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DOMINANCE AND STRUGGLES FOR POWER IN ALCOHOLIC MARITAL INTERACTIONS: ALCOHOLIC SUBTYPE VARIATIONS

By

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ABSTRACT

DOMINANCE AND STRUGGLES FOR POWER IN ALCOHOLIC MARITAL INTERACTIONS: ALCOHOLIC SUBTYPE VARIATIONS

By

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This study examined dominance and power struggles in the interactions of alcoholic and nonalcoholic couples from a community-based sample, and further distinguished between antisocial and nonantisocial alcoholics in order to shed light on the conflicting findings of past studies that have conceptualized alcoholics as a homogeneous group. Specific sub-codes from an observational measure of spousal interaction (Communication Skills Test; Floyd & Markman, 1984) were used to evaluate dominance and power struggles that occurred between alcoholic couples in problem-solving sessions. Results indicate that wives of antisocial alcoholics struggled for power more frequently than wives of both nonantisocial alcoholics and nonalcoholic controls. In addition, findings reveal that nonalcoholic husbands exhibited more positive and effective communication patterns than did alcoholic husbands; the source of this effect appeared to be the lower level of positive communication among antisocial alcoholic couples. Implications of the findings for clinical practice are discussed.

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INTRODUCTION

The quality of intimate relationships plays an important role in an individual's happiness. In particular, marital adjustment correlates with personal well-being (Berscheid & Peplau, 1983). In a review of literature on marriage and physical and emotional disorders, Bloom, Asher, and White (1978) conclude that there is a strong relationship between marital disturbance and physical and mental problems. Separated or divorced individuals have been shown to be overrepresented among psychiatric patients, motor vehicle accident victims, and those who commit homicide and/or suicide. Furthermore, persons who have experienced marital disruption have a higher incidence of illness and disability (Bloom et al., 1978). Similarly, Burman and Margolin (1992) conclude that marital status is indirectly related to overall mortality. They also state that support exists for the nonspecific and indirect effects of marital status, marital quality, and marital interactions on the etiology of health problems. Hence, studying marital relationships through scientific investigation can reveal information on the causes and treatment of marital problems which in turn may provide one avenue to improving adjustment and well-being for individuals.

It is often claimed that individuals who abuse alcohol have turbulent marriages and family lives (Baker, Blampied, & Haye, 1989). Alcoholism is associated with such marital problems as spouse abuse and divorce (O'Farrell, 1992). From one perspective, abusive drinking can cause marital conflict; on the

other hand, marital problems can be viewed as a cause leading to and/or promoting alcohol abuse. Alcoholics tend to separate and get divorced more often than couples in the general population, and separated or divorced male alcoholics have been found to have a shorter time until death than married alcoholics (Lewis, Smith, Kercher, & Spitznagel, 1995; Paolino & McCrady, 1977). For every alcoholic, it is estimated that there are approximately five other individuals adversely affected by his/her alcoholism (Paolino & McCrady, 1977). It is therefore important to explore the patterns associated with alcoholism and marriage in order to be able to help both alcoholics and their spouses with marital problems, and possibly to have an indirect impact on alcohol problems as well.

For these reasons, it is especially important to examine marital interactions when studying marital relationships. Investigating actual marital interactions can help to identify specific avenues for successful intervention. Further, according to McClintock (1983), in order to have an adequate conceptualization of close relationships, it is necessary to describe the regular interactions that constitute a relationship, and to explain these regular interactions by revealing their causes and processes by which they are maintained or changed. Analyzing sequential dyadic interactions can reveal behavior which increases or decreases the probability of the occurrence of consequent behavior (Jacob & Leonard, 1992). This analysis is valuable in that it provides information regarding the specific influence that one spouse's actions can have on the other's reciprocal actions, as well as revealing the interdependence of a couple's behavior. For alcoholic couples, spousal dyadic interactions which potentially are affected by and also may influence alcohol abuse and levels of marital satisfaction need to be explored. Thus, the present study

examines dyadic interactions of alcoholic couples. Specifically, wife-dominance and power struggles, which are of central relevance in alcoholic marriages, are explored.

Alcoholic Couples

Before the 1960s, research involving alcoholic couples mainly was focused on the alcoholic's spouse (McCrady, 1987; O'Farrell & Noel, 1989). Because the majority of alcoholics are men, this literature dealt with wives of alcoholics. Two theories existed regarding these wives (Jacob, Favorini, Meisel, & Anderson, 1978). The first stated that a particular type of personality for women lead them to be attracted to and to marry alcoholics to fulfill their own unconscious needs to dominate a submissive male (Jacob, 1986). In turn, because of these needs, wives of alcoholics tended to promote their husbands' continued drinking, and sabotaged their husbands' efforts to control their alcoholism. In contrast, the second theory followed the first and considered the effects of a husband's alcoholism on his wife's well-being. It proposed that due to the stress of living with alcoholics, these wives developed psychological disturbances (Jacob, 1986). More recently, some researchers have begun to integrate the two opposing notions regarding the wives of alcoholics. Instead of being viewed as either the source or victims of their husbands' alcoholism, Moos, Finney, and Gamble (1982) proposed using a multifactorial approach in which wives develop coping strategies because they are affected by their husbands' alcoholism, and in which wives' behavior may partly influence alcoholics' drinking patterns.

Jacob et al. (1978) reviewed studies using the Minnesota Multiphasic Personality Inventory (MMPI) with wives of alcoholics, and concluded that there is little support for the view that most of these women have psychiatric disturbances.

They proposed that similarities between wives of alcoholics and other groups of women need to be examined. Generally, little evidence exists that supports the notion that wives of alcoholics having disturbed personalities (Watts, Bush, & Wilson, 1994). Although the idea that these women develop disturbances due to the stress associated with living with an alcoholic has received some support, it is not clear whether this is a cause and effect relationship (Jacob et al., 1978). Because most studies have not controlled for confounding variables such as poverty, unemployment, and other life stress (Jacob, 1986), these women could possibly be experiencing stress due to a number of different confounding factors which are independent from the effects of alcoholism. Furthermore, according to Jacob et al. (1978), many of these studies have very small and restricted groups of subjects, such as those who were seeking treatment and/or were recruited through social or legal institutions. Non-help-seeking wives are extremely underrepresented. Other problems entail the lack of reliable measures, failure to use control groups, and an over-reliance on self-report data.

During the 1970s and 1980s, much behavioral research was conducted examining the interpersonal interaction of alcoholics and their wives. A number of researchers began to emphasize a family system model of drinking behavior which proposes that drinking serves an adaptive function for the alcoholic in his familial relationships (Davis, Berenson, Steinglass, & Davis, 1974; Jacob et al., 1978; Steinglass, 1981). When an alcoholic becomes intoxicated, adaptive consequences, such as more assertive behavior, more emotionally open contact, and increased sexual activity, are revealed within the family (Davis et al., 1974; Steinglass, 1981). In support of this notion, early studies found that wives looked at their husbands

more during discussions of the husbands' alcohol problem than during neutral topic discussions (Becker & Miller, 1976; Hersen, Miller, & Eisler, cited in McCrady, 1987). Hersen et al. hypothesized that wives' increased attention may reinforce the husbands' alcoholism (cited in Becker & Miller, 1976). Additionally, Becker and Miller (1976) found that husbands spoke more than their wives when discussing alcohol; whereas, wives spoke more during non-alcohol related discussions which seems to indicate that discussing alcohol is positively reinforced for the alcoholic male. However, these findings are based upon men hospitalized for alcoholism and their wives, contrasted with non-alcoholic psychiatric patients and their wives.The alcoholic group did not differ significantly from the non-alcoholic psychiatric group on these variables. Perhaps comparison of the alcoholic couples group to a normal control group would have revealed more distinct information regarding the communication patterns in alcoholic marriages.

Other research focuses attention on the quality, not simply the quantity, of communication between alcoholic couples. Frankenstein, Hay, and Nathan (1985) found that alcoholics, while intoxicated, made more problem-describing statements and spoke more frequently than their wives. These alcoholic couples revealed more positive verbal behaviors while the alcoholic husband was intoxicated than when he was sober. This may represent the adaptive consequences of drinking for alcoholic couples which Davis et al. (1974) and Steinglass (1981) feel reinforce patterns of abusive drinking. However, caution should be taken in generalizing these findings to alcoholic couples in the general population as only eight couples were used for this study and the subjects were all seeking treatment for alcoholism which is not a characteristic representative of the majority of alcoholics.

In a series of studies looking at interaction with and without alcohol present, Jacob, Ritchey, Cvitkovic, and Blane (1981), in contrast to Frankenstein et al. (1985), found that alcoholic couples were more negative when alcohol was present than when it was not; whereas, nonalcoholic couples expressed an equal amount of negativity in both conditions. Although based on interactions in the presence of alcohol, not on interactions involving alcohol-related issues, Jacob et al.'s findings seem somewhat in opposition to Hersen et al.'s and Becker and Miller's conclusions. Similarly, a study by Jacob and Krahn (1988) found that alcoholic couples revealed more negative behaviors when drinking during discussion of personal problems than did nondistressed and depressed couples. However, there was no difference between the three groups in the non-alcohol sessions. Perhaps alcoholics can express hostility and negative affect while intoxicated; however, they attribute their behavior to the alcohol and avoid taking responsibility for their feelings and actions which would not have been expressed without the alcohol. On the other hand, negative behavior may increase in the alcoholic couples when drinking simply due to the expectancy that negative events occur when the alcoholic is intoxicated (Jacob & Krahn, 1988).

Using a larger number of subjects, O'Farrell and Birchler (1987) conducted a study of alcoholic, maritally conflicted, and nonconflicted couples which included self-report and observational data; however, unlike the studies discussed above, the effects of the presence of alcohol was not assessed. The results revealed that alcoholic and maritally conflicted couples had a greater amount of relationship distress, including less positive verbal behavior and a greater desire for change in their relationships, than nonconflicted couples, but had similar levels to one another.

Additionally, alcoholic husbands and maritally conflicted husbands revealed equivalently higher levels of responsibility-avoidant communication than their wives and than nonconflicted couples. However, alcoholic husbands reported a greater level of marital satisfaction than their wives, and were also more satisfied than maritally conflicted husbands. This may indicate that alcohol numbs the alcoholic's awareness of his wife's distress or that his wife has come to view expressing her distress with the situation as pointless. The lack of differentiation between alcoholic and maritally conflicted couples is surprising; however, both groups were seeking marital therapy. This may signify that these two groups were more similar than they would be in the general population in that these subjects may have been more apt to recognize the need for marital therapy than members of more dysfunctional families. In general, it seems that past studies of alcoholic couples have used subjects who were all seeking some form of treatment which creates difficulty for generalizing results to more general populations. Furthermore, the literature reveals that, although conflicting findings exist regarding the effects of alcohol on these couples' interactions, alcoholic couples do tend to have distressed relationships when compared with normal control couples.

Findings of husbands' increased negativity while intoxicated (Jacob & Krahn, 1988) and distress in the relationships of alcoholic couples (O'Farrell & Birchler, 1987) regard verbal aggression or conflict; however, similar processes may underlie both the verbal and physical aggression that can occur in alcoholic marriages (Leonard, 1993). In a study examining heavy drinking and marital violence, Leonard and Blane (1992) found a strong relationship between alcohol consumption and physical aggression, and an interaction between heavy drinking, hostility, and

marital dissatisfaction. Drinking patterns were shown to be associated with marital aggression in subjects high in hostility and subjects low in hostility but high in dissatisfaction, although only self-report data from husbands was used for this study. Using self-report data from a sample of newlyweds, Leonard and Senchak (1993) found that alcohol consumption and hostility were related to premarital aggression when husbands were at the mean or higher for marital dissatisfaction. Leonard and Senchak (1996) also found that husbands' premarital drinking was a strong predictor of husband marital violence, although the authors state that the processes which link drinking alcohol to marital aggression need to be investigated further. Thus, although husbands' alcohol consumption seems related to marital aggression, it is important to continue to explore characteristics that may increase the risk of marital violence when combined with specific drinking patterns (Leonard, 1993).

Alcoholism Subtypes and Behavior

One potential limitation of previous research on alcoholic couples is that it has failed to make a distinction between alcoholic subtypes. In order to more accurately assess the interactions between alcoholics and their spouses, it is necessary to differentiate between the subtypes of alcoholism that may exist. In an effort to explore the relationship between different subtypes of alcoholism and marital communication, Jacob and Leonard (1988) reanalyzed the data from Jacob and Krahn's study in an attempt to examine whether the interactions of "episodic" alcoholics and their wives differed from those of "steady" alcoholics and their wives in problem-solving sessions. They differentiated the two types of alcoholics based on alcohol-specific factors (factors related to the alcohol itself, such as drinking

practices) (Zucker, 1994). Episodic alcoholics were considered to have drinking binges; whereas, steady alcoholics drank approximately the same amount of alcohol every day. Results show that episodic alcoholics, while drinking, displayed more negative behavior than did their wives; in contrast, steady alcoholics, while drinking, displayed less negative behavior than their wives. The two groups did not differ while sober. In addition, episodic couples tended to be less focused on problems while drinking than were steady couples. It seems that drinking would be reinforced only for the steady alcoholic couples in that they could communicate and problem-solve more effectively. The increased negativity and decreased problem solving focus for the episodic alcoholic couples while drinking may reflect a form of coercive control in which the alcoholic husband is able to avoid dealing with conflictual issues. However, because Jacob and Leonard, as well as Jacob and Krahn, excluded alcoholics from research who had affective disorders, caution should be taken in generalizing these results to alcoholic couples in the overall population. Furthermore, it should be noted that Jacob and Leonard only used simple questionnaire responses to differentiate episodic from steady alcoholics. This may be problematic in that self-report data can be subject to socially desirable response sets.

