Research Branch, National Institute of Mental Health, presently under the direction of R. G. Ryder. The stated purpose of the project is to develop a "psychosocial taxonomy of marriage." At this time a number of reports have appeared with results of a pilot study of 50 couples, who were all white, middle-class and in the fourth month of a first marriage. A larger sample of two thousand couples is presently being studied. In the pilot study, couples were studied by extensive individual and joint interviews which dealt with their personal background as well as their current functioning and plans for the future, a modified Revealed Differences Task (the Color Matching Technique), questionnaires (including the Locke-Wallace) and role playing tasks.

Goodrich & Boomer (1963) reported the method and initial results of the Color Matching Technique (CMT). Spouses were seated at opposite sides of an easel which displayed colored sheets of paper. Each sheet was of a different color, identified with a number. After the experimenter had displayed and removed a stimulus color, spouses were asked for the number of the color on their easel which best matched the stimulus color. Spouses were

told that only the responses on which they agreed would "count" toward their "score." Of twenty such matches, ten were impossible since the same colored sheets were numbered differently on the two sides of the easel. The discussion which ensued was recorded. Goodrich & Boomer (1963) conceptualized observed differences primarily in terms of "coping style." It was noted that some couples achieved perspective on the situation while others did not. Similarly, some couples maintained esteem for self and other, while others did not.

When a couple takes this position (looks at the test as a whole) it is based upon trust in each others' perceptions and judgment and in a greater willingness to consider that the difficulty lies in the situation rather than themselves; therefore, we consider it a sign of mutual confidence, and usually a sign of coping adequacy (p. 22).

Ryder & Goodrich (1966) reported a more detailed analysis of the findings. Variables used in the analysis of the discussion of the couples in response to the CMT included: (a) number of statements; (b) husband initiation; (c) husband dominance; (d) errors (errors were differentiated as to whether they were made before or after the other spouse had spoken); (e) task discussion (several dimensions); (f) disapproval of spouse; (g) laughter; and (h) avoidance of structure. Ryder & Goodrich (1966) noted a striking tendency of spouses to distort or alter choices to avoid disagreement; i.e. there were many more errors after the other spouse had indicated his/her choice than

there were errors before the other spouse had spoken. A factor analysis of the variables yielded two main factors: (a) rationality versus affectivity and (b) verbal fluency.

In yet another report, Ryder (1968) stated that "married strangers" (i.e. subjects were married but not to their partners for the CMT) were much more cheerful, cooperative and polite to one another than were married couples.

Ryder (1969) summarized the findings of the pilot study. The data of each method of assessment, i.e. interviews, questionnaires, etc., was factor-analyzed and the four most prominent factors for each set of data were retained and subjected to another "cross-method" factor-analysis. This method yielded four main factors: (a) closeness to husband's family; (b) role orientation; (c) complaints about the marriage; and (d) closeness to wife's family.

Summary of Literature Review

The clinical literature abounds with generally unsubstantiated claims that spouses tend to be of equal levels of immaturity; however, the research in this area is very limited and has used primarily instruments designed to measure "traits" or characteristics rather than overall functioning in a search for "proof" of the homogamy or heterogamy hypothesis.

Recent literature also reveals an increasing disillusionment with traditional methodology in marriage research. There is a discernable movement away from self-report measures which are being replaced by laboratory observation of actual family functioning. The interaction approach is still relatively recent in origin and is still searching for methodology and meaningful variables. The interaction approach is typified by an emphasis on interpersonal variables; i.e. those which are manifested only in interpersonal behavior and go beyond "intra-psychic constructs" (see Framo, 1965, p. 451). However, a number of researchers have analyzed interactional processes in terms of intra-psychic constructs (e.g. Goodrich & Boomer, 1963; who translate "coping adequacy" of couples into "ability to maintain esteem for self and other" of individuals).

Purpose

The present study was designed to investigate: (a) the notion that spouses tend to be equally mature or immature; (b) self-report and interactional methods of marital assessment and the relations among these methods.

CHAPTER II

METHOD

Subjects (Ss, i.e. husband-wife teams) were recruited from a clinic and non-clinic population in order to maximize range of scores. An identical procedure was administered to all Ss. This consisted of: (a) the Tennessee Self Concept Scale as a measure of overall individual adjustment; (b) the Locke-Wallace scale of marital adjustment and the Family Concept Inventory as self-report measures of marital functioning; (c) three modified Revealed Differences Tasks which were tape-recorded.

Instruments

Tennessee Self Concept Scale

The TSCS was used to measure level of individual emotional maturity or adjustment. The TSCS, developed by Fitts (1965), is a short (100 items, average administration time is approximately 13 minutes) questionnaire designed to describe an individual's self-concept. Several scores are derived from the standardized scoring procedure. The single most important score is Total P which reflects the overall level of self-esteem. This score is broken down by identifying different sources of

esteem, both from an internal and external frame of reference. The scores Identity, Self Satisfaction and Behavior make up the internal frame of reference. Respectively, S describes or rates his basic identity (what he is as he sees himself), self satisfaction or self acceptance, and how he acts. The external frame of reference consists of Physical-, Moral Ethical-, Personal-, Family-, and Social-Self. The TSCS also yields seven empirical scores which are based on item analyses of the performance of several norm groups. These scales are: Defensive Positive; General Maladjustment; Psychosis; Personality Disorder; Neurosis; Personality Integration and Number of Deviant Signs. The last is simply a count of the number of deviant features on all the other scores of the instrument. According to Fitts (1965) the Number of Deviant Signs Score "is the scale's best index of psychological disturbance. This score alone identifies deviant individuals with about 80% accuracy (p. 5)." Other scores include the Self-Criticism Score, which is made up of items from the L scale of the Minnesota Multiphasic Personality Inventory. The Variability Score reflects the consistency or integration of a person's self-concept. The Distribution Score is a response-set measure and is interpreted as a measure of the individual's definiteness or certainty when describing himself. The True-False ratio is also a response-set measure. The Net Conflict Score differentiates acquiescence conflict from denial conflict (i.e.

over-affirmation of positive attributes versus over-denial of negative attributes). The Total Conflict Score reflects the confusion, contradiction and general conflict in self-perception.

The mean scores of a standardization group, a psychiatric patient group and a "personality integration group," the standard deviations and reliability coefficients (based on test-retest over a two week period with $N = 60$) are presented in Table 1. An inspection of this table suggests significant differences among the three groups for most variables. Fitts (1965) has also published much other information, including correlations with various other measures which supports the validity of the TSCS.

Locke-Wallace Scale of Marital Adjustment

The LW consists of a number of questions borrowed from a variety of earlier, similar instruments. It is reproduced in Appendix A, p. 124. For a sample of 236 individuals, Locke & Wallace (1959) reported a split-half reliability of .90. The validity of the test was investigated as follows:

"Forty-eight of the 236 subjects were known to be maladjusted in marriage. Extensive case data [not further described] corroborated this for thirty-one of the persons, twenty-nine of whom were clients of a clinic. Eleven more cases were recently divorced, and six were separated, making a total of twenty-two males and twenty-six females in the maladjusted group. This group of forty-eight was matched for age and sex with forty-eight persons in the sample judged to be exceptionally well-adjusted in marriage by friends who knew them well (p. 254)."

Table 1

Means, Standard Deviations and Reliability of TSCS Scores for Three Groups

Score	Patient Group (363)		Norm Group (626)		PI Group (75)		Reliability
	Mean	S.D.	Mean	S.D.	Mean	S.D.	
Self Criticism	36.0	6.8	35.54	6.70	36.87	5.98	.75
True-False Ratio	1.17	.40	1.03	.29	.93	.12	.82
Net Conflict	3.0	18.2	- 4.91	13.01	-12.13	8.15	.74
Total Conflict	35.1	11.3	30.10	8.21	25.00	6.52	.74
Total Positive	323.0	44.5	345.57	30.70	376.01	25.46	.92
Identity	116.2	15.7	127.10	9.96	132.45	8.52	.91
Satisfaction	99.1	17.7	103.67	13.79	120.53	12.14	.88
Behavior	108.0	15.4	115.01	11.22	123.00	8.85	.88
Physical	67.3	11.1	71.78	7.67	76.63	5.95	.87
Moral-Ethical	65.2	11.0	70.33	8.70	75.79	7.60	.80
Personal	60.9	11.5	64.55	7.41	71.79	6.32	.85
Family	64.8	10.8	70.83	8.43	77.43	7.34	.89
Social	65.0	10.6	68.14	7.86	74.47	5.91	.90
Variability	51.6	14.2	48.53	12.42	37.04	7.30	.67
Distribution	121.4	31.1	120.44	24.19	130.10	20.11	.89
Defensive Positive	51.2	14.6	54.40	12.38	58.70	8.61	.90
General Maladjustment	89.2	13.4	98.80	9.15	104.04	7.05	.87
Psychosis	49.7	8.4	46.10	6.49	42.28	6.02	.92
Personality Disorder	65.6	13.9	76.39	11.72	82.12	8.75	.89
Neurosis	73.2	16.1	84.31	11.10	91.72	7.14	.91
Personality Integration	6.74	4.17	10.42	3.88	15.0	3.22	.90
Number of Deviant Signs ^a	22.9		4.37		2.9		.90

^aDistribution of data too skewed for mean and standard deviation to be meaningful. Medians were reported instead.

Note: Table adapted from Fitts (1965).

Mean scores were reported to be 135.9 and 71.7 for the well- and mal-adjusted groups respectively which was interpreted to show that: ". . . this short marital adjustment test clearly differentiates between persons who are well-adjusted and those who are maladjusted in marriage (p. 255)."

Hawkins (1966) investigated the possible confounding influence of the social desirability of the LW items. The LW and the Marlowe-Crown social desirability scales were administered to 48 couples. Correlations between the scores were reported to be .31 for males and .37 for females. These correlations, although statistically significant, led to the conclusion that social desirability is not a major factor in the LW score.

A number of experiments used the LW as an independent variable. Murstein (1961), in an investigation of the pattern of psychological variables between spouses, used the LW as a criterion measure of marital adjustment. Similarly, Katz (1965) differentiated happily versus unhappily married couples using the LW. Navran (1967) also used the LW as a measure of marital adjustment and reported positive correlations between the LW and a self-report assessment of communication effectiveness within the marriage.

Family Concept Inventory

The FCI, reproduced in Appendix A (p. 126), was developed from the original Q sort constructed by

van der Veen et al. (1964). The original Q sort contained 80 statements, however, only 48 of these entered into the scoring. Van der Veen et al. (1964) reported significantly different mean adjustment scores for well-adjusted and mal-adjusted families (means were 35.2 and 27.9 respectively; $N = 20$). Van der Veen et al. (1964) also reported a significant positive rank-order correlation between the LW and the Q sort ($r = .67$; $N = 40$). Van der Veen & Ostrander (1961) reported a median test-retest correlation of .7 over a four week period. Hofman (1966) administered both the Q sort and the critical 48 items in a true-false form to a sample of 25 couples and reported a correlation of .72 between the two forms and an internal consistency index of .84 for the true-false form. Palonen (1966) developed a five-choice form for the same 48 items (the FCI) and reported a split-half reliability of .85 ($N = 80$). Several studies have used both the LW and some form of the FCI on the same group of subjects. Correlations between the two measures as well as between husband and wife are summarized in Table 2.

Revealed Differences Tasks

Three RDTs were used. These are reproduced in Appendix A (pp. 120-123). All three present a hypothetical problem-situation which could arise in a marriage. The first deals with allocating money, the second with childrearing policies and the third with methods of birth

Table 2

Correlations between Husband's and Wife's Marital Satisfaction Scores and between the Locke-Wallace and Family Concept Instruments

	LW	FC-Q sort	FC-TF	FCI
Locke-Wallace Scale	.28 ¹ .58 ² .58 ⁴	.68 ¹ .67	.76 ¹	.73 ²
Family Concept Q-Sort		.30 ¹ .42 ^{3a} .66 ^{3b} .12 ⁵	.78	
Family Concept True-False			.14 ¹	
Family Concept Inventory				.65 ² .72 ⁶

Note - Husband-wife correlations are below the diagonal.

1. From Hofman (1966) $\bar{N} = 25$
2. From Palonen (1966) $\bar{N} = 40$
3. From Van der Veen (1964) $\bar{N} = 20$
4. From Hoeg (1965) $N = 22$
5. From Powell (1965) $\bar{N} = 23$
6. From Updyke (1968) $\bar{N} = 23$
- a. Low adjustment group
- b. High adjustment group

control. Each task has a list of eight solutions. Ss were instructed to rank these solutions in order of preference. After this had been done, Ss were instructed to answer the same tasks jointly (see procedure below). This procedure yielded three rankings for each of the RDTs, one by each of the spouses and one reflecting their joint decision. The discussion which ensued was tape-recorded and then typed. After the first typing it was corrected twice by two different judges and then again typed. Two sets of interaction measures were derived from this procedure: (a) decision efficiency measures and (b) discussion ratings. These will be discussed in turn.

Decision Efficiency Measures were largely borrowed from Ferreira (1963) and Ferreira & Winter (1965). Decision Time (DT) was defined as the time, in seconds, needed by Ss to complete the three RDTs. DT was measured by timing the appropriate parts of tape-recordings. Spontaneous Agreement (SA) was defined as the degree of agreement between spouses prior to any consultation. SA was obtained by a rank-order correlation between spouses' individual rankings. Choice Fulfillment (CF) was defined as the degree to which individual choices also became joint choices. CF was obtained by a rank-order correlation between Ss' initial choices and joint choices. Previous research has shown that clinic families on the average need more time to complete a given task than normal families (see Ferreira, 1963; Ferreira & Winter, 1965;

Ferreira, Winter & Poindexter, 1966; Haley, 1962; and Cheek, 1964). Normal families also have shown greater SA than abnormal families. (See Ferreira, 1963; Ferreira & Winter, 1965 and Bodin, 1966). Non-clinic families, compared to clinic families, also show a greater degree of CF. (See Ferreira, 1963 and Ferreira & Winter, 1965).

Discussion Ratings were based on a system developed by Argyris (1965, A, B, and C). Central to this system is the concept of competency in interpersonal relationships. Argyris defined interpersonal competence as: "1. One's awareness of relevant factors (relevant factors are those that have an effect), 2. problems are solved in such a way that they remain solved, 3. with a minimal deterioration of the problem-solving process (1965 B; p. 59)." This definition led to a system of categories of interpersonal verbal behavior. Such behaviors as "owning, being open, and experimenting" are characteristic of and increase interpersonal competency, while "not owning, not being open and rejecting experimenting" are detrimental to the problem solving process. On the interpersonal level, the same categories are defined as "helping others" or "not helping others to own, be open and experiment." In addition, each behavior is also rated as involving either feelings or ideas. The complete system of categories as used in this study is presented in Table 3.

