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**MARITAL ADJUSTMENT AND INTERPERSONAL PERCEPTION
IN FEMALE VERSUS MALE INITIATORS OF PSYCHOTHERAPY**

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Riffat Moazam Zaman

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Lucy Rose Ferguson

Major professor

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ABSTRACT

MARITAL ADJUSTMENT AND INTERPERSONAL PERCEPTION IN FEMALE VERSUS MALE INITIATORS OF PSYCHOTHERAPY

By

Riffat Moazam Zaman

There is ample research to indicate that in any type of relationship the person who is first to seek therapy is not necessarily the more disturbed member. In marriage, it is found that the wife more frequently initiates and is more willing to be involved in therapy than the husband. The reason obviously does not lie in the degree and type of pathology, but in a more complex and larger social system which approves and assigns particular roles and behaviors to the two sexes. It is felt that seeking help, especially for psychological problems, is a form of behavior not usually expected of a male. Thus males seldom initiate therapy, though with the present emphasis on "marital therapy," they may at a later stage get involved (quite often reluctantly) at the therapist's and/or wife's suggestion.

The present research compared two comparative groups of married couples that differed on the basis of help seeking behavior. In one group, the wives initiated psychotherapy (FI group), and in the other group the husbands initiated psychological help (MI group). It was hypothesized that (1) the MI group would be more maladjusted than the FI group and (2) the MI group would have greater perceptual incongruency than the FI group. Put simply, the underlying assumption was that as male initiators were indulging in atypical role behavior, compared to the FI group they would be more maladjusted. In addition, perceptual

incongruency is frequently associated with maladjusted marriages, therefore it would also follow that being more maladjusted, the MI group would also have more perceptual incongruency.

The two groups of subjects were married couples who were outpatients at different mental health centers in the Lansing area. There were twenty-two couples in the FI group and twelve couples in the MI group. Each couple completed the following:

- 1) Biographical questionnaire.
- 2) Locke-Wallace Scale of Marital Adjustment.
- 3) Family Concept Inventory.
- 4) Leary Interpersonal Check List (checked twice, once for self and once for spouse).

For the analysis of Interpersonal Check List, LaForge's (1973) method was used, which summarizes a subject's scores into two axes: Dominance-Submission (vertical axis), and Love-Hostility (horizontal axis). Two scores on DOM and LOV (those for self and those for spouse) were calculated for every individual. A 2 x 2 Analysis of Variance was performed on each measure obtained from the three test instruments. Analyses of Variance and t tests were also carried out on relevant demographic variables, and no significant differences were found between the two groups. Thus besides initiation (which was the independent variable) the two groups were comparable in other respects.

Comparisons on marital adjustment (Hypothesis 1) did not yield any significant differences. However, the MI group was found to have a significantly greater amount of perceptual incongruency as compared to the FI group (Hypothesis 2). The incongruency score was a composite of the two DOM and LOV scores of each subject, i.e., scores on self perception and the way this "self" was perceived by the spouse.

Further analysis was done by considering the DOM and LOV scores separately. Overall sex differences were found. Husbands saw themselves as more dominant and wives saw themselves as more submissive. The wives saw themselves as more loving than the husbands and this perception was shared by the husbands, i.e., husbands perceived wives to be more loving than they saw themselves. Most intriguing was the interaction effect with regards to the perception of the spouse on DOM. The MI males perceived their wives to be significantly more dominant than the FI males' perception of their wives. In fact, the MI males attributed more dominance to their wives than the males (in MI and FI groups) had attributed to themselves. The spouses in the FI group also perceived each other as being significantly different or dissimilar. This was not the case with the MI group where, both on LOV and DOM, the spouses perceived each other as being close, or more similar. Thus the overall picture of the FI group was one in which the males perceived themselves to be very dominant and less loving, while the females saw themselves as being very submissive and more loving, and spouses agreed closely in their mutual perceptions (i.e., there was less incongruency of perception). The MI group on the other hand saw themselves as being closer to each other on the DOM and LOV scales, but they were less accurate in predicting the spouse's "self" (i.e., there was more incongruency of perception). In this group, a large part of the incongruency had to do with the wife's score on DOM. The MI husbands perceived their wives as a great deal more dominant than they perceived themselves.

The outcome was discussed in terms of prevailing theories and previous findings in the field of marital research. Directions and modifications for further research in the area were suggested.