In 1987, Cloninger proposed a neurobiological learning model of alcoholism in which there were two subtypes. Based on a large adoption study of alcoholism in Sweden, he investigated alcohol-specific and alcohol-nonspecific factors (factors which are not specifically related to alcohol, such as impulsivity (Zucker, 1994)) which could distinguish alcoholics. Cloninger concluded that "milieu-limited" (Type I) alcoholics have a later age of onset, and are more likely to be psychologically, as

opposed to physically, dependent on alcohol, to lose control once drinking binges begin, and feel guilty about their alcohol problem. Conversely, "male-limited" (Type II) alcoholics develop alcohol problems at an earlier age, are more impulsive and have developed spontaneous alcohol-seeking behavior, are more likely to exhibit disruptive behavior when drinking, and have traits characteristic of Antisocial Personality Disorder. These findings are similar to the findings of Jacob and Leonard in that the "male-limited" alcoholic is the more severe subtype and is more likely to have turbulent social relationships; however, Cloninger and Jacob and Leonard disagree somewhat on the characteristics of the other subtype. Both studies, though, provide support for the notion of two subtypes of alcoholism.

Similar to Cloninger's subtypes, Babor, Hofman, DelBoca, Hesselbrock, Meyer, Dolinsky, and Rounsaville (1992) found that two groups of alcoholics comprised their sample. Type A is associated with a "later onset, fewer childhood risk factors, less severe dependence, fewer alcohol-related physical and social consequences, less previous treatment for alcohol problems, less psychopathological dysfunction, and less distress in the areas of work and family" (p.605). Type A alcoholism resembles Cloninger's Type I alcoholism in that it has a later onset and is not associated with antisocial behavior (Babor et al.). However, Cloninger's Type I alcoholics include those who lose control over drinking binges; whereas, Type A alcoholics exhibit relatively few drinking binges. In contrast, Type B alcoholism resembles Cloninger's Type II alcoholism in that they both begin early in life and are associated with antisocial characteristics (Babor et al.). Type B alcoholism is associated with "more childhood and familial risk factors, earlier onset, greater severity of dependence, polydrug use, more serious consequences, a more chronic

treatment history (despite their younger age), greater psychopathological dysfunction (current and lifetime), and more life stress" (p.605). Importantly, Babor et al. employed subjects from a clinical population of individuals seeking alcohol treatment, and therefore, their findings may not easily generalize to alcoholics in the general population who do not feel or recognize the need for treatment.

In further exploration of the relationship between alcoholism and antisocial personality, Hesselbrock, Hesselbrock, Babor, Stabenau, Meyer, and Weidenman (1984) found that alcoholics with Antisocial Personality Disorder (ASP) are younger than alcoholics without ASP, have a greater proportion of first and second degree relatives who are alcoholics, have more adjustment problems as children and have other substance abuse problems. Alcoholics without ASP have attained higher education levels and have more professional occupations. However, unlike Babor et al., no differences were found regarding levels of other forms of psychopathology. Nevertheless, the similarities in the findings between the two studies are numerous, as well as the fact that both samples were from a clinical population of alcoholics seeking treatment. Thus, the evidence indicates that alcoholics with Antisocial Personality Disorder or antisocial characteristics tend to have an earlier onset of alcoholism, polydrug use, and more serious interpersonal problems, although caution should be taken in generalizing results to alcoholics not seeking treatment.

In a review of the subtyping literature, Zucker (1987) suggested that evidence was sufficient for the presence of at least four types of alcoholism, one of which was antisocial alcoholism. The other types were described as developmentally cumulative alcoholism, developmentally limited alcoholism, and negative affect alcoholism. Antisocial alcoholics were characterized by both the

early presence of antisocial behavior and the early onset of alcohol problems. In addition, antisocial alcoholism was described as occurring more frequently in males and in lower class individuals, and evidenced by continued social and legal difficulties in adulthood (Zucker, 1987).

The Michigan State University-University of Michigan group, in a series of studies have continued to explore the empirical relationship among subtypes of alcoholism. Thus, Zucker, Ellis, and Fitzgerald (1994) found that of their male alcoholic subjects, 25% could be classified as Cloninger's Type I alcoholics and 60% as Type IIs. Like Cloninger, Zucker et al. found that both alcohol-specific and alcohol-nonspecific factors differentiated Type I and Type II alcoholics. According to the Zucker et al. data, Type II alcoholics exhibited more antisocial behavior as children and as adults, had a higher number of close alcoholic relatives, had higher rates of separations and divorces, and were lower in socioeconomic status than Type Is. In addition, support was found for the existence of two distinct developmental path models into alcoholism. No difference, however, was found between Type I and Type II alcoholics' current level of alcohol consumption.

Zucker et al. also noted that the Type I/Type II classifications were unable to categorize a significant number of alcoholics. Therefore, Zucker et al. re-classified their sample into antisocial alcoholics (AALs) and non-antisocial alcoholics (NAALs), using a measure that assesses adult as well as child antisocial tendencies in order to examine the "degree to which a developmental trajectory has been established that is continuous across childhood and adulthood" (Zucker et al., 1994, p.13). In their view, the pathway to alcoholism can begin early in childhood and may involve alcohol-specific and alcohol-nonspecific factors. Examining this developmental

pathway involved in alcoholism can also reveal the occurrence of comorbid psychopathology (Zucker, 1993). Using the AAL and NAAL classification, AALs have an earlier onset of alcoholic problems than NAALs, have more alcohol-related problems and symptoms, are in a lower SES, have a greater level of depression, and have a greater family history of alcoholism (Zucker et al., 1994). It also should be noted that husbands who display more antisocial behavior and have had more lifetime drinking problems exhibit higher levels of violence towards their wives (Reider, Zucker, Noll, Maguin, & Fitzgerald, 1988). Once again, however, Zucker et al. did not find a significant difference between the current alcohol consumption levels of AALs and NAALs. Thus far, results indicating differences in alcohol consumption have been found in three studies which may indicate that the more relevant issue to interpersonal interaction is not the quantity of alcohol consumed, but the existence of antisocial personality characteristics in the alcoholic.

In an effort to establish purer subtypes of alcoholism, Zucker, Ellis, Fitzgerald, Bingham, and Sanford (in press) re-classified their alcoholic sample, requiring alcoholic men to obtain at least minimal cutoff scores on both ratings of childhood and adulthood antisociality in order to be labeled as high antisocial continuity alcoholics (antisocial alcoholics). Low antisocial continuity alcoholics (nonantisocial alcoholics) were considered to be those alcoholics who obtained scores below the cutoff for both childhood and adulthood antisociality. Thus, these antisocial alcoholics have experienced continuity of high levels of antisociality from childhood through adulthood; while, nonantisocial alcoholics have experienced continuity of low levels of antisociality from childhood through adulthood. Zucker et al. (in press) found similar differences between high antisocial continuity alcoholics

and low antisocial continuity alcoholics as they had previously for their more heterogeneous sample of antisocial and nonantisocial alcoholics, including poorer social functioning for AALs. The authors also found that high levels of antisociality in childhood, adulthood, or both, are statistically uncommon in nonalcoholic populations. Furthermore, subjects in both the Zucker et al. (1994) and Zucker et al. (in press) studies are from a community-based sample who most often have not sought treatment; therefore, the finding of the existence of two subtypes of alcoholism generalizes the results of the previously discussed studies involving clinic samples to a broader sample of alcoholics.

Ichiyama, Zucker, Fitzgerald, and Bingham (in press), using this community-based sample and perceptual data from Benjamin's Structural Analysis of Social Behavior (SASB, 1974), were also able to differentiate between antisocial and nonantisocial alcoholics in the way they perceived themselves and their marriages. The authors found that antisocial alcoholic men were more self-neglectful, more blaming, and less trusting than nonantisocial alcoholics and nonalcoholics. The antisocial alcoholics were most likely to be rated by their wives as being detached. Similarly, using data from Benjamin's SASB (1974), Ichiyama, Zucker, Fitzgerald, and Refior (1996) found antisocial alcoholic husbands to be more blaming towards and less trusting of their wives than nonantisocial alcoholics and nonalcoholics, in addition to belittling their wives more frequently. A trend was revealed for greater disagreement among antisocial alcoholic couples regarding husbands' hostile controlling behaviors than among nonantisocial and nonalcoholic couples. More generally, husbands and wives across all groups rated their partners as being more blaming and belittling than the partners rated themselves.

Based on the above findings, there is a great deal of support for the existence of at least two alcoholism subtypes. According to Jacob (1986), families react differently depending on the type of alcoholic with whom they live. In Jacob's nosology, which again focuses on the distinction between alcoholics based on alcohol-specific factors, episodic (binge) drinkers are more likely to drink out of their home; alcohol does not seem to have any adaptive consequences with regard to family life for these alcoholics. In contrast, steady drinkers who consume the majority of their alcohol in their homes may gain benefits from drinking. For example, based on observations of alcoholic couples in problem-solving sessions, Jacob (1986) found that binge drinkers revealed more negative verbalizations and were less likely to remain focused on problem-solving than steady drinkers. Binge drinkers have also been found to exhibit more marital aggression than steady drinkers (Murphy & O'Farrell, 1994). In a similar vein, Dunn, Jacob, Hummon, and Seilhammer (1987) found a positive relationship between the amount of alcohol consumed at home and wives' marital satisfaction ratings. However, as stated previously, the failure to clearly replicate Jacob's typologies in other studies of alcoholic samples suggests that this drinking behavior-based categorization may actually be tapping more general characteristics of these men. That is, the differences found in Jacob's studies may have more to do with alcoholics' personality traits, specifically antisocial characteristics, than the quantity or location of their drinking. Perhaps the steady in-home drinker represents Zucker's non-antisocial alcoholic and the episodic binge drinker is the antisocial alcoholic. Furthermore, Jacob and Krahn's findings (1988) that while drinking, episodic drinkers displayed more negative behavior than their wives, and steady drinkers

displayed less negative behavior than their wives can be thought of in terms of adaptive consequences existing for the non-antisocial alcoholic's drinking. Thus, this research suggests that the non-antisocial alcoholic will have a more positive and less disturbed family life than the antisocial alcoholic.

Power and Satisfaction in Marriage

Power can be viewed as "the capacity to produce intended effects" (Gray-Little & Burks, 1983, p.514). However, very few studies actually measure power in marriage in this way, and instead focus on either of two issues. First, most studies have used self-report measures to assess the balance of power that exists in relationships. Power here is often investigated by examining which spouse is responsible for the decision-making in specific areas, such as where to live. Second, other studies have used observational techniques which are intended to concentrate on the processes involved in establishing power (Gray-Little & Burks, 1983).

Early self-report studies on the outcome of power emphasized the importance of an egalitarian relationship for marital satisfaction. Although a few studies since the 1960s have reported that husband-dominated decision making leads to the highest ratings of marital satisfaction, most studies indicate that egalitarian power leads to the highest levels of marital satisfaction (Gray-Little & Burks, 1983). For example, Blood and Wolfe (1960) found that wives in a syncratic egalitarian group (in which couples make most of the decisions together) had the highest levels of satisfaction. However, a major short-coming of this study is that husbands were not included in the sample. Additionally, Blood and Wolfe found, similar to many

subsequent studies, that the women in the wife-dominant group had the lowest levels of marital satisfaction.

More recent findings from self-report data also have demonstrated the relationship between inequity of power and marital dissatisfaction. In a study examining decision making power and self-evaluation, Beach and Tesser (1993) found a marginally significant relationship between power imbalance and marital satisfaction, regardless of which spouse held greater power. Other findings have shown that wives have lower levels of marital satisfaction when decision making is excessively dominated by husbands (Weisfeld, Russell, Weisfeld, & Wells, 1991) and that the greater wives' egalitarian views are relative to their husbands' views, the more negative the marital adjustment (Li & Caldwell, 1987). Aida and Falbo (1991) found that equal partners were more satisfied with their marriages than traditional partners, although the authors defined equality as both partners sharing equal financial responsibility and felt that this represented equally shared power.

In general, studies have provided support for the relationship between egalitarian power and high marital satisfaction, as well as to the relationship between wife-dominance and low levels of marital satisfaction (Gray-Little & Burks). A limitation of most of these studies is that marital power is operationalized only through self-reports of decision making which can be subject to socially desirable response biases. In addition, spouses often do not agree on how to rate the balance of power that exists in their relationship. Furthermore, power-related processes that occur between spouses before a final decision is made need to be examined because important interactions occur prior to reaching a decision.

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Observational methods can investigate the power-related interactions that occur between couples, and can eliminate social desirability response sets and spouses' discrepant ratings. Despite advantages of observation, findings from observational studies have been more equivocal than those from the self-report studies. Levinger (1964) used an interview schedule and four tasks to observe couples' interactions. Dominance was evaluated by way of the number of household decisions made by each partner, the degree of acceptance or rejection of the other's contributions, and by contrasting individual performance on the tasks with later-obtained couples' joint performance (Gray-Little & Burks, 1983). Although these tasks still involved decision-making outcomes of power, observer ratings provided information regarding the couples' interactions by evaluating each partner's level of acceptance or rejection of the other's contributions. No support was found for the notion that couples with high marital satisfaction would have different patterns of dominance than couples with low levels of marital satisfaction. However, a study by Corales (cited in Gray-Little and Burks, 1983) found slight trends for greater marital satisfaction for egalitarian couples and the least satisfaction for wife-dominant couples. Similarly, Kolb and Straus (1974) used an interaction task in which spouses attempt to discover the rules of a game, and found that couples with high-power husbands were more likely to be viewed as having higher levels of marital satisfaction than couples with low-power husbands, although results were not statistically significant. These findings are difficult to interpret, however, due to unusual measures, such as the classification of a couple as high in wife-power if the wife had a higher number of directive acts compared to the median for all wives. Her level of power relative to her partner's level was not

considered. In addition, in an effort to avoid receiving socially desirable responses, marital satisfaction levels were based on the reports of these couples' ninth grade children which may not accurately reflect the adults' actual levels of satisfaction.

Sprenkle and Olson (1978) examined power in terms of relative control and control efficiency. Relative control was defined as the ratio of power attempts that modify a spouse's behavior to the total number of power attempts made, such as the number of times a husband gave directions, instructions, etc. relative to the total number of times these events occurred for the couple. Similar to the findings from the self-report studies which examined decision-making outcomes, couples with higher marital satisfaction levels tended to be egalitarian and were less likely to be wife-dominant in terms of relative control than unhappy couples. Control efficiency represented "the ratio of the couple's successful power attempts to the total power attempts" (p.524). Couples who were more maritally satisfied had higher control efficiency ratios than maritally disturbed couples, indicating that the distressed couples' attempts to exert control were relatively unsuccessful, especially attempts by the husbands. This finding suggests that maritally dissatisfied spouses, particularly wives, are less responsive to their partners' verbalizations. In support of this finding, Gray-Little and Burks (1983) report other results showing that wife-dominant couples, especially wives, reveal less positive regard for their partners than other couples. More recent support for the relationship between egalitarian power structures and marital satisfaction was revealed in study by Ball, Cowan, and Cowan (1995), which involved couples' participating in problem-solving sessions. These authors found that wives who perceived that they had more equal influence on the outcome of the session were more satisfied with their marriages.