Table 3

Categories of Behavior Related to Interpersonal Competency

Individual	Weight	Interpersonal	Weight	Outputs
Plus				
experimenting	i f	help others to experiment	i f	7 16
openness	i f	help others to be open	i f	6 10
owning	i f	help others to own	i f	5 9
Zero				
Minus				
not owning	i f	not help others to own	i f	-3 -5
not open	i f	not help others to be open	i f	-3 -6
rejecting experimenting	i f	not help others to experiment	i f	-4 -7

Note: Table adapted from Argyris (1965).

The system provides numerical values for each rating (see Table 3). An individual's index of interpersonal competency (IC) is a ratio of weighted sum of ratings over highest possible weighted sum of ratings; i.e. number of units scored multiplied by 16. This index behaves as the correlation index with minus scores indicating low interpersonal competency and plus scores indicating high interpersonal competency with minus 1 and plus 1 as limits. Argyris (1965A) reported a minimum percentage agreement of 86 between experienced raters before any discussion of discrepancies. Argyris (1965B) also found that T group members' IC scores correlated significantly with staff interpersonal competency ratings for the same members. The staff members were not familiar with the system of categories. Other data (Argyris, 1965A) suggested that members with higher IC scores showed more growth and greater satisfaction with the T group sessions than those with low IC scores. In summary, the preliminary research reported by Argyris suggests that the system of categories can be reliably used to measure an important aspect of individual and group communication abilities.

Subjects

A Clinic (N = 15) and Non-Clinic (N = 15) sample of couples were recruited. The Clinic Group was obtained through the cooperation of therapists at a Community Mental Health Clinic. Criteria for the clinic sample were

that one of their children had been referred to the clinic and that they had been married for at least four years. After therapists nominated couples, E contacted them by phone and asked them to participate in a research project which would require approximately an hour and a half. Ss were told that they would be asked to complete a number of questionnaires and to discuss some topics. Participation rate of those contacted was approximately 80%. Only one couple flatly refused to participate and two other couples did not participate because of time-scheduling problems. Ss were paid five dollars for their participation. The Clinic Group also included two couples from an ongoing marital therapy group who were not paid directly but were remunerated by a reduction in fees.

The Non-Clinic Group was recruited with the cooperation of two local ministers of a moderately conservative and a liberal church, both Protestant. In one instance, the minister mailed a letter explaining the project to about twenty couples whom he thought to be well-adjusted and happily married. Ten of these responded. Letters were also sent to nine couples nominated by the other minister and six of these responded. It was discovered that three of these sixteen couples had one child who was, or had been, referred to a mental health clinic for what appeared to be emotional difficulties. These three couples were included in the Clinic Group. Three more non-clinic

couples were recruited through the cooperation of a teacher at a nursery school. Non-clinic couples were paid fifteen dollars for their participation.

Procedure

Ss were seated in the same room either at oppositely facing desks or across a rather large table. Ss were presented with a booklet which included a general introduction and instructions followed by seven tasks. Tasks 1, 2, and 3 consisted of the three Revealed Differences Tasks. Task 4 consisted of the LW and Task 5 of the FCI. The TSCS constituted Task 6. Ss were instructed to complete the tasks separately without consulting each other, suggesting or discussing the answers. They were also informed that a tape-recorder (clearly visible) was present in the room and would be used later. At that point E left the room informing Ss that he was available in the next room if problems arose. After Ss had finished the six tasks they notified E who quickly checked their booklets to ensure that these had been completed properly. E then engaged the tape-recorder and instructed Ss to again complete Tasks 1, 2, and 3 but to produce a ranking of solutions for each of these tasks which would be satisfactory or acceptable to both. After answering any questions E again left the room. Upon this joint completion of Tasks 1, 2, and 3 Ss again notified E who then instructed Ss to complete a short demographic questionnaire. Payment of Ss marked the end of the procedure.

CHAPTER III

HYPOTHESES

- Hypothesis 1. Mean MA scores, both LW and FCI, are significantly higher for the Non-Clinic Group than for the Clinic Group.
2. Clinic Group mean scores are significantly higher on the pathognomonic scales of the TSCS, especially NDS.
3. Non-Clinic Group mean scores are significantly higher on the self-esteem scales of the TSCS, especially TP.
4. Mean SA scores are significantly higher for the Non-Clinic Group than for the Clinic Group.
5. Mean CF scores are significantly higher for the Non-Clinic Group than for the Clinic Group.
6. Mean DT scores are significantly higher for the Clinic Group than for the Non-Clinic Group.

7. Mean IC scores are significantly higher for the Non-Clinic Group than for the Clinic Group.
8. There is a positive correlation between spouses' TSCS scores, specifically TP and NDS.
9. There is a positive correlation between TSCS self-esteem scores and MA scores.
10. There is a negative correlation between TSCS pathognomonic scores and MA scales.
11. There is a positive correlation between MA scores and positive interaction scores; i.e., SA, CF, and IC.
12. There is a negative correlation between MA and DT scores.
13. There is a positive correlation between TSCS self-esteem and positive interaction scores.
14. There is a negative correlation between TSCS pathognomonic scores and positive interaction scores.
15. There is a positive correlation between DT and TSCS pathognomonic scores, and a negative correlation between DT and TSCS self-esteem scores.
16. There is a positive correlation between IC and CF.

CHAPTER IV

RESULTS

Demographic Variables

Comparative means of demographic variables for Clinic and Non-Clinic Groups are presented in Table 4. Clinic S were significantly older ($p < .001$) and had been married longer ($p < .05$). There were no statistically significant mean differences for annual income, educational level, number of children or social class (social class was determined after Hollingshead, 1959). When males and females were considered separately, non-clinic females had a significantly higher educational level ($p < .05$).

Marital Adjustment Scales

Hypothesis 1 predicted significantly higher mean Marital Adjustment (MA) scores for the Non-Clinic than the Clinic Group. The results, presented in Table 5, confirmed this hypothesis. The Non-Clinic Group obtained significantly higher mean LW and FCI scores than the Clinic Group ($p < .01$ and $p < .001$ respectively; one tailed t tests). These differences still held when males and females were considered separately; however, the significance levels were reduced (see Table 5).

Table 4

Demographic Variables, Means and Standard Deviations

Variable	Clinic Group		Non-Clinic Group		Mean Difference
	Mean	SD	Mean	SD	
Age					
Males	41.2	5.91	32.5	6.78	8.7***
Females	41.8	5.82	33.1	7.27	8.7***
Education	40.5	6.39	31.7	6.76	8.8***
Males	14.6	3.17	16.5	2.57	1.9
Females	15.6	4.08	17.7	3.06	2.1
Income (thousands annually)	13.5	2.20	15.3	2.19	1.8*
	12.7	3.33	10.0	4.17	2.7
Number of years Married	16.3	5.21	10.7	6.29	5.6*
Number of Children	3.5	1.73	2.7	1.29	.8
Social Class	30.1	18.72	24.5	13.59	5.6

*p < .05, two-tailed t test

**p < .01, two-tailed t test

***p < .001, two-tailed t test

Table 5
Marital Adjustment Scores, Means and Standard Deviations

Variable	Clinic Group		Non-Clinic Group		Mean Difference
	Mean	<u>SD</u>	Mean	<u>SD</u>	
Locke-Wallace Scale	106.4	22.31	122.1	17.59	15.7**
Males	110.1	18.92	122.4	13.88	12.3*
Females	102.7	25.37	121.7	21.17	19.0*
Family Concept Inventory	126.0	18.83	154.6	14.75	28.6***
Males	128.3	19.56	153.1	18.16	24.8***
Females	123.8	18.47	156.1	10.75	32.3***

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* $p < .05$
 ** $p < .005$
 *** $p < .001$

All one-tailed t tests

Inspection of the correlations between MA and demographic variables (see Table 28) revealed statistically significant correlations between FCI and number of years married and age ($r = -.39$ and $-.41$ respectively). Since clinic couples had been married longer than non-clinic couples, and since these variables were negatively correlated, the difference in MA scores between groups could be explained as due to the difference in number of years married. To control for the number of years married, an analysis of covariance, with number of years married as covariate, was used. The analysis is summarized in Table 6. The highly significant Group effect suggests that mean MA differences were not simply attributable to age differences.

Table 6

Analysis of Covariance, Family Concept Scores with
Number of Years Married as Covariate

Source	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex (A)	1	8.1		NS
Groups (B)	1	9164.6	30.32	.001
A X B	1	209		NS
Error	56	302.3		

Product-moment correlation coefficients, multiplied by 100, between LW and FCI scores are listed in Table 7 for all Ss and also for sexes and groups separately.

Table 7

Correlations between Locke Wallace Scale and
Family Concept Inventory

Subjects	<u>N</u>	<u>r</u> *	<u>p</u>
All Subjects	60	55	.0005
Males	30	61	.0005
Females	30	52	.005
Clinic Group	30	45	.05
Males	15	60	.05
Females	15	33	<u>NS</u>
Non-Clinic Group	30	41	.05
Males	15	43	<u>NS</u>
Females	15	50	<u>NS</u>

*r multiplied by 100Tennessee Self Concept Scale

Hypotheses 2 and 3 predicted significantly higher pathological scores for the Clinic Group and significantly higher Self-Esteem scores for the Non-Clinic Group. TSCS means are presented in Table 8. Both predictions were confirmed. The Non-Clinic Group reported significantly higher self-esteem in all areas than did the Clinic Group, with the exception of the Moral Ethical-Self Score which did not differentiate the two groups. The differences between groups held when males and females were considered separately (see Tables 9 and 10).

The clinical scales (Defensive Positive, General Maladjustment, Psychosis, Personality Disorder, Neurosis, Personality Integration, and Number of Deviant Signs)

Table 8

Tennessee Self Concept Scale, Means and Standard Deviations, All Subjects

Scale	Clinic Group		Non-Clinic Group		Mean Difference
	Mean	SD	Mean	SD	
Total Positive	327.7	25.56	355.2	23.77	27.5***
Identity	118.3	9.48	128.0	7.12	9.7***
Self Satisfaction	100.4	11.50	110.4	11.03	10.0***
Behavior	109.0	8.91	116.7	9.17	7.7***
Physical Self	64.8	9.45	69.9	5.76	5.1**
Moral Ethical Self	70.2	8.12	72.4	6.26	2.2
Personal Self	61.0	6.76	67.6	6.37	6.6***
Family Self	66.8	7.28	75.1	5.04	8.3***
Social Self	64.3	6.85	70.0	5.63	5.7***
True-False Ratio	.93	.22	.89	.16	.04
Distribution	100.6	19.91	109.5	24.47	8.9
Defensive Positive	47.4	10.03	52.8	7.84	5.4*
General Maladjustment	91.3	6.94	98.2	6.78	6.9***
Psychosis	47.8	5.07	43.2	5.28	4.6***
Personality Disorder	72.2	8.92	77.8	8.09	5.6***
Neurosis	73.8	10.19	84.8	8.44	11.0***
Personality Integration	11.3	4.45	13.7	3.38	2.4*
Number of Deviant Signs	13.4	11.69	4.2	3.75	9.2***
Self Criticism	36.5	5.24	36.7	5.13	.2
Net Conflict	- 8.7	11.89	-12.2	8.91	3.5
Total Conflict	31.3	8.73	27.3	6.59	4.0*
Total Variance	46.4	15.55	39.2	10.15	7.2*

*p < .05

**p < .01

***p < .001

One tailed t tests

Table 9
Tennessee Self Concept Scale, Means and Standard Deviations, Males

Scale	Clinic Groups		Non-Clinic Group		Mean Difference
	Mean	SD	Mean	SD	
Total Positive	329.6	18.84	354.7	21.13	25.1***
Identity	117.2	9.08	128.2	6.71	11.0***
Self Satisfaction	101.7	7.61	110.6	11.43	8.9***
Behavior	110.7	4.56	115.3	7.68	5.6*
Physical Self	66.3	6.93	71.3	5.16	5.0*
Moral Ethical Self	68.2	7.88	70.4	4.90	2.2
Personal Self	61.7	5.21	67.7	5.46	6.0***
Family Self	67.5	7.31	75.1	4.75	7.6***
Social Self	64.7	5.58	70.3	5.14	5.6***
True-False Ratio	.88	.16	.85	.18	.03
Distribution	94.3	18.67	107.3	14.37	13.0*
Defensive Positive	49.5	7.53	52.9	8.28	3.4
General Maladjustment	91.7	6.27	98.5	6.37	6.8***
Psychosis	47.9	5.92	43.1	4.75	4.8***
Personality Disorder	70.9	8.37	75.5	6.33	4.6*
Neurosis	75.7	7.79	85.6	8.12	9.9***
Personality Integration	12	4.63	14.5	3.70	2.5*
Number of Deviant Signs	11.2	10.14	2.9	2.81	8.3***
Self-Criticism	35.7	5.25	37.1	4.80	1.4
Net Conflict	-8.5	9.71	-14.1	10.7	5.6
Total Conflict	29.8	9.03	26.9	6.06	2.9
Total Variance	41.9	10.68	38.3	7.18	3.6

*p < .05

**p < .01

***p < .001

One tailed t test

Table 10

Tennessee Self Concept Scale, Means and Standard Deviations, Females

Scale	Clinic Group		Non-Clinic Group		Mean Difference
	Mean	SD	Mean	SD	
Total Positive	325.9	31.48	355.7	26.89	29.8**
Identity	119.5	10.06	127.8	7.75	8.3**
Self Satisfaction	99.1	14.57	110.2	11.02	11.1**
Behavior	107.3	11.24	117.1	10.73	9.8**
Physical Self	63.4	11.52	68.5	6.15	5.1
Moral Ethical Self	72.2	8.12	74.3	6.99	2.1
Personal Self	60.4	8.17	67.5	7.37	7.1**
Family Self	66.2	7.45	75.1	5.48	8.9**
Social Self	63.9	8.11	69.7	6.25	5.8**
True-False Ratio	.88	.26	.92	.14	.06
Distribution	106.8	19.74	111.7	32.00	4.9
Defensive Positive	45.3	11.93	52.8	7.66	7.5**
General Maladjustment	90.9	7.76	97.9	7.37	7.0**
Psychosis	47.6	4.26	43.3	5.92	4.3**
Personality Disorder	73.6	9.54	80.1	9.17	6.5**
Neurosis	72.0	12.14	84.1	8.96	12.1**
Personality Integration	10.6	4.31	12.8	2.88	2.2
Number of Deviant Signs	15.6	13.04	5.5	4.21	10.1**
Self-Criticism	37.4	5.28	36.3	4.21	1.1
Net Conflict	-9.0	14.08	-10.3	6.46	1.3
Total Conflict	32.9	8.45	27.6	7.27	5.3**
Total Variance	51.0	18.50	40.1	12.65	10.9*

* $p < .05$ ** $p < .01$ One tailed t test

differentiated the two groups at statistically significant levels in the predicted direction; i.e. the Clinic Group scored in the more pathological direction. The only exception was the Defensive Positive Score which was significantly higher for the Non-Clinic Group. It should be noted that General Maladjustment, Personality Disorder, and Neurosis are inverse scales; i.e. a high score is indicative of less pathology.