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Riffat Moazam Zaman

A DISSERTATION

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To my parents and sister
and to Arshad,
who understands
but disagrees

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CHAPTER I

INTRODUCTION

As psychotherapy increases in popularity, the concept of mental illness is freely used in society. However, an intriguing phenomenon is that more females than males seek help for emotional problems. This is most true in cases of married couples where wives are mostly the ones to take the responsibility of initiating psychotherapy even though the problem may be defined as a "marital" one. In reviewing recent literature on marriage one finds an increasing number of studies that deal with variables like marital adjustment, role perception, communication patterns, etc. It seems, however, that none so far have tried to relate these variables to sex differences in help-seeking behavior.

The present research is an attempt to compare two groups of married couples that differ on the basis of help-seeking behavior. In one group the wives initiate psychiatric help, and in the other group the husbands are the initiators. The purpose of the study is to see if the two groups differ significantly on marital adjustment and interpersonal perception.

REVIEW OF LITERATURE

Marital status and mental disorders

Several studies have investigated the relationship between marital status and mental disorders. Most of their results convincingly show

that in comparing to various marital status groups, the incidence of mental disorder in married couples is the lowest. However, when mental disorder does occur in one of the spouses, the other is also very likely to manifest some degree of disturbance. A number of studies have dealt with the statistics of married couples that were hospitalized. From the records of Ontario Hospital in London, Penrose (1944) calculated the expected frequency of hospitalization of both members of a married couple that would take place over a period of a year. He found the actual incidence of husband and wife hospitalization to be nine times as high as the expected frequency. In a Canadian hospital, over a four year period, Gregory (1959) calculated the expected frequency of the hospitalization of married couples. He too, found the observed frequency of hospitalization of both members of a couple to far exceed the expected frequency. Kreitman (1962, 1964) and Neilson (1964) conducted studies similar to that of Gregory and obtained essentially the same results. In a later study, Kreitman (1968) had as his subjects seventy-four couples who were at one time or another hospitalized. He found that in the case of thirty-one couples the diagnosis was the same, and also, more than half the couples had their first hospitalization after marriage. Buck and Ladd (1965) divided their subjects into four groups: (1) both husband and wife neurotic, (2) only husband neurotic, (3) only wife neurotic, (4) neither of the pair neurotic. The authors found a significantly greater number of couples in which both were alike.

The recognition that mental disorder is very frequent in the spouses of mental patients led to research that specifically had as its subject the reaction of the "normal" spouse towards the illness and psychotherapy of the patient. Kohl (1962) found that often the patient's progress would precipitate a pathological reaction in the spouse. In all his 39

cases, the spouse's pathological reactions like anxieties, phobias, etc., were observed at a time when the patient was showing progress in psychotherapy. Kohl expressed the opinion that it was the less sick partner who sought help first. Harrower (1956), after studying psychological tests of forty couples, concluded that the least disturbed partner comes in first for therapy. Whitaker (1958), in treating thirty couples, found that the degree of illness was approximately the same in both members of the couple - it was just the symptom representation that was different. Laidlow (1960) reports that the one more desirous of preserving the marriage is the one who seeks help initially. Levitt and Baker (1969) tested the question as to who was more "sick" of the two, by having eleven psychologists judge the MMPI responses of twenty-five patients and their spouses. In about half the cases the identified patient was judged as sicker, while in the other cases the judges were either split in their ratings or judged the spouse to be "sicker." While it is difficult to judge the degree of sickness, these studies raised important and crucial questions regarding the dynamics of the patient as well as the spouse. Besides Kohl, there have been other studies too, that report pathological reactions of the patient's spouse. Lichtenberg and Pao (1960) interviewed ninety-one husbands of women who were hospitalized for schizophrenia. They divided the husbands into several categories, and found that the majority of husbands fell in the category of those who had chronic character defenses, and so maintained previous pathological relations with their wives. From his casework, Moran (1954) concluded that a wife's progress in therapy may often shake the husband's marginal adjustment to marriage, and consequently reveal his inadequacies. Fry's (1962) conclusion was similar to Moran's, for without exception he found that patients exhibiting anxieties and

phobias had spouses who had similar concerns, and that the patient's symptoms were protecting the partner's.