A somewhat different conceptualization of power was formulated by Gottman (1979). He stated that dominance is asymmetry in the control and predictability of affective behavior. For example, a husband would be considered more dominant if his affective state produces a more predictable emotional response from his wife than her affective state produces from him. Gottman used high and low level conflict tasks, and observers rated couples' interactions as representing positive, negative, or neutral affect. Gottman further divided affect into expression fluctuations, which represent immediate changes in affect, and mood fluctuations, which involve slow, longer-term changes in affect; however, only the expressive component on a high conflict task revealed asymmetrical patterns that were more common for distressed than for nondistressed couples. Furthermore, unlike several other studies, these asymmetrical patterns reflected husbands' dominance in the distressed couples. Thus, although husbands were more dominant than their wives, Gottman's findings reveal some support for the existence of the relationship between unhappiness in marriage and asymmetrical power.

Findings from these self-report and observational studies generally indicate that couples are more satisfied with symmetrical power structures, and that wife-dominance, with the exception of Gottman's results, is related to the greatest levels of marital dissatisfaction. Couples may be more unhappy with wife-dominated power due to their departing from the cultural norms of power in marriage (i.e., a strong wife taking power from her husband) which causes them to become dissatisfied. Marital dissatisfaction can also be explained as being caused by the husband's unwillingness or inability to share responsibilities with his wife, rather than his relinquishing his responsibilities to a dominant wife, thus burdening her with

having to take care of everything on her own. These explanations of the relationship between wife-dominance and marital dissatisfaction seem particularly relevant to interpreting marital distress among alcoholic couples, where we expect that frequently the wives have assumed more powerful roles than their husbands (Blood & Wolfe, 1960).

Dominance in Alcoholic Couples

The issue of dominance in alcoholic couples has been described in varying ways. In general, older studies, reviewed by Paolino and McCrady (1977) have described wives of alcoholics as playing the dominant role in their marriages. Wives were generally thought of as being inherently dominant individuals who seek out dependent alcoholic men. In contrast, the literature on the relationship between wife-dominance and marital dissatisfaction suggests that these wives may exhibit dominant behavior due to their having to take control of tasks husbands cannot complete and roles they cannot assume any longer due to their alcoholism (Paolino & McCrady, 1977). Wives have been shown to take more responsibility for tasks usually performed by husbands when these men become intoxicated (Gustafson, 1988). Gray -Little and Burks (1983) argue that dominance conflicts can occur in marriage in cases where either or both the husband and the wife hold the stereotypic view that men should be the dominant force in a marriage, but the husband is unable or unwilling to play the dominant role. This is especially relevant to alcoholic couples in that alcoholic husbands may be particularly unable to display dominance due to various alcohol-related factors.

Furthermore, conflict among alcoholic couples may be heightened due to the discrepancies which may exist between spouses' perceptions of which partner is

dominant or submissive. For example, in a study examining conflict and sexual dysfunction in alcoholic and non-alcoholic couples, results from Benjamin's (1974) Structural Analysis of Social Behavior instrument revealed that alcoholic husbands rated themselves as being submissive, whereas, their wives perceived them as being autonomous. This discrepancy was not found for control couples (Chiles, Stauss, & Benjamin, 1980). This finding indicates that alcoholic husbands feel that they are submitting to their wives' wishes, even though their wives do not perceive their behavior in this way. As a result, conflict may increase if an alcoholic husband becomes dissatisfied with his perceived submissive role and attempts to exert more power in the relationship.

The issue of dominance has played an important role in theories about alcoholic couples (Paolino & McCrady, 1977); however, there are a surprisingly limited number of empirical studies examining dominance in the interactions of these couples. From their review of older studies, Paolino and McCrady (1977) conclude that conflicts regarding "dominance-dependence" do exist in alcoholic marriages. However, they state that definitions of dominance and dependency in research are unclear. Also, it is unclear whether dominance conflicts are the causes or the effects of alcoholism.

Paolino and McCrady (1977) state that struggles for control can be assessed on three levels: the first is the "sociological role distributions" within the marriage, such as assessing who decides how money is spent; the second is communication patterns, such as observing who speaks first when a question is asked; and third level is each partner's personal view of who is dominant and who is dependent. Three more recent studies that investigate the issue of dominance in alcoholic

marriages concentrate on Paolino and McCrady's second level, communication patterns.

First, a study by Roberts, Floyd, O'Farrell, and Cutter (1985) examined the effects of length of husbands' sobriety on struggles for control in marital interactions. It was hypothesized that the longer the duration of sobriety, the fewer the struggles for control would exist in the couples' interactions. During problem-solving sessions, "dominance" was measured by the number of questions asked by each spouse (which was considered a passive control tactic) and by the total duration of speech for each spouse (lower levels of which were considered a measure of passivity). Results revealed that husbands in the high sobriety group, in contrast to those in the low sobriety group, asked fewer questions and tended to speak for a longer total duration of time. Wives in the high sobriety group also tended to ask fewer questions than wives in the low sobriety group. Hence, the author's conclude that this generally provides support for the notion that there are fewer struggles for control among couples in which the husband has remained sober for a longer period of time. However, it is not clear if indeed neither partner in the high sobriety group is dominant. The definition of "struggles for control" does not adequately represent the term "dominance," because dominance implies an already established difference in power, rather than a struggle for power. The use of duration of speech as a measure of dominance is also questionable in terms of construct validity because dominance can be established through relatively brief verbalizations as well. Additionally, the low sobriety group in this study had a lower level of family income which may have contributed to a difference in marital interactions.

A second study examined the effects of intoxication versus sobriety on dominance in the interactions of alcoholic couples (Frankenstein, Sullivan, Hay & Cocco, 1985). It was hypothesized that alcoholics would be more submissive and would have less influence than their partners but would display more dominance when intoxicated than when sober. Alcohol was given during one of two problem-solving sessions, and multiple measures of dominance were used for each spouse, including a self-report measure of one's typical level of assertiveness, along with observations of duration of speech, gaze maintenance, number of questions asked, number of interruptions, perceptions of solutions posed by the other person, and insiders' and outsiders' global ratings of dominance of the interactions. Both types of ratings were used in order to examine insiders' and outsiders' perceptual differences of dominance. These ratings were then compared with the other measures in the study. In this study, the number of questions asked was positively associated with both insiders' and outsiders' perceptions of dominance; whereas, in the Roberts et al. study, question-asking was considered a passive control technique which is indicative of a struggle for control. Results of the Frankenstein et al. study revealed that although the alcoholics viewed themselves as submissive, their wives perceived them as autonomous. In addition, on behavioral measures overall these men did not appear to have less influence than their spouses. While listening, the spouses maintained their gaze for a greater length of time than did the alcoholics, but this behavior was negatively associated with both groups of raters' perceptions of dominance. When intoxicated, the alcoholics spoke more than their spouses and also spoke more than they did when they were sober. Additionally, the alcoholics asked more questions while intoxicated than while sober.

In a general sense, these findings support the hypothesis that alcoholics engage in struggles for control, especially when drinking. According to the outside raters, the spouses were dominant in the no-alcohol session, but the alcoholics appeared to be dominant in the alcohol session. In essence, the alcoholics struggled for control, due to a perceived imbalance of power, and seemed to have gained it in the alcohol session. These results should be interpreted very cautiously, however. The total sample size for this study only consisted of eight couples, which included both male and female alcoholics. In addition, a short-coming of this study is the failure to include a nondistressed control group. It would be interesting to see how the alcoholic couples in this study would compare to control couples.

A third study, by O'Farrell and Birchler (1987), also examined dominance in the interactions of alcoholic couples during problem-solving sessions. However, unlike the Roberts et al. study, this investigation differentiated between "struggles for control" and "dominance." "Struggles for control" were represented by the number of interruptions. Dominance was operationalized as the percent of a speaker's interruptions which were successful in causing a floor to switch, and the frequency that, when being interrupted, the speaker did not allow the floor to switch. Alcoholic, maritally conflicted, and nonconflicted control couples were compared. It was hypothesized that greater struggles for control and wife dominance would exist in alcoholic couples as compared to the maritally conflicted and control couples. No support was found for wife dominance in the alcoholic couples. In addition, although alcoholic and maritally conflicted couples had more interruptions than control couples, they did not differ significantly from each other. This study provides support, as does the Frankenstein et al. study, that some

struggles for control do exist in alcoholic couples, but no support for the hypothesis that these couples exhibit an imbalance of power. In addition, on most measures taken, alcoholics do not appear to be significantly different from nonalcoholic maritally conflicted couples. However, once again, simply using the number of interruptions to represent struggles for control can be questioned. Interruptions have been found to occur more frequently in normal families than in disturbed families, and at times, can indicate that the listener is showing enthusiasm for the speaker's statement (Jacob, 1975).

As evidenced by these studies, controversy exists over operationally defining the concept of dominance. It is difficult to compare studies due to the varying measures used. In addition, it is important to note that in all three of these studies, all alcoholics were either seeking treatment or had been previously treated for alcoholism. In the O'Farrell et al. study, alcoholic subjects were also seeking evaluation for marital therapy. Hence, the subjects in all of these studies may have very different characteristics than those individuals not looking for help which limits the ability to generalize results.

Statement of the Problem

The above review suggests several conclusions about power and dominance for alcoholic couples. Whether due to the alcoholic couple's wife having a dominant personality or to the alcoholic husband being unable to share responsibilities with his wife, at least some evidence indicates that dominance-dependency issues do exist for alcoholic couples (Paolino & McCrady, 1977). Alcoholic couples also experience more struggles for control than nonalcoholic couples (Frankenstein et al., 1985; O'Farrell & Birchler, 1987). This may be due to these wives wanting and/or needing

to take control which is contrary to cultural norms, and hence, causes power struggles to occur between these couples (Gray-Little & Burks, 1983). Nevertheless, the ambiguities and conflicting findings of previous research suggest that it is necessary to clarify the notion that wives are more dominant and more power struggles exist in alcoholic couples than in nonalcoholic couples.

Furthermore, more recent literature suggests that at least two subtypes of alcoholism exist. The behavioral characteristics of these types of alcoholics suggest that power struggles may occur more frequently among antisocial alcoholic couples (high antisocial continuity couples) than nonantisocial alcoholic couples (low antisocial continuity couples). On the other hand, nonantisocial alcoholics can be viewed as having fewer alcohol-related problems, less chaotic family relations, and possibly more stable and predictable drinking patterns, which include drinking at home more often than do antisocial alcoholics (Zucker et al., 1994; Jacob, 1986). These families may be able to adapt more easily to life with a nonantisocial alcoholic. Wife-dominant behavior, whether due to her individual personality, necessity, or both, would be a more accepted and established pattern of behavior and should match the earlier findings in the literature of wife dominance in alcoholic couples. For nonalcoholic couples, less relationship distress exists (O'Farrell & Birchler, 1987) which should manifest as these couples having more positive communication than alcoholic couples, less struggles for control, and more egalitarian power structures.

The present study examines wife-dominance and power struggles in the interactions of alcoholic couples from a community-based sample. Unlike previous studies, alcoholic couples are differentiated by way of an alcoholic subtype that

other evidence already suggests should be effective in revealing marital dominance and power struggle differences. The differences between antisocial and nonantisocial alcoholics are examined, and contrasted with a non-alcoholic control group. By distinguishing between antisocial and nonantisocial alcoholics, the study attempts to shed light on the conflicting findings of past studies that have conceptualized alcoholics as a homogeneous group. By utilizing subjects who were not recruited for alcohol treatment nor marital therapy, the results of the current work are potentially generalizable to a greater portion of the population of alcoholic couples.

Hypotheses

Based on these conclusions, the following hypotheses were tested:

1. Power struggles will occur more frequently for antisocial alcoholic couples than for nonantisocial alcoholic couples and nonalcoholic couples.

a. Specifically, antisocial alcoholic couples will exhibit a higher relative frequency of Dyadic Power Struggles than nonantisocial alcoholic couples and nonalcoholic couples.

b. Antisocial alcoholic couples also will display a higher relative frequency of wives' Hostile Power Assertions followed by husbands' Hostile Power Assertions.

2. Wives of nonantisocial alcoholics will be more dominant than wives of both antisocial alcoholics and nonalcoholics. Dominance is represented by the wives' asserting power followed by a lack of resisting these assertions by their husbands.

a. Specifically, nonantisocial alcoholic couples will exhibit a higher frequency of wives' Positive Power Assertions followed by husbands' Avoidance, agreement, or accepting responsibility than antisocial alcoholic couples and nonalcoholic

couples. The frequencies of these three consequent behaviors will be added together as one category.

b. Nonantisocial alcoholic couples also will have a higher frequency of wives' Hostile Power Assertions followed by husbands' Avoidance, agreement, or accepting responsibility than will antisocial alcoholic couples and nonalcoholic couples. The frequencies of these three consequent behaviors will be added together as one category.

3. Nonalcoholic couples will have more positive and effective communication than either the antisocial alcoholic couples or the nonantisocial alcoholic couples as represented by higher ratings of communication proficiency.

4. Nonalcoholic couples will display more positive forms of power than either the antisocial alcoholic couples or the nonantisocial alcoholic couples.

a. Nonalcoholic couples will have the highest relative frequency of Sharing Control.

b. Nonalcoholic couples also will have the highest relative frequency of Positive Power Assertions.

METHOD

Subjects

Subjects for the current study were 126 couples from the Michigan State University-University of Michigan Longitudinal Study (Fitzgerald et al., 1993; Zucker et al., 1996; Zucker & Fitzgerald, 1991). The study involves court-recruited alcoholic men and their partners, community-recruited alcoholic couples, and nonalcoholic community control couples (their children are also part of the larger project, but are not a focus of the work reported here). Only nonhispanic Caucasians were included because census data in the area accessed for the study indicated that other ethnic and racial groups would represent under 10% of the sample. Past literature has shown a relationship between ethnic/racial status and patterns of alcohol use which this study would be unable to effectively analyze with the sample size. Therefore, such variation was excluded in order to decrease error (Zucker et al., 1994; Zucker & Fitzgerald, 1991). All families in the parent study received some compensation for their involvement. Data for the current work is from Waves 2, 3, and 4 of the Longitudinal Study, and was collected during each couple's initial exposure to the marital problem-solving task.