The response-set measures and empirically defined scores (Total Conflict, Net Conflict, True-False ratio, Distribution, and Total Variance) did not differentiate the two groups as clearly. The Clinic Group scored significantly higher on Total Conflict and Total Variance.

Product-moment correlation coefficients, multiplied by 100, among TSCS scores for all Ss are presented in Table 11.

Interaction Scores

Spontaneous Agreement

SA scores were obtained by multiplying by 100 the rank-order correlation coefficients between spouses' initial rankings for each of the three tasks. Hypothesis 4 predicted significantly higher mean SA scores for Non-Clinic than Clinic couples. This prediction was only partially substantiated. SA means are presented in Table 12. The Non-Clinic Group obtained a significantly

Table 11
Correlations among Tennessee Self Concept Scale Scores; All Subjects

	ID	SS	BE	PS	ME	PS	FS	SS	TF	DI	DP	GM	PS	PD	NE	PI	NDS	SC	NC	TC	TV
Total Positive*	86	91	90	72	66	92	81	76	00	49	76	89	-51	73	90	43	-66	-12	-13	-30	-52
Identity*		66	69	56	55	81	71	76	09	55	64	86	-60	61	77	25	-60	10	-16	-06	-21
Self Satisfaction*			76	64	60	87	80	59	03	33	75	73	-32	70	83	49	-60	-22	-04	-43	-64
Behavior*				72	60	78	67	73	-11	47	64	84	-47	66	80	37	-55	-17	-21	-25	-49
Physical Self*					23	62	34	51	-06	29	52	66	-50	29	71	44	-68	-10	-12	-29	-58
Moral-Ethical Self*						53	55	36	11	42	45	52	-16	84	39	15	-23	-10	-04	-08	-11
Personal Self*							74	67	02	40	77	82	-45	62	90	40	-61	-18	-15	-30	-55
Family Self*								54	-04	37	62	69	-38	70	74	32	-52	-15	-11	-23	-39
Social Self*									-03	47	60	81	-52	42	72	32	-43	05	-16	-17	-31
True False Ratio										25	28	-05	22	01	00	-23	19	01	81	02	20
Distribution											25	-50	-43	38	30	-22	-03	27	03	29	24
Defensive Positive												63	-21	52	80	41	-55	-49	14	-37	-51
General Maladjustment													-56	57	77	32	-61	03	-21	-13	-41
Psychosis														-14	-46	-03	52	-29	39	-16	08
Personality Disorder															53	26	-32	-20	-13	-19	-23
Neurosis																50	-69	-27	-12	-37	-61
Personality Integration																	-62	-29	-12	-66	-67
Number of Deviant Signs																	10	10	19	46	54
Self Criticism																			-04	31	40
Net Conflict																				-20	10
Total Conflict																					59
Total Variance																					

*Correlations among some of these scales spuriously high because of overlapping items
 $r \geq .23$: $p < .05$; $r \geq .33$: $p < .01$; $N = 60$

higher mean SA score on Task 3 (selection of birth control methods) and also a significantly higher total mean SA. There were no significant mean SA differences between the two groups on Tasks 1 and 2.

Table 12

Spontaneous Agreement, Means and Standard Deviations

Task	Clinic Group		Non-Clinic Group		Mean Difference
	Mean	<u>SD</u>	Mean	<u>SD</u>	
1	53	31	61	21	8
2	77	16	73	20	4
3	35	35	63	21	28*
total	55	17	66	12	11*

* $p < .05$; one-tailed t test

SA scores were also analyzed using a Group X Task, repeated measures, analysis of variance (Winer, 1962; p. 306). The summary of this analysis is presented in Table 13. The main Task and the Task X Group effect were statistically significant, while there was no significant Group effect. SA scores are also presented in Figure 1.

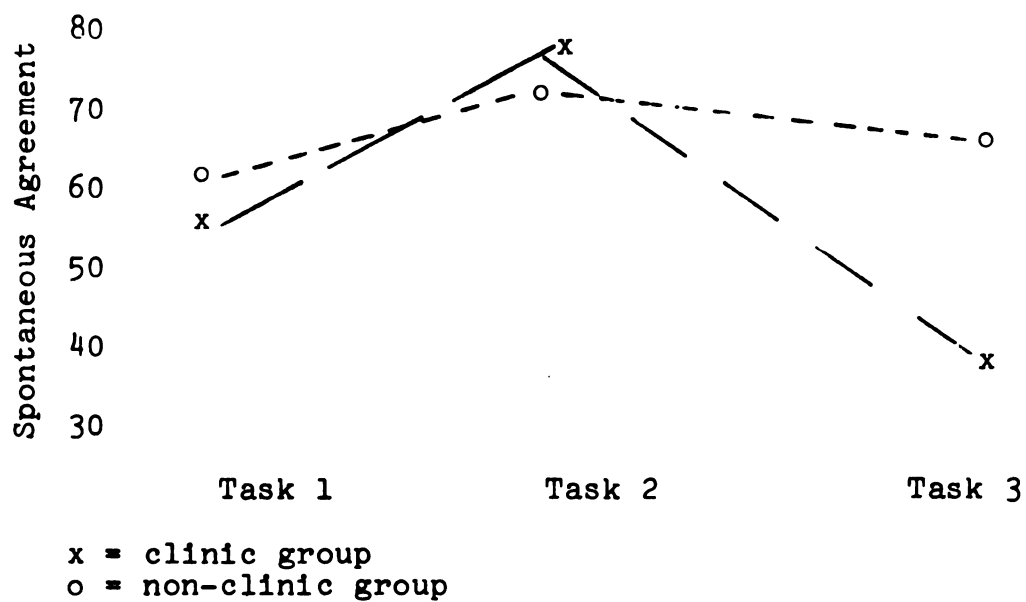
Table 13

Spontaneous Agreement, Analysis of Variance

Source	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Subjects	29			
Groups (A)	1	1285	1.99	NS
Subjects within Groups (B)	28	647		
Within Subjects	59			
Tasks (C)	2	5236	8.54	<.01
A X C	2	1985	3.24	<.05
B X C	56	613		

Figure 1

Spontaneous Agreement Scores for Groups and Tasks



Choice Fulfillment

CF was obtained for males and females separately by multiplying the rank-order correlation coefficient between Ss' initial ranking and the joint ranking for each of these tasks. Hypothesis 5 predicted significantly higher mean CF scores for Non-Clinic than Clinic Ss. This prediction was not substantiated. CF means are presented in Table 14. There was no statistically significant mean difference for any of the tasks nor for the total CF score.

Table 14

Choice Fulfillment, Means and Standard Deviations

Subjects	Task	Clinic Group		Non-Clinic Group		Mean Difference
		Mean	<u>SD</u>	Mean	<u>SD</u>	
Males						
	1	80	22	87	11	7
	2	87	11	82	38	5
	3	74	27	67	33	7
	Total	80	12	79	15	1
Females						
	1	76	25	72	20	4
	2	91	06	79	38	12
	3	62	34	74	39	12
	Total	76	17	75	12	1

CF scores were also analyzed using a Group X Sex X Task, repeated measures, analysis of variance (Winer, 1962; p. 337) which is summarized in Table 15. The main Task effect contributed significantly to the variance. None of the other main or interaction effects was significant.

Table 15

Choice Fulfillment Scores, Analysis of Variance

Source	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Subjects				
Groups (A)	1	69		NS
Sex (B)	1	631		NS
A X B	1	2		NS
Subjects within Group (C)	56	771		
Within Subjects				
Tasks (D)	2	3733	4.95	<.05
A X D	2	597		NS
B X D	2	459		NS
A X B X D	2	927	1.23	NS
D X C	112	754		

Decision Time

DT scores were obtained separately for the three tasks by timing the relevant sections of the tape-recording. Only that discussion related directly to the solution of the problem was included. Hypothesis 6 predicted significantly higher mean DT scores for Clinic couples than for Non-Clinic couples. This prediction was not substantiated for any of the tasks nor for the total time. Mean DT scores are presented in Table 16. There were no significant differences between the two groups.

DT scores were also analyzed by means of a Group X Task, repeated measures, analysis of variance (Winer, 1962; p. 306) which is summarized in Table 17. None of the effects was statistically significant.

Table 16

Decision Time, Means and Standard Deviations

Task	Clinic Group		Non-Clinic Group		Mean Difference
	Mean	<u>SD</u>	Mean	<u>SD</u>	
1	173.5	79.59	203.2	94.62	34.7
2	245.3	138.62	200.7	108.29	44.6
3	287.0	205.29	218.3	101.20	68.7
Total	705.9	317.34	627.1	236.21	78.8

Note--Time scored in seconds

Table 17

Decision Time, Analysis of Variance

Source	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Subjects				
Groups (A)	1	15497.3		NS
Subjects within Groups (B)	28	26082.9		
Within Subjects				
Tasks (C)	2	28629.0	2.46	<.1
A X C	2	21955.7	1.89	<.25
B X C	56	11611.9		

Dominance

An additional interaction measure was developed to measure the degree of influence each spouse exerted on the final or joint ranking, compared to the influence of his/her spouse, taking into account the degree of initial agreement. This index of dominance (DOM) was defined as

$$\frac{CF_m - CF_f}{100 - SA}$$
 A DOM score approaching +1 indicates dominance of husband; i.e. the final ranking is determined primarily by husband's initial ranking. A DOM score near zero indicates compromise or a nearly equal degree of influence on the joint decision. Wife dominance is indicated by a DOM score at or near -1. The actual numerical values obtained as DOM scores were categorized as +1, 0, and -1. Limits for these categories were arbitrarily set at +.33 and -.33. DOM frequencies are presented in Table 18. These frequencies were analyzed using a Chi-square technique. For Task 1 there was no relationship between group membership and dominance pattern. However, there was a clear tendency for all couples toward husband dominance on Task 1 ($p < .005$). There was no relationship between group membership and pattern of dominance on Tasks 2 and 3 nor was there a tendency of all couples to favor any of the dominance pattern when summed across tasks.

DOM scores were further analyzed using a Group X Task, repeated measures, analysis of variance, which is summarized in Table 19. None of the effects was statistically significant.

Table 18

Frequencies of Dominance Patterns

Task	Group	Husband Dominance	Compromise	Wife Dominance
1	Clinic	8	2	5
	Non-Clinic	10	3	2
2	Clinic	4	7	4
	Non-Clinic	4	6	5
3	Clinic	5	6	4
	Non-Clinic	5	2	8

Table 19

Dominance Scores, Analysis of Variance

Source	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Subjects				
Groups (A)	1	0		
Subjects within Groups (B)	28	.88		
Within Subjects				
Tasks (C)	2	1.75	3.07	<.1
A X C	2	1.7	3.00	<.1
A X B	56			

Discussion Ratings

Interpersonal Competency

Interpersonal Competency ratings were obtained from the typescripts by an advanced graduate student in Clinical Psychology and the investigator. Both raters rated all type-scripts independently. Mean agreement between raters was 81.2%. Disagreements in ratings were discussed until resolved. IC scores were computed from mutually agreed-upon ratings, and were computed for male and females separately for each task. The IC scores of spouses (IC_m and IC_f) were combined for the couple scores (IC_c).

Hypothesis 7 predicted higher mean IC scores for the Non-Clinic Group than the Clinic Group. This prediction was not supported. Means are presented in Table 20. There were no statistically significant mean differences between the groups for any of the tasks, nor was there a difference between total IC scores (see Table 20).

The IC scores were further analyzed using a Sex X Group X Task, repeated measures, analysis of variance (Winer, 1962; p. 337). The summary of this analysis is presented in Table 21.

Total number of units rated and frequency of ratings in each category are presented in Table 22. For both groups, 65% of the ratings were in the "own ideas" category. Significantly more feeling scores were assigned to

Table 20

Interpersonal Competency, Means and Standard Deviations

Subjects	Task	Clinic Group		Non-Clinic Group		Mean Difference
		Mean	<u>SD</u>	Mean	<u>SD</u>	
Males	1	35	35	26	31	9
	2	14	38	19	37	5
	3	34	43	33	31	1
Females	1	44	44	42	26	2
	2	39	41	34	32	5
	3	32	43	33	35	1
Couples	1	39	25	34	16	5
	2	23	38	27	23	4
	3	34	31	33	23	1
Males	Total	29	26	25	24	4
Females	Total	36	28	35	21	1
Couples	Total	32	22	30	12	2

Note--Actual scores were multiplied by 1000.

Table 21

Interpersonal Competency, Analysis of Variance

Source	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Between Subjects				
Groups (A)	1	862.4		NS
Sex (B)	1	2993.1		NS
A X B	1	2319.5	1.41	NS
Subjects within Groups (C)	56	2119.7		
Within Subjects				
Tasks (D)	2	1744.5	1.61	NS
A X D	2	293.2		NS
B X D	2	1115.6		NS
A X B X D	2	628.1		NS
C X D	112	1086.8		

Table 22

Frequencies of Interpersonal Competency Ratings			
Ratings		Clinic Group	Non-Clinic Group
Ideas	Positive	1852	1529
	Own	1500	1236
	Open	344	288
	H. own	8	5
	Negative	403	337
	N. own	42	36
	N. open	0	3
	N. H. own/open	361	298
	Positive	65	29
	Own	62	27
Feelings	Open	2	2
	H. own	1	0
	Negative	18	2
	N. own	10	2
	N. H. own	8	0
	Total Ratings	2338	1897

the Clinic Group than to the Non-Clinic Group ($\chi^2 = 14.67$ with 1 df; $p < .005$). The distribution of positive versus negative feeling scores was independent of group status ($\chi^2 = 3.55$ with 1 df; NS).

Product-moment correlation coefficients, multiplied by 100, between interaction scores are presented in Tables 23 and 24, for total interaction scores and for each task separately.

Table 23

Correlations among Interaction Total Scores

Index	IC _f	CF _m	CF _f	DT	SA	DOM	IC _c
Interpersonal Competency _m	02	-09	02	10	03	-26	74**
Interpersonal Competency _f		10	50**	-20	42*	02	68**
Choice Fulfillment _m			27	-13	33	40*	03
Choice Fulfillment _f				-39*	61**	-40*	36*
Decision Time					-39*	-06	-05
Spontaneous Agreement						-03	32
Dominance							59
Interpersonal Competency _c							-17

N = 30

*p < .05, two-tailed

**p < .01, two-tailed

Table 24 presents correlations among these interaction scores for each task separately.

Table 24
Correlations among Interaction Scores for each Task

Index	Task	IC _m			IC _f			CF _m			CF _f			DT			SA			DOM		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
IC _m	1	43*	15		-26	03		18	01		21	02		-23	13		-03			-52**	-22	
	2		40*		-06	16		07	24		-32	11		-06	03		-07			-33	00	
	3				-21	35		18	19		-10	-07		22	01		09			-07	46**	
IC _f	1				-10	27		-30	09		38*	12		07	-24		31			15	17	
	2					11		12	09		-10	19		-09	-18		04			20	-13	
	3							02	04		44*	-14		-06	-15		14			38*	20	
CF _m	1							04	-11		02	10		02	-14		-05			-26	70**	
	2							-22	-04		79**	14		01	-13		40*			20	27	
	3								-11		-12	25		16	12		-21			27	-09	
CF _f	1										-02	02		-65**	-06		08			03	08	
	2										14	-12		-12	-26		52**			12	-23	
	3											-10		-03	-32		-09			59**	-18	
DT	1										17	38*		17	38*		02			07	03	
	2										32			32			-60**			-35	-04	
	3																-01			-33	-09	
SA	1																-07			02	24	
	2																			-12	07	
	3																			-14	02	
DOM	1																			13	18	
	2																				22	
	3																				-06	

*p < .05, two-tailed

**p < .01, two-tailed

N = 30

Hypothesis 16 predicted IC to be positively correlated with CF. This Hypothesis was supported for females but not for males. $IC_f 3$ and IC_f total correlated significantly with CF 3 and CF total respectively but there was a significant negative correlation between $IC_m 1$ and $CF_m 1$ (see Tables 23 and 24).

Interspouse Correlations

Hypothesis 8 predicted spouses' total self-esteem (TP) and overall pathology (NDS) to be positively correlated. Interspouse correlations for these and most other individual scores are presented in Table 26. The prediction was generally substantiated. The TP interspouse correlation was significantly different from zero, as were the Identity, Self Satisfaction, Behavior, Personal-, Family-, and Social-Self scores (see Table 26).

However, the NDS interspouse correlation was $-.03$; not significantly different from zero. This correlation may be somewhat misleading since the distribution of NDS scores is highly skewed, approaching a J curve. To further investigate the relationship between spouses' NDS scores, each S's NDS score was classified as + or -; i.e. S's NDS score was less than or exceeded the critical score of 10. The results of this categorization are presented in Table 25.

Table 25

Pattern of Couples' Number of Deviant Signs Scores									
	Clinic Group				Non-Clinic Group				
Husband	+	+	-	-	+	+	-	-	
Wife	+	-	+	-	+	-	+	-	
Frequency	4	5	4	2	12	3	0	0	

Table 26

Interspouse Correlations

	All Subjects (30)	Clinic Group (15)	Non-Clinic Group (15)
Total Positive	.48**	.24	.38
Identity	.37*	.11	.27
Self-Satisfaction	.40*	.14	.43
Behavior	.37*	.33	.19
Physical Self	.25	.10	.30
Moral-Ethical Self	.23	.18	.28
Personal Self	.45*	.30	.31
Family Self	.53**	.40	.14
Social Self	.39*	.11	.46
True-False Ratio	.22	.16	-.05
Distribution	.17	.42	.32
Defensive-Positive	.49**	.37	.63*
General Maladjustment	.26	-.01	.14
Psychosis	.05	-.22	-.08
Personality Disorder	.41*	.16	.58*
Neurosis	.52**	.32	.36
Personality Integration	.06	-.21	.32
Number of Deviant Signs	-.03	-.38	.00
Self Criticism	.44*	.80**	.11
Net Conflict	.09	.01	.23
Total Conflict	.05	.01	-.08
Total Variance	.17	.04	.27
Locke-Wallace Scale	.44*	.42	.25
Family Concept Inventory	.62**	.36	.43
Interpersonal Competency 1	-.26	-.19	-.43
Interpersonal Competency 2	.16	.34	-.05
Interpersonal Competency 3	.01	.02	.00
Interpersonal Competency Total	.02	.34	-.43

* $p < .05$
 ** $p < .01$ two-tailed test

When the couples were categorized as "spouses similar" versus "spouses dissimilar," in terms of NDS, it yielded a pattern as presented in Table 27.

Table 27

Similar versus Dissimilar Couples in Both Groups

	Clinic Group	Non-Clinic Group
Spouses Similar	6	12
Spouses Dissimilar	9	3

On the basis of Chi-Square test, the null-hypothesis of no association between group status and pattern of similarity can be rejected ($\chi^2 = 5.00$; $df = 1$ $p < .05$). When the two groups were combined there were 18 "homogeneous" and 12 "heterogeneous" couples. This ratio of .6 was not significantly different from .5 ($Z = 1.22$; $p < .39$).

The interspouse correlations for Defensive Positive, Personality Disorder and Neurosis were significantly different from zero in the predicted direction. None of the interspouse correlations of response-set measures were significant. The very high ($r = .80$) interspouse correlation on Self-Criticism for the Clinic Group was not repeated in the Non-Clinic Group.

Both the LW and FCI interspouse correlations were significantly different from zero. There were no significant interspouse correlations for the IC measure.

Relationships among Variables

Demographic Variables and Marital Adjustment Scores

Product-moment correlation coefficients, multiplied by 100, between demographic and MA measures are presented in Table 28.

Age and number of years married were negatively correlated with FCI and to a lesser degree positively correlated with LW. Income tended to be negatively correlated with both LW and FCI, however, there was considerable variation in this relationship between groups. Number of daughters tended to be positively correlated with LW.

Demographic Variables and Tennessee Self Concept Scale

Product-moment correlation coefficients, multiplied by 100, between demographic and TSCS scores are presented in Table 29. Most of the correlations were low, with few statistically significantly different from zero. NDS was positively related to age, and negatively to level of education, which in turn was positively related to Personality Integration and negatively related to Total Conflict. Also, annual income was positively related to Psychosis.

Table 28

Correlations between Demographic and Marital Adjustment Measures

	All Subjects ^a		Males ^b		Females ^b		Clinic ^b		Non-Clinic ^b	
	LW	FCI	LW	FCI	LW	FCI	LW	FCI	SW	FCI
Age	09	-41**	09	-25	08	-57**	38*	-13	41*	01
Education	03	10	-02	07	01	15	-16	-06	02	-23
Income	-21	-32*	-30	-22	-15	-41*	-40*	-22	22	-04
Years Married	13	-39**	09	-25	16	-53**	26	-33	47**	04
Sons	-10	-15	-12	-10	-09	-20	-09	14	29	17
Daughters	28*	15	31	29	26	01	28	37*	36*	07
Children	13	01	14	15	13	-13	11	32	53**	18

^aN = 60;^bN = 30* $p < .05$; ** $p < .01$

two-tailed test

Table 29

Correlations between Demographic Variables and
Tennessee Self Concept Scale; All Subjects

	Age	Education	Income	Years Married
Total Positive	-19	-02	-12	-04
Identity	-17	-08	-13	-04
Self Satisfaction	-16	-02	-04	-03
Behavior	-15	-02	-14	-04
Physical Self	-21	01	-11	-03
Moral Ethical Self	03	-02	06	16
Personal Self	-22	-13	-09	-08
Family Self	-18	07	-21	-15
Social Self	-08	-01	-09	-01
True-False Ratio	11	-22	09	12
Distribution	09	-24	-06	12
Defensive Positive	-07	-09	-21	03
General Maladjustment	-12	00	-13	05
Psychosis	24	08	29*	17
Personality Disorder	-06	-05	00	03
Neurosis	-31*	-03	-17	-20
Personality Integration	-10	34**	12	03
Number of Deviant Signs	37**	-28*	19	24
Self-Criticism	-07	10	03	-07
Net Conflict	09	00	16	08
Total Conflict	18	-37**	-20	08
Total Variance	17	-11	-02	05

N = 60

* $p < .05$
** $p < .01$ two-tailed test

Demographic Variables and Interaction Scores

Product-moment correlation coefficients, multiplied by 100, between demographic variables and interaction scores are presented in Table 30. Number of children was correlated positively with CF_m 3, CF_m total, DOM 3, DOM total, and with DT 1. Number of children was negatively correlated with CF_f 3. Number of years married was positively related to DT 2 and DT total. Annual income was related positively to DT 3 and DT total. Social Class was correlated negatively with SA 2.

Marital Adjustment and Tennessee Self Concept Scale

Product-moment correlation coefficients, multiplied by 100, between MA and TSCS scores are presented in Tables 31 and 32. Hypotheses 9 and 10 predicted positive correlations between MA and TSCS self-esteem scores, and negative correlations between MA and TSCS pathology scores. These hypotheses were on the whole confirmed. TP was positively correlated with LW and FCI, as were a number of the sub-scores; viz. Identity, Behavior, Family Self, and Social Self. In addition, the FCI score was also positively correlated with Self-Satisfaction, Physical Self, and Personal Self.

Conversely, LW and FCI scores were on the whole negatively correlated with positive indices of pathology on the TSCS. The only exception was again the Defensive

Table 30

Correlations between Demographic Variables
and Interaction Scores

Index	Task	Annual Income	Years Married	Number of Children	Social Class
Spontaneous Agreement	1	14	11	-05	-08
	2	10	-11	04	-38*
	3	-11	-02	-09	-08
	Total	04	00	-08	-25
Choice Fulfillment _m	1	-01	-13	23	-06
	2	25	10	22	05
	3	-20	11	36*	29
	Total	01	10	54**	23
Choice Fulfillment _f	1	-07	-05	-21	-01
	2	22	19	19	-08
	3	-05	03	-40*	-05
	Total	05	10	-26	-08
Dominance	1	20	02	34	-27
	2	06	-06	09	-04
	3	-10	09	56**	23
	Total	18	12	58**	00
Decision Time	1	13	22	36*	-11
	2	07	40*	-01	22
	3	49**	29	-08	-12
	Total	36*	42*	07	-01
Interpersonal Competence _c	1	06	-01	-25	15
	2	14	-05	-03	-18
	3	08	-20	-01	-31
	Total	22	-11	-12	-34

N = 30

*p < .05

**p < .01

Table 31
Correlations between Marital Adjustment
and Tennessee Self Concept Scale

	All Subjects ^a		Males ^b		Females ^b	
	LW	FCI	LW	FCI	LW	FCI
Total Positive	35**	55**	31	49**	37*	61**
Identity	34**	49**	44*	45*	28	53**
Self Satisfaction	36*	47**	14	42*	31	53**
Behavior	33**	51**	19	40*	39*	61**
Physical Self	00	26*	-09	07	02	41*
Moral Ethical						
Self	25*	19	32	18	28	43*
Personal Self	28*	48**	19	40*	32	56**
Family Self	51**	71**	59**	75**	47*	67**
Social Self	32*	44**	25	42*	35*	46**
True-False	01	01	-01	10	06	05
Distribution	28*	25*	22	40*	35	18
Defensive						
Positive	32*	37**	18	24	38*	48**
General						
Maladjustment	38**	51**	37*	43*	39*	58**
Psychosis	-13	-32*	-08	-20	-17	-44*
Personality						
Disorder	32*	38*	30	30	37*	47**
Neurosis	26*	57**	18	51**	30	64**
Personality						
Integration	10	19	09	05	08	34
Number of						
Deviant Signs	-18	-40**	-24	-20	-13	-56**
Self Criticism	-20	-09	-21	-06	-19	-12
Net Conflict	03	01	00	-01	07	02
Total Conflict	-17	-22	00	-04	-26	-39*
Total Variance	-07	-32*	01	-20	-08	-42*

^aN = 60

^bN = 30

*p < .05

**p < .01

Table 32

Correlations between Marital Adjustment and
Tennessee Self Concept Scores (Continued)

	Clinic Group		Non-Clinic Group	
	LW	FCI	LW	FCI
Total Positive	12	23	31	51**
Identity	12	15	30	41*
Self Satisfaction	07	26	20	34
Behavior	12	16	34	62**
Physical Self	-24	02	10	21
Moral Ethical Self	05	-06	48**	44*
Personal Self	14	29	12	27
Family Self	46**	51**	30	62**
Social Self	12	02	31	58**
True-False	05	03	08	27
Distribution	02	-14	48**	49**
Defensive Positive	38*	25	01	26
General Maladjustment	18	16	36*	52**
Psychosis	07	08	-02	-27
Personality Disorder	10	12	41*	41*
Neurosis	14	37*	02	36*
Personality Integration	-09	05	12	-10
Number of Deviant Signs	-02	-16	03	-06
Self Criticism	-48**	-27	11	05
Net Conflict	05	16	18	14
Total Conflict	-14	-13	-19	02
Total Variance	02	-30	06	-01

N = 30

* $p < .05$

** $p < .01$

Positive score. High LW and FCI scores were associated with less pathognomonic scores on the General Maladjustment, Personality Disorder, and Neurosis Scales. High FCI scores, in addition, were significantly related to less pathognomonic Psychosis and Number of Deviant Signs Scores.

Of the response-set measures, the Distribution Score correlated positively with LW and FCI and Total Variance correlated negatively with FCI.

It is clear that on the average, the FCI correlated more highly with the TSCS than did the LW.

Marital Adjustment and Interaction Scores

Hypothesis 11 predicted positive correlations between MA and positive interaction scores (SA, CF, and IC).

Hypothesis 12 predicted negative correlation between MA and DT scores. Neither hypothesis was supported. Product-moment correlations, multiplied by 100, between MA and interaction scores are presented in Tables 33 and 34.

Table 33 presents correlations between couples' interaction scores and couples' MA scores (the latter were obtained by summing spouses' individual scores).

There were no significant correlations between individual interaction and MA scores (see Table 34).