The court-recruited alcoholics were recruited via a court network in four Mid-Michigan counties with six district courts (Zucker & Fitzgerald, 1991). When contacted by project staff, respondents were told that the study had no connection to the courts and that all information would be confidential. All court-recruited

alcoholics were convicted of drunk driving and all had a blood alcohol concentration (BAC) of 0.15 percent or higher, or a BAC of 0.12 percent and at least one other alcohol-related driving offense. In addition, because one of the major foci of the parent study is the development of alcoholism, at the time of initial contact, the alcoholic men all were required to have a biological son between the ages of three and five years old; at time of first contact the men also had to be living with the son's biological mother. The mother's alcohol involvement was not a criterion for accepting or rejecting families. In addition to the initial BAC selection criteria, alcoholic men were required to make at least a probable diagnosis of alcoholism using the Feighner diagnostic criteria (Feighner, Robins, Guze, Woodruff, Winokur, & Munoz, 1972). This diagnosis was established with a two-stage procedure. At initial contacts, subjects were screened for positive alcohol diagnoses using items from the Short Michigan Alcohol Screening Test (SMAST; Selzer, 1975); later, screening involved using items from the NIMH Diagnostic Interview Schedule (DIS-Version III; Robins, Helzer, Croughan, & Ratcliffe, 1980). At Wave One, 88% of these men met a definite diagnosis for alcoholism; the remaining men were classified with a probable diagnosis. The court-referred alcoholics had a mean age of 30.12 (SD = 4.76) years and mean years of education of 12.40 (SD = 2.03). The wives had a mean age of 29.05 (SD = 4.48) years and mean years of education of 12.83 (SD = 2.01). These couples had a mean annual family income of $17,200 (SD = $4,720), were married for a mean of 6.92 (SD = 3.61) years, and had an average of 2.30 (SD = 0.94) children.

After obtaining each court-referred alcoholic family for the parent study, a matched community control family from the same census tract as the alcoholic

family was located using door-to-door canvassing interviews (Zucker & Fitzgerald, 1991). Community families were screened for an approximate age appropriate male child, and to the extent that it was possible, the control family was also selected to match the sibling composition and birth order of the alcoholic family. The same procedures were used for the community controls as for the court-referred alcoholics to ensure that neither the husband nor wife in a control family met either an alcoholism or drug dependence diagnosis. Community control families in which the husband met a probable or definite alcoholism diagnosis were retained in the study but were reclassified as community alcoholic families.

At Wave One, husbands in the community control sample had a mean age of 31.93 (SD = 4.05) years and mean years of education of 13.46 (SD = 2.18). The wives had a mean age of 31.02 (SD = 4.17) years and mean years of education of 13.83 (SD = 2.55). These couples had a mean annual income of $18,240 (SD = $4,900), were married for a mean of 6.97 (SD = 4.04) years, and had an average of 2.25 (SD = 1.03) children.

Measures

Antisocial Behavior Checklist (ASB)

The Antisocial Behavior Checklist (ASB; Zucker & Fitzgerald, 1992; Zucker & Noll, 1980; see Appendix A) is a 46-item revision of an earlier antisocial behavior inventory used in the Rutgers Community Study (Zucker & Barron, 1973). The current version is a modification that allows assessment of adult antisocial activity.

The ASB is a self-report measure which examines the frequency of an individual's antisocial and aggressive behavior as a child and an adult. This instrument assesses antisocial behaviors such as parental defiance, delinquent

behavior, and physical aggression. In a series of reliability and validity studies ranging from male and female college students to male and female prisoners, it achieved adequate test-retest reliability (.94 over four weeks) and internal reliability (Cronbach's Standardized Alpha range -.67 to .97) (Ham, Zucker, & Fitzgerald, 1993; Zucker et al., 1994). Respondents answer each item on the ASB as occurring "never," "rarely," "sometimes," or "often." These responses are scored 0-3, respectively and a total score is derived by summing scores for all responses.

The degree to which a trajectory of antisocial behavior from childhood through adulthood exists was established by way of classification of both child and adult antisociality. Following the procedure used in Zucker et al. (in press), alcoholic subjects who scored 10 or higher on both the Child Subscale and the Adult Subscale of the ASB were categorized as antisocial alcoholics (AALS); these men are also referred to as high antisocial continuity alcoholics. Men scoring below 10 on one or both scales of the ASB were categorized as nonantisocial alcoholics (NAALS) (Zucker et al., in press). These scores were chosen as cutoff levels based on a dual criterion involving a) their absolute deviation from normative levels of antisociality, and b) their providing some parallelism to DSM-IV criteria, which requires at least three childhood and three adulthood symptoms in order for a diagnosis of ASP to be given (see Zucker et al., in press for more discussion on this issue). Thus, NAALs in the study consist of alcoholics who have exhibited a pattern of low antisocial involvement during either or both childhood and adulthood. This NAAL classification differs from the low antisocial continuity alcoholic groups of Zucker et al. (in press) in that it also includes those alcoholics where antisocial involvement was high in childhood but low in adulthood. This was done in order to have less restrictive

classifications in an effort to enhance the generalizability of findings. Thus, the AAL group used here have sustained life course antisocial involvement, and the NAAL group is reflective of the more general variation among nonantisocial alcoholic men.

Measuring Wife Dominance and Power Struggles

Interactions during problem-solving sessions were rated according to five categories of behavior: sharing control, positive power assertions, hostile power assertions, avoidance, and dyadic power struggles. These categories have been derived from a microanalytic coding scheme of couples' communication behavior (Communication Skills Test (Floyd & Markman, 1984)) and each consists of several more specific behaviors. For example, the category of "sharing control" consists of behaviors such as a spouse checking whether he/she has understood his/her partner's viewpoint and asking the partner to clarify an earlier statement (Floyd & Markman, 1984). "Positive power assertions" include suggestions of how to solve a problem and attempts to return a conversation to its original topic. The category of "hostile power assertions" consists of behaviors such as insulting one another and blaming the other for causing a problem. "Avoidance" refers to such behaviors as making statements which are unrelated to the topic of discussion and describing problems in an ambiguous way. "Agreement" and "accepting responsibility" are included in this category when these behaviors are preceded by either Positive or Hostile Power Assertions. "Dyadic power struggles" include disagreeing without offering an explanation and complaining about a partner in response to the partner's complaint (Floyd & Markman, 1984). The use of an observational measure of these types of behavior in the current study allows a more comprehensive and objective assessment of couples' interaction than would self-report measures. Furthermore,

the various behaviors included in the above categories more accurately represent the complexity of the concepts of dominance and power struggles than several previous studies have done by using single types of behavior as operational definitions. In addition, ratings of statements for communication proficiency were used as an estimate of the overall effectiveness of couples' communication (Floyd & Markman, 1984).

Communication Skills Test (CST)

The CST was used to assess the quality of the subjects' marital interaction in problem-solving sessions. The CST is an observational measure designed to evaluate verbal and nonverbal communication in videotaped problem-solving sessions of approximately ten minutes in duration (Floyd & Markman, 1984; see Appendix B). This measure uses as a coding unit each spouse's verbal and nonverbal behaviors when he/she has the floor and the other spouse is listening. Observers rate each speaker's statement as very negative (1), negative (2), neutral (3), positive (4), or very positive (5). These ratings represent the communication proficiency of the speaker, and are based on tracking the occurrence of a number of more specific actions considered to be instances of either facilitative, problem-solving behaviors (e.g., proposing solutions to problems, requesting the statement of a feeling or opinion, giving a compliment) or disruptive, potentially destructive behaviors that impede problem-resolution (e.g., stating opinions without offering explanations, making global complaints about personality traits, giving a command). Statements containing facilitative behaviors receive a rating of positive or very positive depending upon whether they represent general facilitative interactions or more specific problem-solving skills, respectively. In order to assign

the ratings of positive or very positive, statements must reflect neutral to positive affect. Statements containing disruptive behaviors receive a rating of negative or very negative depending upon whether they are generally nonfacilitative to resolving problems or represent more specific actions which are destructive to problem-solving, respectively. Negative ratings are assigned to statements made with neutral to negative affect. Very negative ratings can also be given to statements made with neutral affect, but are more often associated with negative to very negative affect (Floyd & Markman, 1984).

The CST ratings have been found to have an interrater reliability ranging from .71 to .95 which was calculated based on correlations between two coders' scores of couples' interactions on 20 tapes, as well as an interrater correlation of .81 for the mean of the 5-point CST scores for all statements of both husbands and wives (Floyd & Markman; Floyd & Zmich, 1991). In addition, the CST was shown to be sensitive to change in couples' communication skills due to therapy (Floyd & Markman), was able to distinguish between distressed and nondistressed couples (Floyd, O'Farrell, & Goldberg, 1987), and revealed significantly more negative interactions between parents of mentally retarded children than between parents of normally developing children (Floyd & Zmich, 1991).

In order to use the CST to code videotapes of the marital problem-solving sessions, coders were trained in six sessions during which they became familiar with the rating categories and subcategories of the CST and their definitions (Floyd & Markman, 1984). The coders then used the CST scoring to code five videotaped practice problem-solving sessions. When the interrater reliability between every coder and the investigator reached kappa = .70, training was ended. These

individuals then utilized the CST scoring criteria to code the actual marital problem-solving task videotapes for this study. Interrater reliability for coding of these tapes using the CST ranged from .60 to .97 with an average interrater reliability of .83.

In the current study, coders not only recorded their 5-point ratings of each statement made, but also recorded their scores for each specific behavioral event that occurred. These specific event codes were used to create new categories of behavior which are more relevant to the present investigation. In addition, ratings of communication proficiency were calculated for each couple based on the summation of all positive, negative, and neutral ratings they received relative to their total number of coded behaviors.

For the present work, the CST codes were collapsed into five new categories relating to dominance and power struggles. The new categories were developed collaboratively by the author and Frank J. Floyd; however, they do not include all of the behavior codes used by the CST. They are as follows:

Sharing Control (SC). This category is based on behavior codes from the CST categories of Very Positive and Positive. The code is given to behaviors where power is shared by couples. It consists of the behavior codes "checking out," "opinion/feeling probe," "agree," and "clarification request." These behaviors represent attempts by partners to seek each other's opinions and advice and to acknowledge the validity of their opinions during the problem-solving sessions.

Positive Power Assertions (PPA). Also based on the CST behavior codes from the categories of Very Positive and Positive, this category reflects statements of power made which have a positive effect on the couple's interactions. It

consists of "solution proposal," "back on beam," and "plan suggestion - nonspecific" which represent efforts to think of ways to solve problems and to keep the focus of conversation on relevant issues.

Hostile Power Assertions (HPA). This is predominantly based on the CST codes from the category of Very Negative, with the exception of two codes being from the category of Negative. These statements reflect the speaker's established power; however, they are made with hostile/negative intentions and have a detrimental effect on the problem-solving abilities of the couple. This category consists of the behavior codes "mindreading," "putdown," "blaming," "character assassination," "command/patronizing," "very negative nonverbal - short, sarcastic, condescending," "leading question," and "opinion without rationale." These behaviors represent attempts to make the listener feel inferior and responsible for the couples' problems.

Avoidance (A). This is based on the CST codes from the categories of Very Negative and Negative. Couple members receiving this code are not overtly hostile, but attempt to avoid dealing with problems. It consists of the behavior codes "off beam," "deny responsibility," "confused problem-talk," "disruptive extraneous comments," and "avoidant question" which represent the speaker's efforts to change the topic of conversation or hinder discussion altogether and to avoid taking responsibility for a problem.

Dyadic Power Struggle (DPS). Based on CST codes from the categories of Very Negative and Negative, this code indicates that the couple is involved in a battle for power. It consists of the behavior codes "kitchen sinking - cross complaining" and "disagree without rationale" which represent a negative response

by the speaker to the previous statement of the listener. The speaker responds to the listener's complaint or comment with a complaint about the partner or by negating it without any explanation.

Procedure

The protocol for the parent investigation required subject families to participate in nine sessions which lasted for a total of approximately 15 hours of data collection. Follow-up assessments occur at three year intervals. The research staff remained blind to the diagnostic classification of the subjects, and the investigators received informed consents from all subjects before beginning the study and at each new study wave (Zucker & Fitzgerald, 1991).

Relevant to the current work, as part of the nine session protocol of Wave 2, all subjects completed the ASB, a background Demographics Questionnaire, and also took part in a marital problem-solving task. The marital problem-solving task was videotaped primarily from behind a one-way mirror in a university research laboratory. The administrator of this task always was an advanced doctoral level graduate student in clinical psychology with a substantial background in marital therapy work. Before the task began (see Appendix C for experimenter instructions), each subject was asked to complete a Marital Problem Areas checklist (see Appendix D) which permitted subjects to rate 10 problem areas (e.g., money, religion, relatives) on a scale of 0 to 5 (0 representing no problem; 5 signifying a major problem). Two problem areas could be added and rated if a subject felt it was necessary.

After the inventory was completed by each partner, the administrator determined the most important problem area for the couple to discuss by selecting

the topic that had the highest shared score between partners. Subjects were then instructed to spend the next ten minutes discussing the problem and attempting to reach a mutually satisfying solution to the specified problem. The administrator left the couple at this point, after making it clear that their discussion was private and that he/she would be available in a nearby room if needed. At the end of the ten minute time period, the administrator completed the videotaping and returned to the room. He/she then discussed with the couple how it felt to participate in the task in an effort to alleviate any distress that the session had caused them. For circumstances in which the couple remained involved in conflictual interactions at the end of the task, the administrator worked with them as long as was necessary to resolve the conflict. On very rare occasions, when there was uncertainty that the conflict would be raised again after the couple returned home, a follow-up phone call was made to insure that no further intervention was required. In the running of this procedure over the last five years, this level of conflict has been reached in less than 3% of the protocols.

RESULTS

The basic design for the present study is a three-group comparison on the behavioral variables. As indicated in the hypotheses, specific variables for the study are based on the relative frequencies of the new codes as well as on the conditional probabilities of these codes occurring as sequential responses calculated with lag sequential analyses. Hypotheses regarding relative frequency scores were examined for the couple and then for each member, given the possibility that the couple score could obscure what was occurring individually. The total number of behaviors exhibited by each couple was based on the number of codes they received from the CST, as the five newly created categories did not include all of the CST codes. Since the hypotheses proposed specific group differences, one-way ANOVAs with planned comparisons were used in the data analysis.

The sample consisted of antisocial alcoholic couples ($n = 22$), nonantisocial alcoholic couples ($n = 53$), and nonalcoholic control couples ($n = 51$). Demographic data for the groups are presented in Table 1. Results indicate that the three groups of husbands differed in age ($F(2,124) = 3.41$, $p < .05$), in years of education ($F(2,124) = 5.14$, $p < .05$), and in number of separations and divorces, $F(2,124) = 3.19$, $p < .05$. No significant correlations were found for husbands' age, education, or number of separations and divorces on any dependent measure; therefore, none of these variables was covaried in analyzing data.

A greater number of nonalcoholic control couples were assessed at Wave 2 than AALs and NAALs (See Table 2). So as not to confound group membership and family lifestage differences, SES and income were calculated for the three groups at Wave 2. There were no significant differences between groups in SES or income, unlike those that have been found for the overall longitudinal study sample (Ichiyama et al., 1996; Zucker et al., in press). This may be due to the lower statistical power of the present study, since the means for the demographic variables are in the direction similar to those observed in these previous analyses.

The five collapsed categories that were used in testing the hypotheses were Sharing Control (SC), Positive Power Assertions (PPA), Hostile Power Assertions (HPA), Avoidance (A), and Dyadic Power Struggles (DPS). Intercorrelations among those categories which were analyzed using relative frequency scores (SC, PPA, & DPS) and conditional probabilities, as well as communication proficiency are shown in Tables 3 and 4. Means and standard deviations for the relative frequency scores and z-scores obtained from sequential analysis (based on conditional probabilities) which were used in ANOVAs are presented in Table 5.

Table 1

Family Demographic Characteristics of Antisocial Alcoholic, Nonantisocial Alcoholic, and Control Couples

	AALs (n = 22)	NAALs (n = 53)	Controls (n = 51)	F
Husbands:				
Age				
Mean	37.55	37.14	34.87	3.41*
(SD)	(7.50)	(4.94)	(3.85)	
Education				
Mean	12.32	13.70	14.33	5.14**
(SD)	(3.90)	(2.15)	(1.94)	
Prior Separations/Divorces				
Mean	.38	.26	.19	3.19*
(SD)	(.59)	(.45)	(.33)	
Wives:				
Age				
Mean	33.07	34.65	33.55	1.47
(SD)	(5.10)	(4.00)	(3.93)	
Education				
Mean	13.00	13.60	13.55	.72
(SD)	(1.95)	(2.38)	(1.72)	
Prior Separations/Divorces				
Mean	.19	.19	.08	1.07
(SD)	(.68)	(.40)	(.27)	

(Table 1 continued)

Table 1 (continued)

Family Demographic Characteristics of Antisocial Alcoholic, Nonantisocial Alcoholic, and Control Couples

	AALs (n = 22)	NAALs (n = 53)	Controls (n = 51)	F
Family SES (Duncan) at Wave 2:				
Mean	331.41	360.53	379.26	.90
(SD)	(157.75)	(144.18)	(128.81)	
Family Income at Wave 2:				
Mean	$39,047	$44,169	$45,843	1.15
(SD)	($18,026)	($18,459)	($15,767)	
Years Married:				
Mean	8.20	8.91	8.91	.30
(SD)	(3.75)	(4.00)	(3.78)	

* $p < .05$; ** $p < .01$

Table 2

Study Wave of First Marital Assessment [n's and (%)]

	AALs (n = 22)	NAALs (n = 53)	Controls (n = 51)
Wave 2	14 (64)	37 (70)	47 (92)
Wave 3	7 (32)	14 (26)	4 (8)
Wave 4	1 (4)	2 (4)	0 (0)

Note. Percentages are within group (i.e. column percents)

Table 3

Intercorrelations among Communication Skills Test Variables for Dominance, Power Struggles, and Communication Proficiency

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. SC	-								
2. HSC	.75**	-							
3. WSC	.78**	.18	-						
4. DPS	-.10	-.12	-.03	-					
5. HDPS	-.04	-.11	.05	.95**	-				
6. WDPS	-.14	-.12	-.09	.95**	.80**	-			
7. PPA	.04	.11	-.04	-.10	-.05	-.13	-		
8. HPPA	.14	.16	.06	-.09	-.02	-.14	.79**	-	
9. WPPA	-.04	.04	-.11	-.08	-.06	-.09	.88**	.41**	-
10. CP	.44**	.34**	.35**	-.29*	-.20*	-.34**	.40**	.38**	.31**
11. HCP	.39**	.41**	.19*	-.27*	-.23*	-.29*	.37**	.40**	.25*
12. WCP	.44**	.20*	.46**	-.26*	-.14	-.34**	.37**	.30*	.33**

Note. All individual variable n's = 126;
SC = Sharing Control; HSC = Husband Sharing Control; WSC = Wife Sharing Control; DPS = Dyadic Power Struggles; HDPS = Husband Dyadic Power Struggle; WDPS = Wife Dyadic Power Struggle; PPA = Positive Power Assertions; HPPA = Husband Positive Power Assertion; WPPA = Wife Positive Power Assertion; CP = Communication Proficiency; HCP = Husband Communication Proficiency; WCP = Wife Communication Proficiency;
*$p < .001$

Table 4

Intercorrelations among Communication Skills Test Variables for Dominance and Power Struggles

	WHPA followed by HHPA	WPPA followed by HA	WHPA followed by HA
WHPA followed by HHPA (27)	-		
WPPA followed by HA (45)	-.06	-	
WHPA followed by HA (20)	-.36	-.27	-
SC (126)	-.35+	.17	-.13
HSC (126)	-.25	-.03	.02
WSC (126)	-.32	.26	-.16
DPS (126)	.35+	-.03	-.12
HDPS (126)	.24	.01	-.11
WDPS (126)	.40*	-.05	-.08
PPA (126)	-.05	-.02	-.17
HPPA (126)	-.03	.03	-.19
WPPA (126)	-.05	-.05	-.09

Note. Numbers in parentheses are individual variable n's; therefore, correlation n's are the lower of the two variable n's;
WHPA = Wife Hostile Power Assertion; HHPA = Husband Hostile Power Assertion; HA = Husband Avoidance, Agreement, Accept Responsibility; SC = Sharing Control; HSC = Husband Sharing Control; WSC = Wife Sharing Control; DPS = Dyadic Power Struggles; HDPS = Husband Dyadic Power Struggle; WDPS = Wife Dyadic Power Struggle; PPA = Positive Power Assertions; HPPA = Husband Positive Power Assertion; WPPA = Wife Positive Power Assertion;
*$p < .05$; +$p < .10$

Hypothesis 1

This hypothesis stated that power struggles would occur more frequently for antisocial alcoholic couples than for nonantisocial alcoholic couples and nonalcoholic couples. The hypothesis was tested by using one-way ANOVAs using planned comparisons by: a) comparing the relative frequency of Dyadic Power Struggles across groups and b) comparing the conditional probability that wives' Hostile Power Assertions would be followed by husbands' Hostile Power Assertions across groups. No group effect was present for Dyadic Power Struggles ($F(2,125) = 2.04$, ns) and the planned comparison did not support Hypothesis 1a that antisocial alcoholic couples would exhibit a higher frequency of Dyadic Power Struggles, $t(125) = 1.73$, ns (See Table 5). However, analyses of the relative contribution of husbands versus wives to this variable showed group differences in wives' behavior. Since the variance for wives' DPS was not homogeneous, this analysis was run using a nonparametric test (Kruskal-Wallis one-way ANOVA). This analysis showed that wives of antisocial alcoholics had a higher frequency of Dyadic Power Struggles than wives of nonantisocial alcoholics and nonalcoholics, $X2(2, 126) = 6.63$, $p < .05$. A group effect was not found for husbands, $F(2,125) = 1.09$, ns. Results of a planned comparison for husbands also were not significant, $t(125) = 1.29$, ns.

Hypothesis 1b, that antisocial alcoholic couples would have a greater frequency of reciprocal Hostile Power Assertions, was not supported. No main effect was found, $F(2,26) = .29$, ns (See Table 5). Moreover, planned comparisons did not support the prediction of a greater frequency of reciprocal Hostile Power Assertions (based on conditional probabilities) for antisocial alcoholic couples than nonantisocial alcoholic and nonalcoholic couples, $t(26) = -.57$, ns.

Hypothesis 2

This hypothesis stated that wives of nonantisocial alcoholics would be more dominant than wives of both antisocial alcoholics and nonalcoholics. The hypothesis was tested by conducting one-way ANOVAs using planned comparison by: a) comparing the conditional probability that nonantisocial alcoholic wives' Positive Power Assertions would be followed by husbands' Avoidance, agreement, or accepting responsibility to that of the antisocial and nonalcoholic couples and b) comparing the conditional probability that nonantisocial alcoholic wives' Hostile Power Assertions would be followed by husbands' Avoidance, agreement, or accepting responsibility to that of the antisocial and nonalcoholic couples. As shown in Table 5, no main effect was found for Hypothesis 2a ($F(2,44) = .88$, ns) or Hypothesis 2b, $F(2,19) = .44$, ns. Results of planned comparisons also did not support Hypothesis 2a ($t(44) = 1.05$, ns) or Hypothesis 2b, $t(19) = -0.59$, ns.

Hypothesis 3

This hypothesis stated that nonalcoholic couples would have more positive and effective communication than either the antisocial or nonantisocial alcoholic couples. The hypothesis was tested using one-way ANOVAs with planned comparisons which compared ratings of communication proficiency across groups. A group effect was present for communication proficiency ($F(2,125) = 3.03$, $p = .05$), and a planned comparison revealed a trend in the predicted direction, $t(125) = 1.87$, $p = .06$ (See Table 6). Additional analyses were performed in order to assess the relative contribution of husbands and wives. These analyses revealed a significant group effect for husbands on communication proficiency ($F(2,125) = 3.41$, $p < .05$), and a planned comparison here supported the prediction

that nonalcoholic husbands would have more positive and effective communication than the antisocial and nonantisocial alcoholic husbands, $t(125) = 2.34$, $p < .05$. However, no overall group effect was found for wives, $F(2,125) = 2.29$, ns. Thus, the prediction that nonalcoholic couples would have more positive and effective communication than alcoholic couples was confirmed, and the source of this effect is attributable to differences among the husbands. Inspection of the means, however, suggests that the major contribution to this effect is the lower communication proficiency of the antisocial alcoholic group. In fact, a significant main effect was found between AALs versus NAALs, $F(1, 125) = 3.83$, $p = .05$.

Hypothesis 4

This hypothesis stated that nonalcoholic couples would display a higher relative frequency of positive power than would either the antisocial alcoholic or the nonantisocial alcoholic couples. The hypothesis was tested using one-way ANOVAs with planned comparisons by: a) comparing the relative frequencies of Sharing Control across groups, and b) comparing the relative frequencies of Positive Power Assertions across groups. No significant group effect was found for Hypothesis 3a ($F(2,125) = .08$, ns) or for Hypothesis 3b, $F(2,125) = .63$, ns. Results of planned comparisons did not support the prediction that nonalcoholic couples would display a higher relative frequency of Sharing Control ($t(125) = 0.27$, ns) or Positive Power Assertions ($t(125) = -1.07$, ns) than antisocial alcoholic and nonantisocial alcoholic couples (See Table 5). These nonsignificant findings also held true for the relative contributions of husbands and wives.

After inspection of the data from Tables 5 and 6, it is clear that effect sizes were small (DPS: $r2 = .03$; SC: $r2 = .00$; PPA: $r2 = .01$; WHPA followed by HHPA:

r2 = .02; WPPA followed by HA: r2 = .04; WHPA followed by HA: r2 = .05; Communication Proficiency: r2 = .05), and the power for these tests was low (DPS = .41; SC = .06; PPA = .16; WHPA followed by HHPA = .09; WPPA followed by HA = .19; WHPA followed by HA = .11; Communication Proficiency = .58) (Cohen, 1977).

Table 5

Analyses of Variance for Relative Frequencies and Conditional Probabilities of Dominance and Power Struggle Behaviors among Antisocial Alcoholic, Nonantisocial Alcoholic, and Control Couples

Behavior	AALs	NAALs	Controls	F	t[a]
Relative Frequencies					
DPS	.030 (.054)	.017 (.043)	.009 (.032)	2.04	1.73
HDPS[1]	.025 (.057)	.015 (.040)	.009 (.037)	1.09	1.29
WDPS[2]	.035 (.057)	.020 (.051)	.009 (.029)	2.73+	1.97*
SC	.070 (.069)	.064 (.054)	.068 (.065)	.08	.27
HSC	.062 (.095)	.062 (.070)	.062 (.075)	.01	.02
WSC	.076 (.085)	.066 (.074)	.074 (.089)	.17	.32
PPA	.029 (.033)	.041 (.046)	.038 (.037)	.63	-1.07
HPPA	.027 (.039)	.033 (.044)	.039 (.042)	.72	-.91
WPPA	.031 (.037)	.049 (.066)	.037 (.046)	1.07	-.92
Z-scores (based on Conditional Probabilities)					
WHPA followed by HHPA	.662 (1.387)	1.166 (1.847)	.870 (1.096)	.29	-.57
WPPA followed by HA	2.015 (2.439)	1.324 (2.042)	.741 (2.157)	.88	1.05
WHPA followed by HA	-.443 (.183)	.061 (.881)	.990 (3.755)	.44	-.59

* $p = .05$; + $p < .10$
H1 = husbands; W2 = wives;
a = planned comparison of AALs vs. NAALs and Controls

Table 6

Analyses of Variance for Communication Proficiency among Antisocial Alcoholic, Nonantisocial Alcoholic, and Control Couples

	AALs	NAALs	Controls	F	t[a]
Communication Proficiency	1.899 (.316)	2.046 (.288)	2.072 (.258)	3.031	1.87+
Husbands' Communication Proficiency	1.882 (.335)	2.020 (.320)	2.087 (.281)	3.41*	2.34*
Wives' Communication Proficiency	1.916 (.352)	2.071 (.295)	2.057 (.273)	2.29	1.14

*$p < .05$;
[1]$p = .05$;
+$p < .10$;
[a] = planned comparison of Controls vs. AALs and NAALs

DISCUSSION

The results of the present study provide some support for the prediction that power struggles would occur more frequently for antisocial alcoholic couples than for either nonantisocial alcoholic couples or nonalcoholic couples, and overall, highlight the importance of distinguishing between antisocial and nonantisocial alcoholics. Specifically, this prediction was supported by way of wives' behavior, as wives of antisocial alcoholics were shown to exhibit a higher relative frequency of Dyadic Power Struggles than wives of nonantisocial alcoholics and nonalcoholics. However, antisocial alcoholic couples did not have a higher frequency of reciprocal Hostile Power Assertions than nonantisocial and nonalcoholic couples. The prediction that wives of nonantisocial alcoholics would be more dominant than wives of antisocial alcoholics and nonalcoholics, as represented by their exhibiting either a higher frequency of Positive Power Assertions or Hostile Power Assertions followed by husbands' Avoidance, agreement, or accepting responsibility, was not supported.