Table 33
Correlations between Marital Adjustment
and Interaction Scores

Variable	Task	Males		Females		Couples	
		LW	FCI	LW	FCI	LW	FCI
Spontaneous Agreement	1	00	13	04	-02	02	06
	2	06	-18	-11	-06	-04	-13
	3	37*	19	27	35	36*	30
	total	27	13	17	20	25	19
Dominance	1	03	31	15	15	12	26
	2	-08	06	18	14	09	11
	3	-01	23	07	05	04	15
	total	-01	18	24	14	16	18
Decision Time	1	26	22	26	02	31	13
	2	-21	-13	04	-25	-08	-21
	3	-30	-18	-18	-45*	-27	-35
	total	-19	-09	-01	-37*	-09	-26

N = 30

*p < .05

Table 34

Correlations between Individuals' Marital
Adjustment and Interaction Scores

Variable	Task	LW	FCI
Choice Fulfillment _m ^a	1	03	32
	2	-17	-24
	3	15	17
	total	01	11
Choice Fulfillment _f ^a	1	-12	-09
	2	-04	-29
	3	04	01
	total	-04	-17
Interpersonal Competency ^b	1	04	-16
	2	-22	-03
	3	00	18
	total	-11	-02

^aN = 30^bN = 60Tennessee Self Concept Scale and Interaction Scores

Hypothesis 13 predicted positive correlations between TSCS self-esteem and positive interaction scores (SA, CF, and IC). This hypothesis was only minimally supported. Product-moment correlation coefficients, multiplied by 100, are presented in Tables 35, 36, 37, and 38. TP_f was correlated positively with SA 3, but there were no significant positive correlations between TP_m or _f and SA total, CF total, or IC total. Personality Integration_m was

Table 35

Correlations between Selected Male TSCS and Interaction Total Scores

	Choice Fulfillment	Spontaneous Agreement	Dominance	Decision Time	Interpersonal Competency
Total Positive	-07	23	03	17	08
True-False Ratio	-27	-50**	-02	25	20
Distribution	-04	-15	11	35	08
Defensive Positive	-11	24	-26	15	11
General Maladjustment	-15	23	13	14	07
Psychosis	15	-09	11	-01	-24
Personality Disorder	14	22	-07	29	-17
Neurosis	-07	32	-05	-10	22
Personality Integration	03	44*	26	-01	-16
Number of Deviant Signs	-05	-60**	-11	25	-12
Self Criticism	-07	-35	40*	09	02
Net Conflict	-19	-47**	00	15	13
Total Conflict	12	-45*	00	12	-12
Total Variance	-14	-42*	-25	-16	-07

 $\bar{N} = 30$ * $\bar{p} < .05$ ** $\bar{p} < .01$

Table 36
Correlations between Selected Male TSCS and Interaction Scores

	Choice Fulfillment			Spontaneous Agreement			Dominance			Decision Time			Interpersonal Competency		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Total Positive	10	-23	06	25	-35	32	-03	29	-01	26	18	01	-10	17	19
True-False Ratio	-15	-55**	23	-26	-60**	-12	-06	-02	15	10	31	14	11	19	12
Distribution	17	-30	12	19	-57**	-05	02	19	05	24	49**	09	14	00	20
Defensive Positive	-09	-23	12	22	-26	31	-36*	03	-10	01	19	11	-05	14	23
General Maladjustment	12	-25	-03	26	-15	20	-04	20	11	28	07	03	-10	21	16
Psychosis	-08	08	17	-41*	39*	-02	19	-11	19	11	-20	07	-25	-28	-18
Personality Disorder	11	02	09	05	-15	37*	10	02	00	39*	18	14	-17	-20	05
Neurosis	03	-23	11	30	-27	37*	-19	12	01	00	-02	15	-04	31	31
Personality Integration	08	-02	11	31	02	37*	24	02	-03	14	-08	-03	-49**	-01	04
Number of Deviant Signs	-16	02	02	-56**	-02	-40*	09	-26	10	11	09	30	10	-09	-32
Self Criticism	18	10	-29	-08	-21	-32	41*	27	-05	21	09	-04	00	04	-02
Net Conflict	-12	-40*	19	-34	-28	-25	01	-16	17	08	08	16	-07	10	11
Total Conflict	15	00	07	-22	-20	-37*	06	-04	17	03	29	-04	27	-27	-13
Total Variance	-27	11	-12	-41*	-02	-27	-31	-06	-14	-19	15	-28	35	-23	-19

N = 30

*p < .05

**p < .01

Table 37
Correlations between Selected Female TSCS and Interaction Scores

	Choice Fulfillment	Spontaneous Agreement	Dominance	Decision Time	Interpersonal Competency
Total Positive	-15	32	06	-17	09
True-False Ratio	-20	-30	06	12	07
Distribution	-19	-03	23	01	-05
Defensive Position	-17	27	-07	-07	-04
General Maladjustment	-17	27	04	-07	05
Psychosis	25	-16	-21	08	18
Personality Disorder	-11	16	08	-05	31
Neurosis	-10	36*	03	-30	02
Personality Integration	17	48**	-13	-22	22
Number of Deviant Signs	22	-16	12	06	02
Self Criticism	-11	-20	29	08	25
Net Conflict	-09	-31	00	11	04
Total Conflict	00	-13	11	10	-13
Variance	07	-40*	07	12	19

$\bar{N} = 30$

* $\bar{p} < .05$

** $\bar{p} < .01$

Table 38
Correlations between Selected Female TSCS and Interaction Scores

	Choice Fulfillment			Spontaneous Agreement			Dominance			Decision Time			Interpersonal Competency		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Total Positive	-07	-08	-11	06	02	40*	09	25	01	11	-32	-11	-06	07	04
True-False Ratio	-12	-21	-06	-29	-24	-06	-06	-05	16	15	37*	-17	-02	06	-01
Distribution	-05	-08	-19	13	-27	00	08	16	13	-11	19	-07	06	-12	00
Defensive Positive	-12	-16	-06	-02	-01	42*	03	19	-03	18	-16	-10	-16	-03	-02
General Maladjustment	-06	-13	-11	08	-09	37*	08	14	03	14	-19	-05	-13	09	02
Psychosis	02	12	27	-13	03	-13	-20	03	-27	-01	20	-01	36	-09	11
Personality Disorder	-16	-16	05	-05	01	27	08	41*	-11	20	-24	00	29	07	19
Neurosis	-13	01	-03	09	10	47**	08	10	06	09	-43*	-24	-17	15	-05
Personality Integration	01	22	09	01	39*	48**	-02	15	-19	13	-44*	-12	00	11	22
Number of Deviant Signs	18	13	12	15	-07	-32	-01	-11	12	-17	27	-01	25	-03	-04
Self Criticism	-04	-17	-02	-00	-27	-14	17	-02	10	03	11	03	14	08	27
Net Conflict	01	-13	-04	-09	-28	-21	02	-17	11	-05	39*	-08	-01	-09	05
Total Conflict	-07	05	01	10	-17	-18	12	-05	11	-10	24	04	-20	15	-12
Variance	-04	-08	18	-04	-30	-36*	-01	-11	-09	-08	35	-02	-29	05	10

$\bar{N} = 30$

* $p < .05$

** $p < .01$

correlated positively with SA 3 and SA total, as predicted, but negatively with IC 1. Similarly, Personality Integration_f was correlated positively with SA 2, SA 3, and SA total.

Hypothesis 14 predicted negative correlations between TSCS indices of pathology and positive interaction scores (SA, CF, and IC). Psychosis_m correlated negatively with SA 1, as predicted, but correlated positively with SA 2. Personality Disorder_m and Neurosis_m (both inverse scales) were correlated positively with SA 3 as predicted. The correlation between Number of Deviant Signs_m and SA 1, SA 3, and SA total were consistently negative. There were no significant correlations with IC and CF.

TSCS pathology scores of females did not correlate as consistently with interaction scores as did those of the males. General Maladjustment_f and Neurosis_f (both inverse scales) were correlated positively with SA 3 and SA 1 total, respectively, as predicted. However, there was a positive correlation between Defensive Positive_f and SA 3. Number of Deviant Signs_f did not correlate with any of the interaction indices.

Hypothesis 15 predicted DT to be positively related to TSCS pathology scores and negatively related to TSCS self-esteem scores. DT 1 was positively correlated with Personality Disorder_m (inverse scale) as predicted. Also

in support of the hypothesis were the negative correlations between Personality Integration_f, Neurosis_f (inverse scale) and DT 2.

CHAPTER V

DISCUSSION

Selection of Subjects

It is clear that the Clinic and Non-Clinic Groups differed significantly on a number of demographic variables, most notably age, number of years married and to a lesser extent, level of education. Clinic Ss were generally older and had been married longer. While participation was high among clinic couples, the participation rate of the non-clinic couples could not be accurately determined since it was unknown how many initial letters were sent by one of the ministers. However, the fact that six couples responded, of nine nominated by the other minister and contacted by E, suggests a lower participation rate. It is unknown how this difference in response affected the sample characteristics. In addition, clinic Ss were drawn from an industrial city while non-clinic Ss were obtained from a university town. Although these group differences constituted an unfortunate confounding factor, observed differences in reported individual and marital adjustment cannot be explained as due only to demographic background. This explanation was excluded by the results of the analysis

of covariance of MA scores, controlling for years married (Table 6). Moreover, demographic variables did not correlate significantly with most of the dependent measures (see Tables 28, 29, and 30). In addition, the purpose of this study was not just to compare groups matched on demographic variables; rather, the selection procedure was in part designed to maximize the statistical power of the correlational analyses by increasing the range of scores. For this purpose the groups were frequently pooled.

Marital Adjustment

Both the LW and FCI differentiated between the two groups at statistically significant levels (see Table 5). Assuming that relatively low scores on the LW or FCI indicate a disturbed marriage, these results lend credibility to the statement by Framo (1967) that: "Whenever there are disturbed children there is a disturbed marriage...(p. 154)." It must be remembered that in the vast majority (13 of 15) of clinic couples the only selection criterion was that at least one of their children had been referred to a clinic for emotional difficulties. These Ss had not necessarily admitted that their marriage was unsatisfactory.

Given the fact that mean LW and FCI scores differed significantly in the two samples, the question still remained as to how well these instruments discriminated

clinic from non-clinic subjects. Of 30 clinic Ss, 9 scored below a raw score of 95 on the LW while 2 of 30 non-clinic Ss scored that low. The FCI discriminated even better. Whereas 22 clinic Ss scored below a raw score of 135, only 2 of the non-clinic Ss did.

The correlations obtained between the LW and FCI (see Table 7) were somewhat lower than was to be expected from previously reported investigations (see Table 2). There were no significant differences in these correlations between groups or sexes.

Tennessee Self Concept Scale

Of 15 statistically significant mean differences on the self-esteem and clinical scales of the TSCS, 14 were in the predicted direction. On the Moral Ethical Self Score, the only index which differentiated between sexes, the mean difference was not significant. There was a statistically significant mean difference between the two groups on the Defensive Positive Scale; however, the Non-Clinic Group obtained a more pathological score than did the Clinic Group. Fitts (1965) described this scale as "...a more subtle measure of defensiveness than the Self-Criticism Score" (p.5). The Defensive Positive Score is based on 29 items which differentiated a group of "...100 psychiatric patients whose Total P Scores were above the mean for the Norm Group (p. 5)." However, it must be noted that Fitts (1965) reported that a

"Personality Integration Group" ($N = 75$) scored significantly higher on the Defensive Positive Score than did a "Patient Group" ($N = 363$). The respective means are listed in Table 2. The Defensive Positive Score was derived in a manner similar to the MMPI K scale with which it is correlated ($r = .29$; $\eta = .42$; $N = 102$; Fitts, p. 25). The latter is sometimes interpreted (e.g. Heilbrun; 1961) as an "Ego-strength" measure, so the higher Non-Clinic Group score may be appropriate.

In general, the Clinic Group most closely approximated the pattern of TSCS scores as reported by Fitts for a psychiatric patient group (see Table 2). The Non-Clinic Group's profile of scores was most similar to the Personality Integration Group, although the level of scores most closely approximated the Norm Group (see Table 2).

Again it should be noted that the vast majority of clinic Ss did not necessarily consider themselves to be individually maladjusted. They were designated as clinic Ss because they, or someone else, had referred their child to a clinic. However, these parents, as individuals were significantly less well adjusted, as measured by the TSCS, than were parents whose children were not referred. Framo's statement (1965) that there is a disturbed marriage whenever there are disturbed children might well be expanded to "Whenever there are disturbed children there are disturbed parents engaged in a disturbed marriage".

The intercorrelations among TSCS scores (see Table 11) were essentially similar to those reported by Fitts (1965).

Interaction Scores

Spontaneous Agreement

Of the interaction scores, SA differentiated the two groups most successfully. As predicted (hypothesis 4) the Non-Clinic Group's mean SA was higher than that of the Clinic Group on Task 3, also on the total SA score. The Non-Clinic Group also achieved a (not significantly) higher SA score on Task 1, but this trend was reversed on Task 2 where the Clinic Group showed higher initial agreement between spouses. In an analysis of variance of the SA scores (see Table 13) the Task and the Task X Group effects were statistically significant.

However, interpretation of these results must be guarded because of two confounding factors. First, the present design did not control for a possible order effect. All Ss completed the tasks in an identical sequence. Secondly, a review of the distribution of rankings assigned to each item, as presented in Table 39, suggested that the three tasks were not comparable. Tasks 2 and 3 each contained one item which the vast majority of Ss ranked identically, thus spuriously increasing the SA score. Similarly, Task 2 contained 20 non-used item-rank combinations, compared to 10 and

Table 39
Item Rank Frequency

Rank	Item							
	A	B	C	D	E	F	G	H
1	4	15	29	1	0	1	1	9
2	9	21	7	1	1	9	4	6
3	10	11	4	1	1	18	11	4
4	11	7	1	5	7	12	10	7
5	15	4	6	9	4	4	15	3
6	10	1	2	15	12	6	8	7
7	0	0	2	18	18	9	5	8
8	1	1	8	10	17	1	6	16
Task 2								
1	0	0	0	27	3	25	2	3
2	0	0	5	12	9	18	0	16
3	0	0	25	7	6	11	3	8
4	2	0	13	10	7	4	9	15
5	4	0	12	2	6	2	25	9
6	12	0	4	1	15	0	21	7
7	37	5	1	1	14	0	0	2
8	5	55	0	0	0	0	0	0
Task 3								
1	8	22	4	11	0	12	3	0
2	11	8	14	8	0	4	6	9
3	14	16	4	7	0	2	10	7
4	20	7	4	4	0	1	12	12
5	2	2	11	9	1	8	14	13
6	5	3	10	12	1	5	12	12
7	0	2	11	7	6	24	3	7
8	0	0	2	2	52	4	0	0

3 for Tasks 3 and 1 respectively. Any conclusions regarding initial agreement between spouses, as well as CF, and DT, across tasks must, therefore, be very tentative.

The significant Task X Group effect leads to the conclusion that it is important to consider in which content area SA is measured. It seems ironic that with the pedagogue's emphasis on inter-parental consistency, children with emotional difficulties should have parents who agreed more on desirable parent-child interactions than did parents of children not referred to a clinic. However, it is also possible that those parents who had been sufficiently motivated to avail themselves of clinical consultation had become more sensitized to their parental role. Contact with a clinic, or the decision to cooperate with a clinic, may well have led to increased discussion of disciplinary methods between parents, if only in an effort to portray a "united front" or to do the "correct" thing, and thus a higher SA score.

Task 3, which discriminated most successfully between groups, may also be characterized as the one which engaged Ss most directly and personally.

Choice Fulfillment

The two groups did not differ significantly in terms of mean CF scores for any of the tasks (see Table 14). An analysis of variance of CF scores (see Table

15) showed a significant main Task effect. This may most parsimoniously be explained by the fact that CF and SA were positively related (see Table 23 and 24). It seems logical that as SA increases, CF increases. The significant Task effect was, therefore, most likely due to the differences in SA scores between Tasks, which in turn were at least in part due to the non-comparability of the relative attractiveness of the items on the tasks.

The CF measure appeared to be less powerful than, and essentially redundant with, the SA index with which it was significantly correlated. Intuitively it appears logical to correct the CF score by subtracting SA. A difficulty with this procedure is that then couples with high SA scores would be much more likely to obtain low CF scores. High CF scores would similarly be obtained by couples with low SA scores. In addition to the relationship between SA and CF, a S's CF score is also dependent on CF of spouse. The DOM measure is a more meaningful index which takes into account CF of both patterns as well as the initial agreement. CF was retained in the analysis because it is an individual score, while SA is a couple score.