In the realm of positive communication, the prediction that nonalcoholic couples would have more positive and effective communication than either antisocial alcoholic couples or nonantisocial alcoholic couples was supported. Examination of husbands' versus wives' relative contribution to this variable revealed that this effect was attributable to more positive and effective communication among the nonalcoholic husbands. Further analyses exploring the

source of this effect suggested that the major contribution to this variable was the lower level of positive communication among AALs. However, given the post-hoc nature of this finding, it needs to be regarded with some tentativeness and it also requires replication. At the same time, this result is consistent with self-report differences observed by Ichiyama et al. (1996) who found that AAL husbands blamed and belittled their wives more frequently than NAAL and nonalcoholic husbands. Finally, the prediction that nonalcoholic couples would display more positive forms of power than either antisocial or nonantisocial alcoholics, as represented by their having the highest relative frequency of Sharing Control and Positive Power Assertions, was not supported. These results are discussed in turn below.

The expectation that power struggles would occur more frequently for antisocial alcoholic couples than for nonantisocial alcoholic and nonalcoholic couples was supported only by way of differences among wives' behavior; the wives of AALs had a higher relative frequency of Dyadic Power Struggles than wives of NAALs and nonalcoholics. Contrary to prediction, however, AAL husbands did not have a higher frequency of Dyadic Power Struggles than NAAL and nonalcoholic husbands. These results may indicate that antisocial alcoholic men have more established power than their wives due to the more antisocial nature of their behavior. It also may indicate that these men are less invested in their relationships, and thus do not feel the need to struggle. The wives of antisocial alcoholics, to a greater degree, struggle to increase their level of power when interacting with their husbands, perhaps in an attempt to control social and/or financial problems created by the more turbulent nature of their husbands' alcoholism as compared to that of

nonantisocial alcoholics. However, as power struggles were found to be greater only for AAL wives, but contrary to prediction, not for AAL husbands, these findings need to be replicated.

The above findings have some commonalities and some differences with earlier studies in this area. In both the Frankenstein, et al. (1985) and O'Farrell and Birchler (1987) studies, struggles for control were found to occur in the interactions of alcoholic couples. However, the former study found that these struggles for control were exhibited by the alcoholic only when he/she was intoxicated and did not compare alcoholic couples to a control group. The latter study reported a greater number of struggles for control for alcoholic couples than for control couples, but did not differentiate between the frequency of husbands' versus wives' struggles for control. The previous two studies operationalized "struggles for control" as either the frequency of interruptions or questions asked. The validity of defining struggles for control in this manner is questionable, as discussed earlier. The present study used the CST's codes from the categories of Very Negative and Negative to create the new category of Dyadic Power Struggles. This new category consisted of the behaviors of "kitchen sinking-cross complaining," in which the speaker stated a series of complaints about the partner or responded with a complaint about the partner to the partner's complaint about him/her, and "disagree without rationale," in which the speaker negated the previous statement by the partner without an explanation. These codes more adequately represent negative struggles for control and their use allows a greater examination of antecedent and consequent behaviors. However, these behaviors do not reflect established power of the wives of the antisocial alcoholics (as other behaviors in this coding scheme were proposed to do),

but instead indicate that these wives are involved in a struggle to obtain power. As these results have shown, wives of AALS struggle to gain power more frequently with their husbands than wives of NAALs and nonalcoholics. According to Zucker et al. (1994), antisocial alcoholics have more serious alcohol-related problems, an earlier history of alcohol abuse, and more interpersonal problems than nonantisocial alcoholics; thus, perhaps due to the more serious nature of the problems associated with their husbands' alcoholism, these wives need to struggle more.

In contrast to the above results, the prediction that power struggles would occur more frequently for antisocial alcoholic couples than nonantisocial and nonalcoholic couples was not confirmed by the data on Hostile Power Assertions. Given the nature of the coding system used here, where the collapsed CST category consists of very negative and negative behaviors which are more reflective of the speaker's established power, these results may indicate that neither member of the antisocial alcoholic couple has established power and thus, cannot struggle to increase his/her power in this manner. Instead both spouses attempting to gain more power by berating one another, both may struggle together by exhibiting negative "powerless" behaviors.

The second hypothesis, that wives of nonantisocial alcoholics would be more dominant than wives of antisocial alcoholics and nonalcoholics, was not supported. Based on the conflicting findings of earlier reports of wives' dominance of alcoholic husbands (Paolino & McCrady, 1977) versus later studies which did not find evidence of wives' dominance (O'Farrell & Birchler, 1987), it was proposed that distinguishing between subtypes of alcoholics (AALs vs. NAALs) would help to clarify the controversy in the literature. As the nonantisocial alcoholics have been

reported to have a later onset of alcohol problems, fewer alcohol-related problems, and higher levels of social functioning, as well as being more trusting and less blaming of their wives (Zucker et al., 1994; Zucker et al., in press; Ichiyama et al., in press), it was believed that the NAAL couples would exhibit more stable patterns of wife dominance and husband submissiveness than AAL couples and nonalcoholic couples. However, results indicate that no difference between the levels of dominant-submissive interactions exists between the three groups.

The finding that wives in the NAAL group were not more dominant than wives in the AAL and nonalcoholic groups is parallel to earlier work reported by O'Farrell and Birchler (1987). As similar results were found in both the O'Farrell and Birchler and present studies using different operational definitions of "dominance," more general support has been provided to dispute the earlier notion that wives of alcoholics are dominant individuals. Wives of alcoholics may have more household and family responsibilities as a result of their husbands' alcoholism; hence, they may seem more "in control" of their homes. However, this was not examined by the present study nor does this represent the same type of dominance that relates to marital problem-solving. In addition, the current study did not explore subjective perceptions of dominance by either partner. As such, a comparison could not be made to Frankenstein et al.'s findings (1985) that although wives view their alcoholic husbands as autonomous, the husbands perceived themselves as submissive. Other studies also have shown that husbands and wives rate their partners as being more blaming than the partners rate themselves and that a greater discrepancy exists among antisocial alcoholic couples regarding their perception of husbands' hostile controlling behavior than among nonantisocial and nonalcoholic

couples (Ichiyama et al., 1996) Subjectively, husbands may view themselves as being submissive, less hostile, or less blaming than their wives do, although exploration of this is beyond the present study. Analysis of behavioral interactions are not indicative of patterns of wife dominance and husband submissiveness.

The prediction that nonalcoholic couples would have more positive and effective communication than the antisocial alcoholic and nonantisocial alcoholic couples, represented by higher ratings of communication proficiency, was supported by way of husbands' communication. Examination of the relative contributions of husbands versus wives to this proficiency score revealed that nonalcoholic husbands had more effective communication patterns than antisocial alcoholic and nonantisocial alcoholic husbands. Furthermore, NAAL husbands were found to have more effective communication than AAL husbands. These results support the findings in the literature that alcoholic husbands have difficulties with effective communication, but also point to the nonhomogeneity of the alcoholic population. Communication difficulties have been represented by the alcoholic communicating more effectively when intoxicated as some studies have shown (Davis et al., 1974; Steinglass, 1981; Frankenstein et al., 1985) and by the alcoholic's drinking having negative effects on communication as other studies have found (Ritchey et al., 1981; Jacob & Krahn, 1988). These results also again highlight the importance of differentiating antisocial alcoholics from nonantisocial alcoholics.

The results regarding communication proficiency are closest to O'Farrell and Birchler's findings that, under laboratory conditions, alcoholic couples (who were not given alcohol) exhibited less positive verbal behavior than normal control couples. In addition, the alcoholic husbands had more responsibility-avoidant communication

than did control husbands. The wives of alcoholics in the O'Farrell and Birchler study did not differ from the control wives in their pattern of responsibility-avoidant communication. Thus, the findings of the present study provide further support for the notion that alcoholic husbands have more disturbed communication patterns than nonalcoholic husbands, but that wives, regardless of the alcoholic status of their husbands, do not seem to differ in their overall communication proficiency. However, the O'Farrell and Birchler study did not distinguish between antisocial and nonantisocial alcoholics. As the current study found that NAAL husbands exhibited more effective communication than AAL husbands, examining the relationship between alcoholic subtype and communication differences is an important element in developing a greater understanding of the communication patterns of alcoholics. Whether the alcoholic husband's communication patterns contribute to or are a result of his alcoholism (or both) cannot be differentiated in the present work, although analyses of changes in communication patterns over time, as the longitudinal study and these families' alcoholism progresses, will allow exploration of this issue.

The final prediction that nonalcoholic couples would display more positive forms of power, as represented by having the highest relative frequency of Sharing Control and Positive Power Assertions, than either antisocial alcoholic couples or nonantisocial alcoholic couples was not supported. These categories reflect behaviors where power is shared by the couple and statements of power which have a positive effect on the couples' interactions. It may be that the codes chosen to be collapsed into these two new categories of behavior do not adequately distinguish the interactions of nonalcoholic couples from alcoholic couples. For

example, behaviors, such as agreeing with one's spouse or requesting clarification of a statement, may be common in the interactions of all couples. It is important to note, however, that significant positive correlations exist among positive power (Positive Power Assertions and Sharing Control) and Communication Proficiency. Differences found between groups for Communication Proficiency and the lack thereof for positive power may be due to the number of codes included in these variables. Calculation of Communication Proficiency scores involved the summation of *all* behaviors; whereas, Positive Power Assertions and Sharing Control consisted of only three and four subcategories of behavior, respectively. On the other hand, differences in this area may simply not be present.

In general, these results indicate that wives' power struggles exist to a greater degree in the interactions of antisocial alcoholic couples when compared to the interactions of nonantisocial alcoholic and nonalcoholic couples. Also, nonalcoholic husbands exhibit more positive and effective overall communication than alcoholic husbands, particularly antisocial alcoholic husbands. The struggle for power by the wives of antisocial alcoholics may have contributed to their overall poorer rating of communication proficiency as compared to wives of nonantisocial alcoholics and nonalcoholics However, power struggles (DPS) were represented by the occurrence of only two behavior codes; whereas, the rating of overall communication proficiency involved the summation of all of the codes used in the CST.

The sample used for the present study was recruited from a community population of alcoholics who were at an early stage of family development, where they have largely not yet have sought out help for alcohol and/or marital problems

(Zucker & Fitzgerald, 1991). As the subjects were not drawn from a treatment program, they are more representative of alcoholics in the general population. A control group consisting of community nonalcoholics was also used. Thus, results from this study are more generalizable than those from most previous research. However, it should be noted that the findings of the present study may not generalize beyond non-Hispanic, Caucasian couples who have young children. In addition, women were not accepted nor rejected from the sample of Wave One of the larger MSU-UM Study on the basis of their own levels of alcohol use. Zucker and Fitzgerald (1991) reported that approximately 44 percent of these women met criteria for alcohol dependence or abuse. As these couples were recruited from the community, the fact that the alcoholic men frequently were married to women who had alcohol problems as well seems an important consideration in generalizing findings of studies involving alcoholic couples. The interactions of these couples may more adequately represent the behavior exhibited by more typical alcoholic couples, as opposed to the behavior of couples from "purer" samples used by previous studies which have excluded couples in which both partners met criteria for alcoholism.

One limitation of the present study may be that the newly-derived codes do not adequately represent the intended concepts of power and dominance. These codes operationalize power and dominance differently than has been done in other studies. However, the coding scheme seems to be more representative of the complexity of interactions that occur in marital relationships than measures used in previous studies, and also allows a more objective assessment of couples' behavior than self-report measures. It also should be noted that the frequency of specific

power-related behaviors exhibited by each couple relative to their total number of behaviors exhibited was very low and may have been a factor in obtaining nonsignificant results. Furthermore, as described earlier, effect sizes were small and power was low. On these grounds, these findings are best considered as lower bound indicators of the true differences that exist between groups, that can be more fully articulated when the available Ns are larger.

One issue relating to the present study concerns the extent to which the interactional task challenged these couples sufficiently to provide adequate sampling of marital variations under stress. Given that these families were not selected based on their current active problems nor on their need for treatment, the level of expressed conflict may be somewhat lower for these couples than couples in greater distress. Thus, stronger differences between alcoholic groups may only be present under times of greater stress or with a task that has a greater capacity for more immediate affective conflict arousal. In addition, as the task ran for only ten minutes, there is the possibility that these couples were able to behave in a more controlled manner than they would normally; it is not uncommon for conflicted couples to be able to suppress their level of conflict while being observed. These issues, as well as the relatively low number in the antisocial alcoholic group, may also have contributed to the relative lack of strength of the current findings. Even so, those that existed were as predicted.

The finding that nonalcoholic husbands are able to communicate more effectively than alcoholic husbands, particularly antisocial alcoholic husbands, is relevant for clinicians, especially marital therapists. The lower level of positive communication for antisocial alcoholic husbands, as compared to control husbands

and to NAAL husbands, suggests that building positive communication skills should be an important part of marital therapy, particularly for antisocial alcoholic couples. As wives of antisocial alcoholics were shown to exhibit a higher frequency of power struggles in their interactions than wives of nonantisocial alcoholics and nonalcoholics, additional evidence has been provided for the importance of differentiating between alcoholic subtypes. Developmental trajectories from childhood through adulthood involving antisocial behavior differ between the two groups of alcoholics (Zucker et al., 1994), and the more serious nature of antisocial alcoholics' problems may influence their wives interactions with them. It is clinically relevant to note the distinction between antisocial alcoholic and nonantisocial alcoholic couples in the frequency of wives' struggles for power, and to recognize that power struggles may be more of a presenting or underlying problem in therapy for antisocial alcoholic couples. The clinical significance of this finding indicates that approximately 3-4% of the statements made in a ten minute period by wives of antisocial alcoholics signify struggles for power. This may be seen in therapy, for example, as a wife making a series of complaints about her husband, complaining about him in response to a complaint about her, or disagreeing without any rationale, such as "No, you're wrong." Although these verbalizations reflect a low percentage of the total number of statements made by these women, they do occur more frequently for wives of antisocial alcoholics than for wives of nonantisocial alcoholics and nonalcoholics. The fact that these wives feel the need to struggle for power may be reflective of inequity in their marital power structures. This inequity in levels of power, in turn, may cause these women to experience lower levels of marital satisfaction. Overall, these findings provide further support for the notion

that antisocial alcoholic couples have more turbulent marital interactions (Zucker et al., in press).

Future research should employ additional coding schemes of interactional behavior to evaluate differences in the frequency of struggles for power and dominance between antisocial and nonantisocial alcoholics. It is also important to compare results from interactional data with that from self-report data (e.g., regarding marital satisfaction) in order to evaluate differences between more objective ratings of couple's behavior and the subjective experiences of each partner. As discussed earlier, these objective and subjective views can be quite discrepant (Frankenstein et al., 1985). Additionally, the use of larger sample sizes will be helpful in establishing greater statistical power. Moreover, the more frequent use of community-recruited samples is needed to adequately compare future results to the current findings. A greater level of focus should be directed toward the relationships of alcoholic couples who are not seeking treatment; thus, future findings would more likely generalize to the larger segment of alcoholic couples in the general population.

APPENDICES

Appendix A: Antisocial Behavior Checklist
Zucker & Noll (1980)

Many of us have had adventures during our lives...times that were exciting and carefree, even though they may have been a bit impulsive or happy-to-lucky. Please read each of the following items. Indicate (with a check) if you have ever done any of the following activities and how often.

NEVER	-	You have never done this
RARELY	-	Once or twice in your life
SOMETIMES	-	Three (3) to nine (9) times in your life
OFTEN	-	More than ten (10) times in your life

NEVER	RARELY	SOMETIMES	OFTEN	
				1. Skipped school with a legitimate excuse for more than 5 days in one school year.
				2. Been suspended or expelled from school for fighting.
				3. Been suspending or expelled from school for reasons other than fighting.
				4. Lied to a teacher or principal.
				5. Cursed at a teacher or principal (to their face).
				6. Hit a teacher or a principal.
				7. Repeated a grade in school.
				8. Taken part in a gang fight.
				9. "Beaten up" another person.
				10. Broken street lights, car windows, or car antennas just for the fun of it.
				11. Gone for a ride in a car someone else stole.
				12. Teased or killed an animal (like a dog or cat) just for the fun of it.
				13. Defied your parent's authority (to their face).
				14. Hit your parents.
				15. Cursed at your parents (to their face).

NEVER	RARE	SOMETIMES	OFTEN	
				16. Stayed overnight without your parent's permission.
				17. Run away from home for more than 24 hours.
				18. Lied to your parents.
				19. Snatched a woman's purse.
				20. Rolled drunks just for the fun of it.
				21. Shoplifted merchandise valued over $25.
				22. Shoplifted merchandise valued under $25.
				23. Received a speeding ticket.
				24. Been questioned by the police.
				25. Taken part in a robbery.
				26. Taken part in a robbery involving physical force or a weapon.
				27. Been arrested for a felony.
				28. Resisted arrest.
				29. Been arrested for any other non-traffic police offenses (except fighting or a felony).
				30. Been convicted of any non-traffic police offense.
				31. Defaulted on a debt.
				32. Passed bad checks for the fun of it.
				33. Ever used an alias.
				34. Gone AWOL from the military.
				35. Received a bad conduct or undesirable discharge from the military.
				36. Performed sexual acts for money.
				37. Engaged in homosexual acts.
				38. Had intercourse with more than one person in a single day.

NEVER	RARELY	SOMETIMES	OFTEN	
				39. "Fooled around" with other women/men after your were married.
				40. Hit your husband/wife during an argument.
				41. Lied to your spouse.
				42. Spent six months without any job or permanent home.
				43. Been fired for excessive absenteeism.
				44. Been fired for poor job performance (except absenteeism).
				45. Changed jobs more than 3 times in one year.
				46. Lied to your boss.

Thank you very much for your cooperation.

Appendix B: CST Codebook

CST Code Book

Communication Skills Test (CST)
Scoring Criteria

Frank Floyd & Howard Markman, 1984
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The Communication Skills Test (CST) was designed to be a relatively economical observational measure of spouses' communication behaviors that reflect their communication proficiency when solving problems together. The system is set up to evaluate the content and affect of partner's statements and to assess whether each statement represents an instance of the use of either positive, facilitative communication behavior or negative, disruptive communication behavior. This system was developed to be used by researchers and clinicians as an alternative to more time consuming microanalytical measures.

This system was intended to evaluate the same constructs as the Marital Interaction Coding System (MICS; Weiss, Hops & Patterson, 1973) and the Couples Interaction Scoring System (CISS: Gottman, 1979; Notarius & Markman, 1981). The CST borrows specific codes from these measures because they are the most frequently used and the most carefully researched systems available.

The CST differs from many other systems in that it uses an entire statement as the coding unit. These statements are rated on an interval scale of measurement that reflects how facilitative that statement is. The MICS in contrast assigns behavioral units, several of which can occur in one statement, to nominal categories of positive, negative, or problem-solving behaviors.

The system is used by assigning a rating to each statement, defined as all behaviors that occur between floor switches. The statement is rated very positive, positive, neutral, negative, or very negative depending on how facilitative the statement is determined to be in meeting the problem-solving goals of the conversation. The choice of a rating is based on a set of guidelines about levels of problem solving proficiency outlined in this manual.

Regarding validity, the relative frequency scores for categories of behaviors and the overall mean scores were shown to be sensitive measures of pre- to posttreatment improvements in communication skills for premarital couples who completed a cognitive/behavioral relationship enhancement intervention (Floyd & Markman, 1984; Markman, Floyd, Stanley & Storaasli, 1988). These scores showed only modest correlations with couples' own evaluations of the positiveness of their interactions (Floyd & Markman, 1984; Floyd, 1988), and with scores obtained from a different observational coding system that examines more discrete, molecular events (Floyd, O'Farrell & Goldberg, 1987). However, CST scores were moderately correlated with measures of marital satisfaction and divorce potential for a heterogeneous sample of married couples, and they successfully discriminated distressed couples from happily married couples (Floyd et al., 1987). These relationships were particularly strong for indices of negative, disruptive behaviors. Most recently, mean CST scores have been shown to correlate with marital satisfaction for older married couples (Floyd & Haynes, 1989), and the CST coded marital discussions were shown to be less positive and more negative for couples raising a mentally retarded child as opposed to those with typically developing children (Floyd & Zmich, 1990).

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CST Code Book

CST Scoring Criteria

VERY POSITIVE (5)

1) Summarize other/both
2) Checking out
3) Opinion/feeling probe
4) Solution Proposal
5) X,Y,Z - feedback
6) Back on Beam
7) Metacommunication
8) Validation

POSITIVE (4)

1) Feeling statement
2) Agree
3) Disagree with rationale
4) Plan suggestion - nonspecific
5) Compliment
6) Clarification Request
7) Accept Responsibility
8) Empathy
9) Summarize self - concise or to clarify
10) Humor
11) Positive nonverbal
    a) face - smile, laugh
    b) voice tone - caring, warm, empathic, concerned, affectionate, cheerful
    c) positive physical contact - touch, pat

NEUTRAL (3)

1) Problem-talk
2) Question
3) Information

NEGATIVE (2)

1) Confused problem-talk
2) Opinion without rationale
3) Disagree without rationale
4) Disruptive extraneous comments
5) Avoidant question
6) Negative nonverbal
    a) face - frown, sneer, glare, angry, cry, no eye contact
    b) voice tone - disinterested, cold, impatient, clipped, whining, angry, gruff
    c) body position - rude gestures, turn away
7) Leading question

VERY NEGATIVE (1)

1) Off Beam
2) Kitchen sinking - Cross complaining
3) Mindreading
4) Putdown
5) Summarizing self- no clarification needed/requested
6) Blaming
7) Character Assassination
8) Deny Responsibility - "Yes, but..."
9) Command/patronizing
10) Very negative nonverbal voice tone - short, sarcastic, condescending
11) Avoidance/Withdrawal

VERY POSITIVE (5)

Very Positive behaviors are demonstrations of the specific positive communication/problem-solving skills outlined by Gottman, Notarius, Gonso, & Markman, 1976). For a statement to receive a very positive it must be given with neutral to positive affect.

1) Summarizing Other/Both: A statement in which the speaker either summarizes his/her partner's previously expressed statement or opinion, or summarizes the couple's conversation is rated "very positive". Note that "summarizing other/both" statements are nonjudgmental, such that a statement of agreement or disagreement, followed by a summary of the point being judged, is not rated "very positive" (see "Agree/disagree With/Without Rational"). Nevertheless, following a summary statement, the speaker may offer an opinion.

Examples (Ex):
"So we agree that Mary is the cause of the problem."
"Sounds like you're saying that it really upsets you when I ignore you at parties."
"So you think that Mary is the cause of the problem. Well, I disagree. I think that ..."

Not "Summarizing Other/Both":
"I agree with that. Your dad is kind of close-minded." (Agree)

2) Checking Out: A statement requesting the partner to verify that the speaker correctly understands the partner's viewpoint, is rated "very positive". In most cases, checking out statements follow summaries, therefore the statement would be rated "very positive" anyway. However, checking out also includes questions about the speakers' meaning that incorporate an implied summary.

Ex:
"We agree that Bill is wrong here. Is that right?" (Summary and checking out)
"So you think we should put off buying a new car for a year?" (Checking out with implied summary)

Not "Checking Out":
"So, what is your opinion again?" (Clarification Request)

3) Opinion/Feeling Probe: A request in which the speaker asks the listener to state a feeling, opinion, or any non-factual information. Also any request for acknowledgment of or expansion on the speaker's viewpoint is considered an opinion probe and is rated "very positive". However, request for restatement or clarification of an opinion are not "opinion/feeling probes" (see Clarification Request), nor are statements to the effect of "I'm right aren't I".

Ex:
"I think John is the cause of the problem, do you agree?"
"What time do you want to leave tomorrow?"
"I said that I think Jack is the cause of the problem, do you see what I mean?" (Request for acknowledgment/expansion)

Not "Opinion/Feeling Probe."
"You just wanted me to leave, didn't you" (Mindreading or empathy)
"John is the cause of the problem, right?" (Problem talk)

4) Solution Proposal: A proposal that offers a realistic way to solve or diminish an existing problem, including specific suggestions about behavioral change, is rated "very positive". These proposals commonly occur late in the interaction when the problem has been discussed in depth. They can be unilateral attempts to give advice.

Ex:
"So why don't we both agree to save $20 out of our checks each week?"
"How about if we allow the kids to only watch T.V. after they have finished their homework?"
"It seems you would be better off to put 10% of your monthly check in an investment account."

Note: See "Plan Suggestion" and "Problem Talk" for examples of solutions which are presented too early or which are actually part of an opinion statement, rather than a solution proposal about a problem which has already been addressed. Note in particular, statements of complaints or problems are sometimes stated in the form of suggestions for change, but are not really sincere or helpful proposals about how to solve a problem that has been discussed. Often, these are "problem talk" or "blaming" statements:

Not "Solution Proposal":
"I want you to help out with the housework every night after work." (Problem Talk)
"The problem is that you need to cut down your spending by 10% on a weekly basis." (Blaming)

5) X,Y,Z - Feedback: A statement in which the speaker identifies a specific behavior of the listener, and expresses his/her feelings in response to that behavior is rated "very positive". The statement can refer to either an annoying behavior to which the speaker has a negative reaction, a pleasing behavior to which the speaker has a positive reaction, or a suggested behavioral change to which the speaker would have a positive reaction. "X,Y,Z - feedback" statements must be distinguished from "Compliments", which either include no reference to the speaker's emotional response, or are not in reference to a specific behavior.

Ex:
"When you make jokes about me at parties, I feel really angry."
"It makes me feel good to see you help me keep the house clean."

6) Back on Beam: A statement that acknowledges that the conversation has gotten off the subject and attempts to return the discussion to the topic, is rated "very positive". If the speaker is referring only to his/her own current statement as being off the subject, the statement does not receive a "very positive" rating for "back on beam".

Ex:
"We're getting off the subject. We need to talk about..."
"But that is not the point, we need to decide..."

7) Metacommunication: A statement that is a comment about the flow, style, or course of the interaction, stated with neutral to positive affect, is rated "very positive". These statements may be either past or future oriented.

Ex:
"It seems like we're spending too much time on the details and missing the main point."
"I feel like we've really accomplished a lot in this conversation."
"I think we're getting no where with this."

8) Validation: A statement indicating that the speaker accepts and understands a previously stated feeling or opinion of the listener, is rated "very positive". There is no need for a summary statement or a statement of agreement or disagreement in a "validation" statement.

Ex:
"I can see how you would feel nervous about that."
"I understand how you could see my drinking as a potential problem."

POSITIVE (4)

Positive behaviors are those that are generally facilitative interactions, but are not any of the specific skills included in the very positive category. For a statement to receive a positive code it must be given with neutral to positive affect.

1) Feeling Statement: A statement that reports on a past, present, or future emotional reaction of the speaker which is directly related to the topic of the discussion is rated "positive". Reports of feelings that are unrelated to the topic, or are related to an "off beam" topic are considered "neutral" (see "Information"). Also, statements that begin with "I feel that...", followed by a statement of an opinion rather than a report of an emotional reaction are considered "neutral" (see "Problem Talk"). Sometimes the speaker fails to label the feeling, but makes the statement along with nonverbal cues that clearly communicate the feeling. This is particularly true for instances of nervousness, hurt, or worry. These statements are also coded as feeling statements and rated "positive".