Decision Time

Ferreira & Winter (1965) reported that normal families required significantly less time than did clinic families to complete a task similar to those

used in the present investigation. This difference was replicated in the same sample of families using a TAT task (Ferreira et al., 1966). Similar conclusions were reached by Haley (1962) and Cheek (1964). This difference in time needed for task completion was not verified. There were no mean DT differences between groups (see Tables 16 and 17). It should be noted that the very high variance almost precluded any significant mean differences. A possible explanation of this discrepancy in reported findings might be due to differences in instructions. No attempt was made to convey to Ss that speed was desirable, neither did E make a conscious effort to convey the opposite. It is unlikely that Ss felt that time was of importance. Only one reference to time was made in the instructions (see Appendix A, p. 128), Ss were told that they need not time themselves on the TSCS.

An added consideration is that non-clinic Ss were paid \$15, while clinic Ss were paid only \$5. Cognitive dissonance theory would predict that those Ss who felt that the remuneration was excessive would spend relatively more time on the requested task (see Adams & Rosenbaum, 1962). If Ss from the Non-Clinic Group indeed felt that they were being paid too much, it would tend to reduce any differences between the two groups, given that there is a real difference. Non-clinic Ss were not aware that other

Ss had been paid \$5, rather than \$15. Although a number of both clinic and non-clinic Ss commented that payment was not necessary, in most cases it appeared to be a polite, expected comment. No Ss refused payment.

Dominance

The DOM measure was formulated post hoc to assess the relative degree of influence each spouse asserted on the joint decision, taking into account the degree of initial agreement. Since DOM was defined as a ratio of rank-order correlation-coefficients it was considered a nominal measure. Chi-square analyses of frequencies of DOM scores (see p. 55) suggested no relationships between relative influence and sex status or group membership. There was, however, a clear tendency for husbands to be more influential on Task 1 regardless of group membership. This tendency was not evident for the other tasks.

The results suggest that the allocation of decision power or dominance was related to content of the task. This conclusion is similar to that of March (1957) that spouses tend to escape conflict by allocating power to each other in different areas.

Interpersonal Competency

The IC scores of individuals or couples did not differentiate between groups for any of the tasks (see Tables 20 and 21). The prediction that non-clinic

couples would show a greater degree of interpersonal competency during the task discussion was not confirmed. However, an analysis of frequencies of ratings in each category (see Table 22) resulted in a significant difference between groups in terms of percentage of ratings assigned in feeling categories rather than idea categories. The latter finding supported the conclusion of Goodrich & Boomer (1963) and Shuham (1968) that clinic families, as compared to normal families express more, primarily negative, affect. The Non-Clinic Group remained task oriented to a greater degree than did the Clinic Group, which resorted more frequently to the expression of affect.

The non-differentiation between groups by the IC summary score may have been due to the procedures utilized. The rating procedure was such that all initial disagreements between the two raters were resolved. Although there were a number of simple, obvious mistakes where there was no question as to what the rating should be, there were even more instances where the disagreement was based on differences in interpretation of what was being said or what the effect of what was said would be on the other spouse. In many of these instances, agreement was obtained by deciding on the more conservative (i.e. less heavily weighted) rating. Most disagreements occurred in "feeling" and other heavily weighted categories. Since these were often resolved by

compromise on a less heavily weighted score, the discriminating power of the IC summary score may have been minimized inadvertently.

The non-differentiation of the IC summary score may also be partly due to the purpose for which it was originally developed. Argyris (1965) developed and validated the rating procedure on the communication in T groups; i.e. ad hoc groups. Ryder (1968) showed that the verbal communication between "married strangers" was considerably more polite, with more effort at clarification than that between spouses. The tendency of families to use more "short-hand communication" than ad hoc groups most likely also resulted in a less valid rating.

Intercorrelations of Interaction Scores

Some of the intercorrelations of interaction total scores (see Table 23) were spuriously high. The significant correlations of IC_c with IC_m and IC_f resulted because IC_c was a combination of IC_m and IC_f . Similarly, the significant correlations between DOM and CF_m and CF_f were due to the definition of DOM (see page 55). The significant negative correlations between DT and SA were to be expected since a higher degree of SA resulted in fewer disagreements to be resolved. Also, SA was expected to be positively correlated with CF_m and CF_f since the higher the SA, the less the necessity of extensive changes from individual to joint rankings.

The remaining significant correlations of Table 23 were associated with indices of female functioning. IC_f was positively related to CF_f and SA. CF_f was negatively related to DT. An inspection of Table 24, which presented intercorrelations for each task, revealed that the positive correlations of IC_f with CF_f and SA were most pronounced in Task 3. The negative correlation of CF_f with Dt was more consistent across the three tasks.

Table 24 also contained many spuriously high correlations. These included CF_m and CF_f with SA and DOM, and SA with DT. The intercorrelations across tasks for the same interaction index, suggested that the IC_m measure was the most stable, followed by DT. The other measures showed little consistency in ranking Ss across tasks.

After setting aside those correlations between logically related measures (SA with CF_m , CF_f and DT; DOM with CF_m and CF_f), and those between the same measures across tasks, 144 intercorrelations remain. Of these, nine were significantly different from zero with $p < .05$. With the .05 significance level, approximately 7 of 144 correlations are expected to be significant due to random variation. Of the nine significant correlations, three were between measures but across tasks; e.g. IC_m 2 was positively related to CF_m 1. These relationships are difficult to explain and are probably most safely attributed to chance. Although the same reasoning might be applied to the remaining significant

relationships, it must be noted that the IC_m measures tended to be negatively related to CF_m and DOM, while the IC_f index, on the other hand, tended to be positively related to CF_f . Hypothesis 16 predicted a positive correlations between IC and CF scores. This hypothesis was based on the assumption that high interpersonal competency includes the ability to obtain personal rewards in an interpersonal situation. Given the present measures of the constructs interpersonal competency and personal satisfaction, this hypothesis is not tenable. Although the predicted relationship was obtained between IC_f and CF_f , it was obtained for Task 3 only. Moreover, IC_m and CF_m tended to be negatively correlated. The added consideration that IC_m tended to be negatively related to DOM, in which a high score indicates husband dominance suggests that interpersonal competency does not necessarily result in personal reward at the expense of the other person.

The negative correlation between CF and DT may well be an artifact since CF is logically related to SA which in turn is negatively related to DT. The significant correlation between CF_m 2 and CF_f 2 was most likely due to the high average SA obtained on Task 2.

Interspouse Correlations

The hypothesis that spouses tend to occupy similar positions on a global measure of individual adjustment or maturity was largely confirmed (see Table 25).

Although the correlations between spouses' NDS scores were not significant, the Chi-square analysis of the NDS score (see Table 27) provided support for the hypothesis. The results suggest that the homogeneity hypothesis is tenable when overall emotional functioning of the spouses is assessed, rather than personality traits or psychic needs.

The interspouse correlations obtained for LW and FCI were generally comparable to those reported elsewhere (see Table 2), although the interspouse LW correlation was considerably greater than that obtained by Hofman (1966). This is somewhat puzzling since the administration was essentially identical; i.e. there was little opportunity for spouses to collaborate. The observed interspouse FCI correlation was almost identical to that obtained by Palonen (1966).

Relationships Among Variables

Demographic Variables and Marital Adjustment

A consistent relationship found between demographic variables and marital adjustment was that age and number of years married (which are of course very highly correlated) were negatively correlated with FCI. These negative correlations were significantly different from zero at the .01 level for all Ss. The relationship tended to be more pronounced for females than males. However, when the samples were considered separately the relationship was essentially random for the Non-Clinic Group

and only minimally present in the Cline Group. This negative correlation between length of marriage and FCI scores was also reported by Updyke. (1968).

This evidence could lead to the conclusion that the longer people are married, the less well-adjusted they become in marriage. However, a safer, and more accurate, generalization is that the longer people are married the less they perceive their marriage in a manner congruent with professionals' description of an ideal marriage. The negative correlation between length of marriage and MA scores was not replicated with the LW, which instead tended to correlate positively, albeit non-significantly, for all Ss with length of marriage. This might be interpreted to mean that as a marriage endures, the expectations and perceptions of, and attitudes toward, the marriage change although this does not necessarily signal decreased marital satisfaction or happiness.

Demographic Variables and Interaction Scores

An inspection of the correlations between demographic variables and interaction scores (see Table 30) revealed that number of children accounted for more variance of interaction scores than did the other demographic variables. Number of children correlated positively with husband dominance on Task 3, and to a lesser extent on the other tasks, as evidenced by the positive correlations between number of children and CF_m 3,

CF_m total, DOM 3 and DOM total and the negative correlation between number of children and CF_f 3. Number of children was also related to a longer discussion on Task 1.

Decision time was related to annual income on Task 3, years married on Task 2 and number of children on Task 1. SA was related negatively to social class on Task 2. It is difficult to propose logical explanations for these relationships. However, it is quite clear that on the average the number of children in a family is associated with the dominance pattern between the spouses. The husband tends to be more dominant in families with more children.

This relationship was unexpected. A possible explanation is that in families with more children, as in a group with relatively more members, the task leader's (husband's) role behavior diverges increasingly from the behavior of the other members (see Bales, 1950).

Marital Adjustment and Tennessee Self Concept Scale

Most of the correlations between MA and TSCS scores were as predicted (see Tables 31 and 32); i.e. MA scores were on the whole positively related to measures of individual adjustment and negatively related to individual maladjustment. A note of caution in interpretation of these results is suggested by the positive correlation between the Distribution Score and the MA scores. The Distribution Score measured the tendency of Ss to use extreme answers (which are more heavily weighted).

Therefore, the positive correlations between TSCS and MA scores were at least in part due to response style, since the instruments are similar in format. However, it was concluded that marital adjustment, as measured by the LW and FCI, is at least in part determined by individual adjustment, or vice versa. An individual who reported himself to be individually well adjusted also tended to perceive his marriage more congruently with professionals' definition of an ideal marriage than did the less well adjusted individual. He also tended to express more satisfaction with his marriage and less open conflict with his spouse.

These results support the contention that individual adjustment determines, at least in part, marital adjustment. To more precisely assess the association between individual adjustment and reported marital satisfaction, a multiple regression method was used. Both the LW and FCI individual scores were used separately as dependent variables, with Sex, Total Positive, Distribution, Defensive Positive, General Maladjustment, Psychosis, Personality Disorder, Neurosis, Personality Integration, Number of Deviant Signs, and Self Criticism as independent variables. These variables together accounted for 28% of the variance of the LW score and for 39% of the FCI score. This compared rather unfavorably with the amount of variance of LW and FCI accounted for by the Family Self Score, which was the

single TSCS score which correlated most highly with LW and FCI (see Table 31). The Family Self score accounted for approximately 25% of the LW variance and approximately 49% of the FCI variance.

The correlations between the TSCS Family Self Score and the FCI were of approximately the same order as the reported reliabilities of the FCI (see van der Veen & Ostrander, 1961; Palonen, 1966). Although the LW did not correlate as highly with the TSCS as did the FCI, the over all pattern of correlations was approximately the same. These results raise serious doubts about the usefulness of the MA questionnaires. The FCI, while it discriminated more clearly between adaptive and non-adaptive marriages than did the LW, also appeared to be primarily redundant with the Family Self Score of the TSCS.

In this context it is of note that Vacchiano & Strauss (1968) identified 22 factors in TSCS responses of 260 college-age Ss. The most prominent of these, accounting for 30% of the common variance, reflected a negative family concept. The second factor, accounting for 6% of the variance, consisted of a positive attitude towards the family of orientation.

The correlations showed that for females, the Physical Self and Moral Ethical Self Scores were related significantly to MA scores, which was not true for males. It also appears that the relationship between individual

adjustment and marital adjustment was of a higher order for females than males and was also more pronounced for the Non-Clinic than the Clinic Group. Similarly, the FCI scores were more significantly related to TSCS scores than were LW scores. This may have been due primarily to response-style since the FCI and TSCS are more similar in format than are the LW and TSCS.

Marital Adjustment and Interaction Scores

The correlations obtained between MA and interaction scores (see Tables 33 and 34) did not support the hypothesis that marital satisfaction, as measured by the LW and FCI, is positively related to interaction indices. Hypothesis 11 predicted positive correlations between MA and SA, CF, and IC and a negative correlation between MA and DT. These relationships were minimally present in Task 3 where LW_m and LW_c were positively related to SA, and FCI_f was negatively related to DT. There were no significant relationships between MA and CF and IC. There were also no significant relationships between MA and DOM.

Tennessee Self Concept Scale and Interaction Scores

It is clear from an inspection of Tables 35, 36, 37 and 38 that the SA index accounted for more of the variance in TSCS scores than did the other interaction indices. This was true both of males and females. The relationships between SA and TSCS scores was most

pronounced in Task 3. Considering just Task 3, SA and TSCS scores of females were on the whole associated as predicted. SA was positively related to Total Positive_f, Defensive Positive_f, General Maladjustment_f, Neurosis_f and Personality Integration_f. Correlations between SA and Psychosis_f, Personality Disorder_f and Number of Deviant Signs_f, although not significant, were all in the predicted direction.

The correlations between SA and TSCS scores varied considerably among the three tasks. The present data leaves it unclear whether this was primarily artifactual because of the non-comparability (i.e. in terms of response alternatives) of the tasks (see p. 84) or whether it was due to the differences in content of the tasks. However, the significant Group X Task effect in the variance of SA scores (see Table 13) suggests that it may well have been due to the content area. The variability of correlations of TSCS scores across tasks was also evident for the other interaction indices.

Of the TSCS scales, only Personality Integration was correlated significantly with SA total for both males and females. In addition, Number of Deviant Signs_m and Neurosis_f correlated with SA total. Somewhat surprising were the significant correlations between SA total and True-False Ratio_m, Net Conflict_m, Total Conflict_m and Total Variance_m. This suggested that males who tended to over-affirm their positive attributes relative to denial of negative attributes, and who reported a

greater degree of confusion, contradiction, conflict and lack of integration, tended to be less in spontaneous agreement with their spouse.

In addition to these relationships, another response-style measure, Distribution_m , was negatively correlated with SA 2 and positively correlated with DT 2. These relationships were not apparent in the other tasks. Males who tended to be more definite and certain of their self-perception; i.e. they tended to use more extreme ratings, were less in spontaneous agreement with their spouses on Task 2 than were males who were less definite and tended to play it safe. This lesser degree of spontaneous agreement in turn necessitated a greater amount of time for the solution of Task 2.

The correlations between response-style measures of females and interaction scores were generally in the same direction as those for males, but the relationships were not as pronounced for the SA score as they were for the DT scores. $\text{True-False Ratio}_f$ and Net Conflict_f were both positively correlated with DT 2; i.e. the more acquiescent the wife the more time required for solution of Task 2. DT 2 was also negatively correlated with Neurosis_f and $\text{Personality Integration}_f$; i.e. extended discussion on Task 2 was associated with couples in which the wife tended to be dissimilar to a norm group of neurotics and similar to a personality integration norm group.

Husband dominance was correlated positively with Self Criticism_m on Task 1 and with Personality Disorder_f on Task 2. The positive relationship between males' willingness to be self-critical and husband dominance was supported by negative correlation between Defensive Positive_m and DOM 1.

Interpersonal Competency_m 1 correlated negatively with Personality Integration_m. It seems somewhat ironic that of 104 correlations between IC and TSCS the only one which correlated significantly did so in the opposite direction than was to be expected.

CHAPTER VI

CONCLUSIONS

The assessment of marriage remains a difficult task. In the present investigation, questionnaire methods; i.e. the FCI and LW, were found to be more efficient and accurate in differentiating clinic and non-clinic marriages than were the interaction measures of decision and communication variables. The results suggested that the FCI discriminated more accurately and with less overlap than did the LW between well-and mal-adjusted marriages. When comparing correlations between individual and marital adjustment scores versus interaction and marital adjustment scores, it was clear that marital adjustment, as measured by the LW and FCI, was significantly more strongly related to individual adjustment, as measured by the TSCS, than to the interaction indices. It is tempting to conclude from this that therefore the "best" indirect method of predicting marital adjustment is to assess the individual adjustment of spouses. However, a serious confounding factor in such a conclusion was the methodological similarity between assessment of marital and individual adjustment.

The results supported the homogamy theory; i.e. on the average, spouses who were individually well-adjusted tended to be married to a person who was also well-adjusted. Similarly, spouses who were individually well-adjusted reported a significantly higher degree of satisfaction with their marriage than did less well-adjusted individuals. Well-adjusted individuals also tended to perceive their marital relationship as closer to a description of the ideal family by professional family counselors than did those less well-adjusted.

While self-esteem and clinical scores of the TSCS were significantly related to marital adjustment scores, the response-style measures of the TSCS tended to be significantly related to decision process variables. FCI scores correlated negatively and significantly with the length of marriage. Interaction indices were most significantly related to number of children in the marriage.

The frequently stated hypothesis that individual mal-adjustment tends to be transmitted from parents to at least one of their children was supported. The obtained results yielded few clues as to the nature of the process through which this occurs; however, the hypothesis that emotional difficulties of children are related to the emotional atmosphere of the family of orientation received some indirect empirical support.

A system of categories developed to assess individual and group interpersonal competency from a rating of verbal interaction was found to be not very useful in discriminating clinic from non-clinic marriages. However, clinic couples were proportionally more frequently assigned feeling rather than idea scores, relative to non-clinic couples.

Of the interaction indices used, spontaneous agreement between spouses in selecting action alternatives, and frequency and quality of feeling-expression in verbal communication, appeared to be most relevant to the differentiation of clinic and non-clinic marriages. The results suggested that when assessing and reporting interaction between spouses it is highly desirable to consider and describe the task content. Interaction indices of discussion and selection of birth control methods, when prevention of pregnancy was mandatory in a hypothetical situation, were more divergent for clinic and non-clinic groups of marriages than were indices of discussions regarding financial management and parent-child interaction.

Suggestions for Further Research

Although the present investigation showed that self-report MA measures differentiated more successfully than interaction variables between what were considered to be well-and mal-adjusted marriages by the criterion of child adjustment it could not be determined to what extent reported marital adjustment or satisfaction was

confounded with individual adjustment. In order for a construct of marital adjustment to be useful, it appears to be highly desirable to distinguish and separate it from individual adjustment, even though both variables may be interrelated. One way in which this might be accomplished is to compare groups of marriages, matched on individual adjustment of spouses, but distinguished by emotional adjustment of children. An item or factor analysis of responses to a pool of items, drawn from existing MA scales and related sources may also identify or suggest variables basic to marital adjustment. Even more preferable would be a longitudinal investigation such as that carried on by the Family Development Section of the Child Research Branch, National Institute of Mental Health (see above, p. 20) which circumvents assumptions regarding causality necessary for ad hoc investigations.

A difficulty which remains in cross-sectional studies is the identification of well-and mal-adjusted marriages, independent of the instruments of interest. The usefulness of adjustment of children as criterion of the quality of the marriage is limited, in part because it is dichotomous. However, it is deemed preferable to imminent marital dissolution as a criterion since that decision will almost certainly significantly alter the relationships and attitudes of the spouses. In addition, the population of

interest is not primarily those spouses who have decided to obtain a divorce. It seems more useful for therapeutic purposes to be able to identify marriages with destructive elements before these dissolve the relationship.

Investigations of self-report measures should not preclude the analysis of interaction between spouses. It is admittedly easier to obtain test scores than to evaluate interaction. However, since most marital therapy is focused on behavior between spouses, it seems more important to investigate spousal interaction, identify destructive elements, and establish baselines, rather than compare test scores.

It is suggested that further investigation of the interaction between spouses direct itself primarily to the analysis of expression of feelings. The statement of Goodrich & Boomer (1963) that couples can be differentiated by their ability to maintain esteem for self and other, even in the face of overt disagreement, also appears to be an important dimension for research. Along similar lines, another useful framework might be that of Berne's dichotomies of "I'm OK -- I'm not OK" and "You are OK -- You are not OK" (Berne, 1966).

The present research indicated that marital behavior is determined in part by content of the task. However, when a variety of tasks are used it is advisable to ascertain the comparability of tasks in different

areas in terms of item attractiveness, distribution of responses, etc. It is suggested that interaction between spouses concerning subject areas most directly and personally affecting them may be most fruitfully investigated.

Relationships between MA indices and demographic variables indicate that whatever marital adjustment consists of, it is not impervious to situational factors such as number of children, length of marriage, etc. Further exploration of these relationships seems desirable.

A most important consideration for further research appears to be a re-evaluation of the marital adjustment construct. It remains an overly simplified, global construct. The correlations found between the TSCS and MA questionnaires approach the reliabilities of the latter, suggesting that the MA questionnaires are primarily redundant with a more adequately standardized and validated instrument. The same consideration also raises doubts about the validity of the marital adjustment construct. It is felt quite strongly that what is needed instead is further investigation of relationship and system variables and the relations of these to individual (whether spouses or children) and marriage variables.

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APPENDICES

APPENDIX A

INSTRUCTIONS AND TASKS ADMINISTERED TO SUBJECTS

DIRECTIONS

Psychologists have studied and tried to understand the individual person for a long time. Some important discoveries and gains in helping people who somehow find life difficult have been made. It is now realized that a person's marriage or the marriage of his parents may have a great deal to do with how he feels. This procedure in which you have been asked to participate is designed to help us understand what happens between two married people. The fact that you were asked to participate in this procedure does not necessarily mean that we feel that there is something wrong with your marriage. At this point we are only concerned with what happens, rather than attempting to judge it as good or bad.

There are several tasks which you will be asked to complete in this procedure. Most are contained in this booklet. The blue booklet, also on your desk, you will not need till later. Read the directions for each task as you are ready to complete that task. Do not read ahead in the directions for the other tasks; instead, do them one at a time in the order presented in this booklet.

It is important that you do not help each other except in case one of you does not understand the directions of a task. It is also important that you follow the directions carefully and answer all of the questions

without leaving any blank spaces. It is not necessary to work as fast as possible, so take your time and consider each question carefully.

All information will be held strictly confidential.

Revealed Differences Tasks

This task consists of three different situations. They most likely will never occur in your life, but they do happen to some people. Please imagine that the situations described actually do happen to you. Your task is to try to imagine how you would feel in each situation and how you would most likely react or try to solve the problem. To make it somewhat easier, each situation includes a list of possible solutions. Your task is to rank these solutions; i.e. put a number 1 by that solution which you feel you most likely would do, a number 2 by the next best solution, etc. until all possible solutions have a number indicating how likely you would be to use it.

Do these one at a time, do not read ahead in the directions before you have finished each task.

Also, please remember that the more seriously you do each of these tasks, the more value it will have.

Imagine that one day you come home and find a letter in your mailbox which informs you that you have won ten thousand dollars cash in a sweepstakes. You are of course elated and very excited, especially since you had already forgotten that you had entered the contest. Below you will find a list of what people might do with ten thousand dollars. Your task is to put a number 1 by the item most attractive to you, a number 2 by the next most attractive, etc., until all items have a number indicating your order of preference. Assume that you received the money today; i.e. with your present living quarters, present bank account and general financial situation. Be sure that each item has a number from 1 to 8, where 1 is the most and 8 the least attractive item.

- _____ Take a vacation
- _____ Invest the money
- _____ Pay overdue bills
- _____ Buy sporting equipment
- _____ Buy a boat
- _____ Redecorate the house
- _____ Build a den in your basement
- _____ Use it for a downpayment on a new house

Imagine that you have been married for 15 years and have 2 children, a boy and a girl aged 12 and 10 respectively. Both of them have been receiving some information about human reproduction in the classroom as well as from other children. You accidentally overhear them discussing it and you realize that their information is quite incorrect and misleading. They are not aware that you overheard them. How would you handle this situation? Please answer this question by ranking the solutions listed below. Place a number 1 by the solution you feel would be the best way to handle it, a number 2 by the next best way, etc., until all 8 items have a number from one to eight.

- _____ Do nothing, ignore it.
- _____ Reprimand them, and forbid them to talk about such subjects.
- _____ Walk away, but tell you spouse and ask him/her to talk to them later.
- _____ Walk in and tell them how they are incorrect and explain it to them.
- _____ Attempt to find out which teacher gave them the incorrect information and report it to the principal.
- _____ Walk away but later talk to your son/daughter and ask your husband/wife to talk to the other child.
- _____ Ignore it but tell your spouse what you heard.
- _____ Buy some books on the subject and leave them where the children could easily find them, so that they could get better information on their own.

You have been married for 10 years and have 3 children. There were some complications with the last birth and your doctor, after having taken a number of tests, advises you that if you have another child the chance is very high that it will be physically deformed or mentally retarded. He advises strongly that you not have anymore children. A list of methods of birth control methods and other possibilities is below. Please place a number 1 by the method you would most likely pick, a 2 by the next most acceptable method, etc., until you have rated all eight choices in terms of how likely you would be to use it.

- _____ An intra-uterine device, or "loop", or "coil" (an artificial device installed by your doctor in the female, and must be removed by him).
- _____ Birth control pills (to be taken almost every day by the female for the rest of her years-or until past menopause).
- _____ Relatively minor surgery performed on the male (sterilization).
- _____ Surgery on the female (sterilization).
- _____ Refuse his advise and continue in a normal sexual relationship and take the chance of another pregnancy.
- _____ Go to another doctor.
- _____ Use contraceptive jelly or foam.
- _____ Use prophylactics (also known as rubbers or condoms).

Locke-Wallace Scale

Encircle the dot on the scale below which best describes the degree of happiness, everything considered, of your present marriage. The middle point, "Happy," represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or felicity in marriage.

.
 Very Happy Perfectly
 happy Happy Happy

State the approximate extent of agreement between you and your mate on the following items. Please encircle the appropriate dots.

	Always Agree	Almost Always Agree	Occa- sionally Disagree	Fre- quently Disagree	Almost Always Dis-	Always Dis-
Handling family finances:	.	.	.	.	.	.
Matters of recreation:	.	.	.	.	.	.
Demonstrations of affection:	.	.	.	.	.	.
Friends:	.	.	.	.	.	.
Sex Relations:	.	.	.	.	.	.
Conventionality (right, good or proper conduct)	.	.	.	.	.	.
Philosophy of life	.	.	.	.	.	.
Ways of dealing with in-laws	.	.	.	.	.	.

When disagreements arise, they usually result in:
 husband's giving in____, wife giving in____, agreement by
 mutual give and take____.

(Continued)

Do you and your mate engage in outside interests together? All of them____, some of them____, very few of them____, none of them____?

In leisure time do you generally prefer to be "on the go"____, to stay at home____?

Does your mate generally prefer: to be "on the go"____, to stay at home____?

Do you ever wish you had not married? Frequently____, occasionally____, rarely____, never____.

If you had your life to live over, do you think you would: marry the same person____, marry a different person____, not marry at all____.

Do you confide in your mate: almost never____, rarely____, in most things____, in everything____?

FAMILY CONCEPT INVENTORY

<u>Instructions:</u> Indicate the degree of your agreement or disagreement with each of the following items as it applies to your immediate family (husband or wife and children) and encircle the letter(s) representing the appropriate response. First impressions are satisfactory, and most people are able to complete this inventory in ten minutes. It is quite important that you give a response to each item, even though it may sometimes be difficult to make a decision.					
	<u>SA</u>	<u>a</u>	<u>N</u>	<u>d</u>	<u>SD</u>
	<u>Strongly Agree</u>	<u>Tend to Agree</u>	<u>Neither Agree Nor Disagree</u>	<u>Tend to Disagree</u>	<u>Strongly Disagree</u>
1. We usually can depend on each other.	SA	a	N	d	SD
2. We have a number of close friends.	SA	a	N	d	SD
3. We feel secure when we are with each other.	SA	a	N	d	SD
4. We do many things together.	SA	a	N	d	SD
5. Each of us wants to tell the others what to do.	SA	a	N	d	SD
6. There are serious differences in our standards and values.	SA	a	N	d	SD
7. We feel free to express any thoughts or feelings to each other.	SA	a	N	d	SD
8. Our home is the center of our activities.	SA	a	N	d	SD
9. We are an affectionate family.	SA	a	N	d	SD
10. It is not our fault that we are having difficulties.	SA	a	N	d	SD
11. Little problems often become big ones for us.	SA	a	N	d	SD
12. We do not understand each other.	SA	a	N	d	SD
13. We get along very well in the community.	SA	a	N	d	SD
14. We often praise or compliment each other.	SA	a	N	d	SD
15. We do not talk about sex.	SA	a	N	d	SD
16. We get along much better with persons outside the family than with each other.	SA	a	N	d	SD
17. We are proud of our family.	SA	a	N	d	SD
18. We do not like each other's friends.	SA	a	N	d	SD
19. There are many conflicts in our family.	SA	a	N	d	SD
20. We are usually calm and relaxed when we are together.	SA	a	N	d	SD
21. We respect each other's privacy.	SA	a	N	d	SD

(Continued)

22.	Accomplishing what we want to do seems to be difficult for us.	SA	a	N	d	SD
23.	We tend to worry about many things.	SA	a	N	d	SD
24.	We are continually getting to know each other better.	SA	a	N	d	SD
25.	We encourage each other to develop in his or her own individual way.	SA	a	N	d	SD
26.	We have warm, close relationships with each other.	SA	a	N	d	SD
27.	Together we can overcome almost any difficulty.	SA	a	N	d	SD
28.	We really do trust and confide in each other.	SA	a	N	d	SD
29.	The family has always been very important to us.	SA	a	N	d	SD
30.	We get more than our share of illness.	SA	a	N	d	SD
31.	We are considerate of each other.	SA	a	N	d	SD
32.	We can stand up for our rights if necessary.	SA	a	N	d	SD
33.	We have very good times together.	SA	a	N	d	SD
34.	We live largely by other people's standards and values.	SA	a	N	d	SD
35.	Usually each of us goes his own separate way.	SA	a	N	d	SD
36.	We resent each other's outside activities.	SA	a	N	d	SD
37.	We have respect for each other's feelings and opinions even when we differ strongly.	SA	a	N	d	SD
38.	We sometimes wish we could be an entirely different family.	SA	a	N	d	SD
39.	We are sociable and really enjoy being with people.	SA	a	N	d	SD
40.	We are a disorganized family.	SA	a	N	d	SD
41.	We are not really fond of one another.	SA	a	N	d	SD
42.	We are a strong, competent family.	SA	a	N	d	SD
43.	We just cannot tell each other our real feelings.	SA	a	N	d	SD
44.	We are not satisfied with anything short of perfection.	SA	a	N	d	SD
45.	We forgive each other easily.	SA	a	N	d	SD
46.	We usually reach decisions by discussion and compromise.	SA	a	N	d	SD
47.	We can adjust well to new situations.	SA	a	N	d	SD
48.	Our decisions are not our own, but are forced on us by circumstances.	SA	a	N	d	SD

This task is somewhat different. This is the blue booklet with Tennessee Self-Concept Scale on the front page. Please do not write anything in this booklet. Other people will have to use it also. Inside the booklet you will find a form which is to be used for your answers. Along the right hand side of the form you will find a space for your name, age and education. Please fill in these spaces. There is also a space for timing but you need not time yourself on this task. The directions are the inside of the front cover of the test booklet, please read these carefully.