Ex:
"I got really angry when Sherry said that."
"This conversation is making me upset."
"It really worries me when Billy comes home late."
(said with obvious signs of anxiety)

Not "Feeling Statement":
"I feel that Burt is the problem here." (Problem Talk)
"When you do that, I feel really happy." (X,Y,Z - Feedback)

2) Agree: A statement of agreement, which may or may not include rationale for the agreement. No matter how emphatic the agreement, it is rated positive.

Ex:
"Yes, you are absolutely right."
"Yeah, Jim does cause part of the problem because he just won't listen."

Note: These can include short agreements or acknowledgements such as "Yea", "Uh huh", or head nods, if significant to the conversation.

3) Disagree With Rational: A statement of disagreement which includes the reason for the disagreement is rated "positive". It is important to note that the rationale must include reference to why the speaker disagrees. These are statements that are facilitative to the conversation even though they are disagreements.

Ex:
"I disagree, I don't think we see my mother too often. Once a week isn't too often..."
"I would rather see our budget organized quarterly because..."

Not "Disagree With Rational":
"No, I don't think it was all Brian's fault."
(Disagreement Without Rationale)

4) Plan suggestion - nonspecific or early: A proposal about a realistic way to solve or diminish a problem situation, presented in a vague, non-specific way is rated "positive". Also included here are proposals given early in the conversation before the topic has been fully explored. This does not include opinionated proposals. (see "Problem talk") The plan can be for both, or it can be offering advice to the other spouse.

Ex:
"Maybe we need to talk about this."
"Let's try to spend less money."
"Why don't you try coming home earlier?"

5) Compliment: A statement complimenting the listener is rated "positive". Compliments can be general, or can refer to specific behaviors. This does not include compliments given in a sarcastic way. (see "Very negative nonverbal)

Ex:
"I think you handle your mother well."
"I like the way you said that."

6) Clarification Request: A request for the listener to restate, explain, or clarify a previous statement is rated "positive". Note that a " clarification request" must be distinguished from a "summarizing other" followed by a "checking out" statement, although both statements may serve the same function for the speaker. A request for additional inflormation would not fall under "Clarification Request."

Ex:
"What do you mean by trying too hard?"
"So, what is your opinion again?"
"I don't understand what you mean, could you make it more clear?"

Not "Clarification Request":
"So you think Burt is the cause of the problem, right?" ("summarizing other" and "checking out")
"In what ways am I neglecting my responsibilities?" (opinion probe)

7) Accept Responsibility: A statement that acknowledges the speaker's role in the current conflict, as previously pointed-out by the listener is rated positive. A " yes, but" type statement (see "avoid responsibility"), in which the speaker admits to a behavior, but denies responsibility is not rated positive.

Ex:
"Ok, you're right, I don't keep the kitchen clean."
"Yes, I can see how that wasn't good on my part."
"I guess I could try to be more flexible about spending money."

Not "Accept Responsibility":
"Yes, I don't always wash my dishes, but I don't think they need to be washed every time."
(Yes, But)

8) Empathy - mindreading with positive affect: A statement that attributes a previously unstated emotional response to the listener, stated with a positive voice tone (e.g., caring, warm, empathic, etc.), is rated "positive". "Empathy" also includes statements that imply emotion if stated in an empathic way. "Empathy" statements followed by denial by the listener are nonetheless considered "positive".

Ex:
"It seems that you feel really hurt when I do that."
"Sounds like that was really hard for you to say."
"I think that you work too much and its a lot for you to handle at this time."

9) Summarize Self - concise or to clarify: A precise restatement of the speaker's opinion, which clarifies a previous statement, or summarizes the speaker's point of view, is rated "positive".

Ex:
"So, I guess I'm saying that I think Matt is the cause of the problem."
"I guess what I'm saying is, that I could go either way on this one."

10) Humor: A statement that appropriately injects humor into the conversation, without being disruptive or off-beam, is rated "positive". Inappropriate or disruptive humor statements however receive a "negative" rating (see "disruptive extraneous comments"). To evaluate whether a humorous statement is positive or negative the context in which the statement occurs must be evaluated. Positive humorous statements usually are attempts to affiliate, and they bring the partners together in a positive way. Disruptive humorous statement often are attempts to avoid discussing the problem at hand.

11) Positive Nonverbal: Facial expressions, tones of voice, and body positions or gestures that convey positive emotional expressions are rated "positive". If paired with negative content, score the statement in accordance with the content.

"Positive Nonverbal" expressions include:

a) face - smile, laugh: note this does not include nervous laughter
b) voice tone - caring, warm, empathic, concerned, affectionate, cheerful, etc.
c) positive physical contact - touching, patting, hugging, etc.

Note: Mixtures of positive and negative nonverbal expressions are evaluated hierarchically with facial expressions considered first, voice tone next, and body position last. For example, impatient voice tone, along with a patting movement is rated "negative" (see "negative nonverbal").

NEUTRAL (3)

Neutral behaviors are those that meet the minimum demands of the problem-discussion task. These statements are made with neutral, or only very mildly positive or negative affect.

1) Problem Talk: All statements defining a problem or offering an opinion with rationale about a problem, stated with neutral or mildly positive affect (e.g., pleasant voice tone, eye contact, forward lean), are rated "neutral". A concise problem statement is rated neutral unless the statement clearly contains one or more elements needed for "positive" or "very positive" ratings. However, a very confused statement may be rated "negative" (see "Confused problem talk"). Also included in "problem talk" are plans that are offered before a topic has been thoroughly discussed, or plans that are opinionated. These plans are included here because they are one-sided in there viewpoint rather than being reasonable solutions that address both persons' concerns.

Ex:

"The way I see it, Nancy is the cause of the problem because..."
"I think we spend too much money on unnecessary things, like..."
"The problem is that Jimmy won't behave, and I think we ought to spank his butt when he doesn't."

2) Question: A question that is neither a clarification request nor an opinion probe is rated "neutral". This category generally includes questions where the answers are factual information.

Ex:

"What time do we have to leave?"
"What did your mother say about my job?"

3) Information: Any statement of fact that is either directly or indirectly related to the current conversation is rated "neutral". Nondisruptive extraneous comments are also rated neutral.

Ex:

"I only spent $10 at the grocery yesterday."
"I didn't pick up the mail today."

NEGATIVE (2)

Negative behaviors are either nonfacilitative or disruptive to reaching a successful resolution for the problem under discussion. These statements are made with neutral to negative affect.

1) Confused problem talk. A statement about a problem, or an opinion about a problem, stated in a confusing, unclear, or ambiguous manner is rated "negative".

Ex:
"Well...I don't know...it's sort of like that, but not really."

2) Opinion without Rationale: A statement of opinion or belief, neither preceded nor followed by a verbal explanation, is rated "negative". These are blunt, dogmatic, and close-minded statements that the speaker seems to feel need no justification. These statements frequently are paired with mildly negative nonverbal cues such as clipped speech or gruff demeanor.

3) Disagree without Rationale: A statement of disagreement, neither preceded nor followed by an explanation, is rated "negative". In these statements the speaker is being dogmatic and not explaining why s/he disagrees.

Ex:
"No, you're wrong."
"I disagree, I don't think Tommy is the problem."

4) Disruptive extraneous comments: A comment that is unrelated to the topic of conversation, and that serves to disrupt the exchange is rated "negative". Inappropriate humorous statements that tend to take the conversation off beam are also rated "negative".

Ex:
"Oh, look, the ceiling is cracked."
"What are we having for dinner?"

5) Avoidant Question: A question, that attempts to take the focus off the speaker and place it on the listener is rated "negative". These questions are often given in response to probes, and thus are ways of avoiding a direct reply.

Ex:
F: "What do you plan to do the next time Burt acts up?"
M: "What do you plan to do about it?"

6) Negative Nonverbal: Facial expressions, voice tones, and gestures or body positions that convey negative emotions are rated "negative".

Negative nonverbal expressions include:
a) face - frown, sneer, glare, angry expression, cry, no eye contact.
b) voice tone - disinterested, cold, impatient, clipped, whining, angry, gruff
c) body position - rude gestures, pointing

See note under "Positive nonverbal."

7) Leading Question: These are statements of opinion in question form; questions in which the speaker is leading the other to an implied answer. These are not genuine attempts from the speaker to find a answer or information from the listener. They attempt to put words in the listener's mouth, and are frequently paired with mildly negative nonverbals.

Ex:
"Don't you think it's reasonable to help me out with this?"
"So, you should have to do the dishes every evening, right?"

VERY NEGATIVE (1)

Very negative behaviors are demonstrations of specific negative actions that are destructive to problem-solving. These statements can be conveyed with neutral affect, but they frequently involve negative to very negative affect.

1) Off beam: A statement that is either tangentially related or unrelated to the topic of conversation, serving to move the conversation away from the issue at hand is rated "very negative".

2) Kitchen sinking - Cross complaining: A series of complaints about the partner ("kitchen sinking), or a complaint about the partner given in response to the partner's complaint ("cross complaining").

Ex:
F: "I don't think you should spend that much money on fixing the car."
M: "Well, you spend a lot of money on things you want to do. Besides, you do things I don't agree with, like buying lots of clothes."
F: "Well, you're always buying new tools."
Note: The last two statements would receive a "very negative" code.

3) Mindreading: An attribution of an opinion, emotion, or motive (usually undesirable) to the listener, which has not been previously expressed by the listener, is rated "very negative". Mindreading statements are often hostile and accusatory. Note that, in many cases, it is unclear whether the speaker is referring to a previous incident or statement by the partner that occurred prior to the laboratory interaction tasks, or whether the speaker is making an assumption about the partner's opinion, emotion, or motive. Only statements that clearly reflect assumptions (often indicated by the listener's reaction) are rated very negative.

Ex:
"Well, you just think that you don't have to worry about how I feel!"
"I think you do that because you hate my parents."

4) Putdown: A statement that is directed toward the listener and is intended to make the listener appear inferior to the speaker is rated "very negative".

Ex:
"You're just no good at handling money."
"I'd starve if I had to eat your cooking every day."

5) Summarizing-self. No clarification needed/requested: A repetition of the speaker's point of view which adds no additional information, is not requested by his/her partner, and displays a failure to respond to the partner's concerns is rated "very negative". This type of statement suggests a dogmatic approach on the part of the speaker, an unwillingness to compromise or actively work on an area of disagreement.

6) Blaming: Attributing responsibility to the listener for a problem or disagreement is rated "very negative". Note: These statements place all fault on the listener.

Ex:
"This wouldn't have happened if you would have been nicer."
"It's your fault for spending too much money."

7) Character assassination: A global statement of complaint which attributes a negative personality trait to the listener is rated "very negative". Statements that include the words "always" or "never" in reference to the listener's behaviors or beliefs are included in this category.

Ex:
"You never do anything I ask you to."
"Why do you always ignore me when I'm talking to you?"

8) Deny Responsibility - "Yes, but...": A statement, usually made in response to a complaint by the partner, in which the speaker attempts to remove all responsibility for a problem from him/herself. Also included in this category are statements that superficially acknowledge the validity of a problem, then offer excuses that dismiss the criticism ("Yes, but").

Ex:
M: "I think you spend too much money on unneeded things."
F: "Yes, but I try to save what I can."
"It's the kids fault that the house always messy."

9) Command - Patronizing: A statement that directly instructs the listener to do something, without discussion is rated "very negative". Note: The statement should be made with at least "negative nonverbal" voice tone.

Ex:
"You just leave Howard alone!"
"Don't ever touch my tools again."
"Well, you'd better just get over this problem."

10) Very Negative Nonverbal: An emotional expression that disrupts the problem-solving interaction or serves as a nonverbal put down is rated "very negative".

Very negative nonverbal behaviors include:
Short, sarcastic, or condescending voice tone.

Appendix C: Experimenter Instructions for Marital Problem-Solving Task

After couple has completed Marital Problem Areas checklist, select an issue for the couple to discuss, and orient them to the protocol as follows:

"What we want to do in these next tasks is to continue to get more information on your family in two other ways. We're going to ask you to give us an idea of how you solve problems, in a few minutes as a whole family, and right now as a couple. These exercises will help us understand how childhood is the same or different across different types of families, or different at different times even in the same family, for example, during a period when a family member has a number of health problems as compared to when it has none."

(Additional/optional introduction of task for couples asking for further explanation):

"What you just did with (target child) was a way of showing us one very important part of your child's life within the family. Although it is certainly important for us to get this sense about play and learning between your son and the two of you, there is more to family life than that, because the family is larger than just the child and one of his parents. Even though our interest is ultimately about your child, we ask you to show us how you solve problems, first as a couple, because it is clear from the work of other family researchers that the parents are in charge of the family."

Ask the couple to discuss and resolve the issue you have picked from the checklist:

"I would like you to spend the next ten minutes discussing (the topic). I will be in the next room and will return at the end of this time period. While I'm gone, please raise issues on both sides of the problem. Also try to think of different ways to solve the problem. Try to reach a solution you can both agree should make the situation better. O.K., any questions? (If there are questions, simply repeat and rephrase the instructions; if questions persist, simply say 'Just go about this the way you would typically solve any problem.") See you in ten minutes."

Appendix D: Marital Problem Areas Checklist

Listed below are some areas that often cause problems for couples. Please rate how important each of these problems is in your relationship at this time. Make your rating on the 0 to 5 scale beside each item.

A 0 indicates that the area is not a problem at all in your relationship right now; a 5 indicates that it is a major problem right now; and a 3 indicates that it is a middle level problem right now.

1. Money	0	1	2	3	4	5
2. Communication	0	1	2	3	4	5
3. Relatives	0	1	2	3	4	5
4. Sex	0	1	2	3	4	5
5. Religion	0	1	2	3	4	5
6. Recreation	0	1	2	3	4	5
7. Friends	0	1	2	3	4	5
8. Alcohol and drugs	0	1	2	3	4	5
9. Children	0	1	2	3	4	5
10. Jealousy	0	1	2	3	4	5

Please write in any other problem areas that you may feel are relevant to your relationship.

11. _____	0	1	2	3	4	5
12. _____	0	1	2	3	4	5

(Adapted from F. Floyd, 1986)

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