When you have completed this task please wait until your husband (wife) is finished and signal the assistant.

APPENDIX B

SCORES OF ALL SUBJECTS

INDIVIDUAL SCORES

1. Tennessee Self-Concept Scale; Clinic sample

Variables

N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	329	112	109	108	62	71	62	67	67	22	14	23	22	54	92	53	77	71
2	318	111	103	104	62	75	57	68	56	13	12	30	36	41	90	47	74	65
3	339	126	100	113	71	76	61	69	62	2	7	39	47	47	96	41	76	73
4	357	124	118	115	79	81	64	66	67	3	15	31	40	49	94	43	79	75
5	310	107	98	105	60	63	60	64	63	14	13	26	26	43	91	56	61	75
6	328	114	108	106	67	65	61	71	64	9	14	24	29	51	90	47	72	74
7	325	115	102	108	65	74	55	68	51	5	16	25	44	43	92	45	72	73
8	280	107	88	85	33	74	54	68	51	38	6	36	88	29	76	54	75	50
9	346	126	101	119	69	79	66	64	68	12	9	46	57	53	100	42	81	74
10	277	96	78	103	69	58	42	54	54	34	3	39	63	36	80	52	58	53
11	332	115	105	112	68	66	61	67	70	5	17	20	28	46	94	46	68	76
12	278	120	72	86	52	53	52	50	61	36	5	50	85	33	89	48	49	59
13	314	118	93	103	70	55	61	63	64	5	15	22	41	48	89	49	58	80
14	309	121	93	95	60	74	56	61	58	16	9	27	52	47	86	50	72	65
15	343	116	111	116	71	68	64	72	68	6	18	21	34	57	91	44	77	87
16	378	139	118	121	72	81	71	77	77	6	11	34	53	66	106	49	87	90
17	341	118	109	114	70	72	63	71	65	4	16	36	44	53	93	43	74	78
18	313	120	84	109	56	75	55	68	69	34	5	49	67	36	84	46	82	71
19	288	99	89	100	55	51	53	59	50	24	7	32	51	34	76	58	65	62
20	313	117	86	110	64	67	58	59	65	8	10	37	44	37	91	37	68	71
21	324	117	94	113	78	66	63	63	64	7	11	26	51	51	91	42	60	77
22	340	119	107	114	77	75	65	64	59	7	15	22	39	28	90	50	77	75
23	354	127	108	119	74	72	67	70	71	3	16	28	35	57	99	47	82	84
24	347	127	103	117	54	79	67	71	76	8	14	29	51	55	99	45	77	78
25	335	125	105	105	59	71	66	72	60	24	2	49	50	52	94	48	68	73
26	339	122	107	110	67	73	70	70	59	4	9	28	37	55	94	45	74	78
27	357	132	112	113	68	69	71	82	67	1	11	23	44	64	97	46	81	90
28	364	129	114	121	72	75	72	72	73	15	16	34	26	59	101	48	79	91
29	307	105	90	112	54	93	52	62	59	34	8	31	54	41	81	59	74	62
30	347	126	107	114	67	78	62	74	59	3	15	23	55	58	94	53	81	85

* - Husband is listed first, followed immediately by his wife; All odd-numbered $\bar{N}$ are males, all even-numbered $\bar{N}$ are females.

Variable 1 - Total Positive

2 - Identity

3 - Self-Satisfaction

4 - Behavior

5 - Physical Self

6 - Moral-Ethical Self

7 - Personal Self

8 - Family Self

9 - Social Self

10 - Number of Deviant Signs

11 - Personality Integration

12 - Total Conflict

13 - Total Variance

14 - Defensive - Positive

15 - General Maladjustment

16 - Psychosis

17 - Personality Disorder

18 - Neurosis

2. Tennessee Self-Concept Scale: Non-Clinic Sample

Variables

N	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
31	358	131	104	123	77	68	68	74	72	2	15	36	43	49	102	37	72	87
32	328	116	104	108	65	66	63	66	68	13	16	16	23	49	91	54	72	77
33	346	119	116	111	72	68	69	72	65	4	15	30	30	53	97	49	77	84
34	338	126	101	111	68	68	65	73	64	4	11	43	39	52	95	42	68	83
35	346	132	98	116	70	73	61	75	67	1	17	28	52	48	95	46	79	80
36	366	133	113	120	66	84	71	77	68	4	15	24	42	58	99	49	96	87
37	322	126	92	104	67	61	66	65	64	5	11	28	46	48	93	41	64	78
38	324	119	94	111	56	70	60	72	67	12	7	24	62	41	93	46	76	70
39	366	130	117	119	68	78	62	81	71	0	18	26	33	54	101	50	81	86
40	328	117	106	105	62	71	62	70	63	14	17	22	31	57	87	54	77	81
41	382	136	116	129	78	74	74	77	70	1	15	24	32	64	108	43	73	98
42	345	125	109	111	64	72	64	77	68	2	10	24	39	57	104	43	79	81
43	375	125	121	119	77	77	72	77	72	4	21	17	26	55	104	42	82	82
44	352	130	110	112	71	80	66	70	65	1	13	32	40	48	97	42	81	81
45	342	126	105	111	70	66	66	73	67	0	16	22	40	51	98	48	72	81
46	383	127	129	129	76	82	77	80	68	4	14	21	30	59	102	44	86	93
47	375	131	122	123	74	73	75	76	78	2	10	22	37	68	98	36	71	99
48	346	126	112	119	73	79	71	73	69	1	16	26	25	62	96	47	77	94
49	324	125	92	107	67	62	60	67	68	1	10	32	45	40	94	40	66	72
50	347	128	104	115	66	72	62	78	69	2	14	35	49	47	96	36	71	79
51	331	118	104	108	62	71	59	77	62	7	12	34	45	41	92	44	72	77
52	331	123	96	102	68	64	55	69	66	6	11	29	52	36	90	39	68	73
53	388	138	128	129	80	73	75	84	76	10	8	38	38	48	113	35	86	96
54	406	143	132	131	78	84	78	83	83	5	11	28	33	61	109	41	96	97
55	361	130	112	119	70	72	68	77	74	2	19	23	30	61	100	47	84	86
56	410	141	127	142	79	82	81	85	83	6	13	20	27	60	114	37	86	100
57	367	131	125	111	72	72	73	77	73	3	14	23	39	64	89	42	78	95
58	367	133	110	124	67	81	66	76	77	4	9	33	63	56	107	42	91	76
59	337	115	106	116	65	68	62	75	67	5	17	21	38	49	93	47	76	83
60	355	130	108	117	68	69	72	79	67	4	15	37	38	49	98	34	78	89

* - Husband is listed first, followed immediately by his wife; All odd-numbered N are males, all even-numbered N are females.

Variable 1 - Total Positive	10 - Number of Deviant Signs
2 - Identity	11 - Personality Integration
3 - Self-Satisfaction	12 - Total Conflict
4 - Behavior	13 - Total Variance
5 - Physical Self	14 - Defensive - Positive
6 - Moral-Ethical Self	15 - General Maladjustment
7 - Personal Self	16 - Psychosis
8 - Family Self	17 - Personality Disorder
9 - Social Self	18 - Neurosis

3. Clinic Sample

Variables

N	19	20	21	22	23	24	25	26	N	19	20	21	22	23	24	25	26
1	98	119	91	83	26	32	45	51	31	112	163	98	88	48	31	07	27
2	83	91	64	98	64	40	56	28	32	106	144	81	88	100	50	00	31
3	107	126	95	100	48	56	19	89	33	100	119	91	98	95	27	14	31
4	59	104	91	95	26	31	08	77	34	86	148	45	98	100	27	-16	14
5	107	148	98	100	98	-	22	65	35	124	149	86	98	76	-16	-38	55
6	121	151	88	98	36	24	27	43	36	129	161	29	98	98	95	53	88
7	117	126	98	100	86	-	07	-	37	118	116	71	95	38	53	13	-
8	119	117	96	88	86	144	-	52	38	110	145	95	100	100	72	63	30
9	114	113	62	71	62	71	05	-	39	134	163	98	93	98	18	23	47
10	131	118	81	91	69	08	-	12	40	137	148	79	95	93	41	50	71
11	112	129	95	69	83	22	21	-	41	129	174	79	-	98	24	72	38
12	80	103	69	83	33	25	74	24	42	99	169	81	-	31	16	15	-107
13	100	130	31	86	98	86	83	69	43	127	137	62	98	83	24	44	56
14	94	117	98	81	98	80	75	81	44	132	143	43	74	93	60	95	33
15	88	143	98	76	74	-	15	71	45	124	146	95	100	-	-25	-44	25
16	102	130	93	91	62	38	108	21	46	141	162	81	95	33	46	42	07
17	113	117	100	81	98	38	-	28	47	118	162	91	81	60	80	46	28
18	87	114	68	88	92	47	01	12	42	83	143	100	98	91	27	23	04
19	86	124	93	93	93	89	-	16	49	134	158	100	81	81	52	08	43
20	102	152	69	95	60	07	33	80	50	121	158	96	86	98	-17	59	38
21	79	88	55	93	71	53	05	38	51	141	153	93	57	74	25	28	36
22	65	131	91	91	88	67	59	22	52	125	152	79	100	83	30	40	59
23	113	104	79	88	88	21	-	19	53	110	170	86	98	57	51	68	33
24	154	113	93	91	85	120	07	-	54	153	163	55	99	31	54	-06	07
25	129	162	95	83	100	36	-	54	55	145	173	98	86	91	-26	-38	-
26	112	126	29	81	-	22	10	-	56	145	174	83	98	79	55	26	51
27	157	161	62	100	98	54	23	105	57	96	144	79	100	69	15	17	56
28	117	147	100	98	100	25	69	63	58	139	172	79	29	100	40	-01	101
29	123	128	52	76	62	08	-	45	59	124	169	83	98	74	63	58	77
30	114	143	15	100	98	48	23	81	60	120	159	71	100	40	27	74	-16

Variable 19 - Locke-Wallace Scale
 20 - Family Concept
 21 - Need Fulfillment Task 1
 22 - Need Fulfillment Task 2
 23 - Need Fulfillment Task 3
 24 - Interpersonal Competency Task 1
 25 - Interpersonal Competency Task 2
 26 - Interpersonal Competency Task 3

COUPLE SCORES

1. Clinic and Non-Clinic Sample Characteristics

Variables

N	Age		Education		Income	Number of Children	Years Married	Social Class
	H	W	H	W				
Clinic Sample								
1	43	43	20	15	20	2	21	1
2	34	35	20	16	10	3	14	1
3	33	33	20	14	12	4	11	1
4	51	44	20	16	15	2	15	1
5	50	50	14	13	9	1	25	4
6	43	41	16	12	15	7	21	3
7	41	38	18	14	16	3	16	2
8	45	49	20	16	17	3	20	1
9	43	48	10	12	11	3	13	4
10	41	33	13	12	14	5	6	3
11	31	31	13	14	12	2	12	3
12	45	48	13	13	10	4	24	3
13	47	42	8	12	11	7	18	5
14	42	38	12	8	8	4	15	4
15	38	35	18	16	11	3	13	2
Non-Clinic sample								
16	29	29	18	14	10	2	8	3
17	32	28	20	14	5	2	9	2
18	30	30	20	16	16	2	9	1
19	30	30	16	18	9	2	9	3
20	36	37	20	13	12	6	16	1
21	33	31	20	18	6	1	6	2
22	52	46	20	18	17	3	25	1
23	31	30	20	16	13	3	10	1
24	27	26	14	12	14	1	5	3
25	35	36	18	18	9	3	11	2
26	30	28	20	16	3	2	8	2
27	32	30	12	13	10	4	11	4
28	47	46	12	12	13	4	24	3
29	27	25	15	15	8	2	6	4
30	26	24	20	14	5	3	5	2

2. Revealed Differences Task Scores

Variables

N	Spontaneous Agreement			Dominance				Time			
	1	2	3	1	2	3	Total	1	2	3	Total
Clinic Sample											
1	57	86	45	+	-	-	-	292	205	944	1441
2	79	95	21	0	+	0	0	186	285	392	863
3	81	98	33	+	+	+	+	150	152	225	527
4	81	88	-12	+	+	-	+	118	178	169	465
5	52	57	9	-	-	0	-	120	665	363	1148
6	62	62	17	+	-	+	+	265	330	287	882
7	29	81	96	-	0	0	0	125	184	157	466
8	91	55	14	+	0	0	0	90	307	306	703
9	68	55	50	+	0	+	+	118	178	169	465
10	55	86	10	+	0	+	+	100	186	282	568
11	36	81	29	-	0	0	0	105	221	184	510
12	62	83	74	-	0	0	0	213	195	274	682
13	14	57	-14	+	0	+	+	360	365	367	1092
14	62	98	98	-	+	-	-	162	83	101	346
15	-31	76	60	0	-	-	-	199	146	85	430
Non-Clinic Sample											
16	74	62	48	+	0	-	0	170	230	160	560
17	45	95	95	+	0	-	0	165	95	42	302
18	21	95	71	+	0	-	0	410	200	320	930
19	60	95	38	-	-	-	-	175	137	252	564
20	71	81	91	+	0	+	+	310	265	120	695
21	38	55	24	0	0	+	0	217	250	305	772
22	67	62	76	+	+	-	+	355	365	413	1133
23	71	95	48	+	+	0	+	130	67	281	478
24	91	71	67	-	-	-	-	47	155	246	448
25	86	62	81	+	0	-	0	121	185	121	427
26	62	57	52	+	-	0	0	165	135	123	423
27	50	67	52	+	+	+	+	253	131	244	628
28	86	76	88	+	-	+	+	158	147	105	410
29	64	29	69	0	+	-	0	195	485	275	955
30	31	98	43	0	-	+	0	252	163	267	682

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