Frequently, the studies in the area are based on small samples of cases. The data consists of clinical observations of a therapist who may, over a number of years, become aware of common behavioral patterns in patients and their spouses. These studies can provide valuable starting points for larger and more organized research. Woerner and Guze (1968) observed that their women patients diagnosed as "hysterical" had husbands who displayed alcoholism and sociopathy. Revitch (1954, 1955) wrote several articles on conjugal paranoia, found more frequently in women than men. He described it as a delusional system which involves accusations of sexual perversions and revolves around the husband's imagined infidelity. DuPont and Grunebaum (1968) gave the MMPI and CPI to couples where the wife was diagnosed as a paranoid. They found the husbands to be high on the Hysterical, Psychopathic and Depressed Scales of the MMPI. The passivity of the husbands of paranoid women was mentioned by Carter (1968) in his paper on the paranoid wife syndrome. Sampson, Sheldon, Messinger and Towne (1964) carried out an intensive and detailed study of seventeen families where the wife was diagnosed as schizophrenic and was hospitalized. Even though the focus in the study was on the schizophrenic wives, the similarities between the husbands were evident. In almost all the cases the husbands were emotionally distant and very ambivalent towards the wife's independence. The balance in the marriage was a precarious one. Martin and Bird (1959a, 1959b) reported fourteen cases of "hysterical" females who sought treatment because of the husband's cruelty and inconsiderate behavior. The authors found the husbands to be competent and warm

individuals who were healthier than their wives. The description given of the husbands' personalities, however, is very similar to Carter's (1968) description of "passive" husbands of paranoid wives. Pittman and Flamenhalf (1960) cautioned therapists not to push for too much change in "Doll House Marriages." In such marriages one spouse (usually the wife) presented the picture of a weak and helpless person (sometimes found to be a schizophrenic or retarded individual), while the other hid his suspicion and paranoia under a dominant and strong exterior. Harlan and Young (1958) described the wives of ten schizophrenic men as "narcissistic," with "Sadomasochistic" tendencies, while Murphy (1963) found the wives of schizophrenic men to be less expressive and assertive than wives of non-schizophrenic patients.

A number of studies, though not specifically geared towards exploring differences in the two sexes, nevertheless revealed some interesting characteristics associated with the pathology of husbands and wives. Pond, Ryle and Hamilton (1963) had ninety-four couples rate their marriage, and also take the CMI (Cornell Medical Index). They did not find any significant relationship between marital adjustment and demographic variables like age, social class, etc. However, poor marital adjustment was significantly associated with male domination, and also, minimum neurosis correlated significantly with poor marital rating for women, but not men. Kreitman (1964) gave a group of normal controls and patients the CMI and the Maudsley Personality Inventory. Compared to the wives of controls, the wives of the patients were more introverted and neurotic, especially as the duration of marriage increased. The findings regarding the male subjects were not as clear-cut. Also, more agreement was found when wives were classified by health of husbands than vice versa. It was concluded that as wives are more dependent on

the husbands, so they are more likely to reflect the illness of the spouse. Ryle and Hamilton (1962) reported higher CMI scores in women than men. In general, CMI scores correlated positively with poor marital adjustment. In a study with somewhat different subject matter, Ballard (1959) compared MMPI responses of two groups of couples. In one group the husband displayed alcoholic behavior, while the other group had no alcoholic member. The variable held constant was marital conflict, which was present in both the groups. It was seen that both partners in alcoholic marriages showed maladjustment (i.e., elevated scales), though comparatively the wives were better adjusted. In the non-alcoholic marriage, however, the wives were less adjusted (scored higher on all scales). Thus, put together, the females had higher elevations.

Malzberg (1964) found unmarried males to have a higher incidence of mental disease than unmarried females. Among the married, however, the females had a higher rate than the males, and were mostly given the diagnosis of "Dementia Praecox." Miller and Barnhouse (1967) listed several differences that were found in the attitudes of "husband-patients" and "wife-patients" in a state hospital. Wives tended to have more rehospitalizations and spent nearly twice as long in state hospitals as husbands. Most wives agreed with their patient-husbands when the rehospitalization was seen to arise out of physical problems, rather than family conflict. In contrast, a large proportion of patient-wives gave psychiatric reasons for their rehospitalization, and there was a higher consensus among couples when patient-wives problems were described in psychiatric terms. Patient-husbands were preoccupied with matters of family control, as to who was the boss, and greatly resented their wives' taking over all the responsibilities and thus functioning

as "head of the house." On the other hand, themes of disappointment with love and romance were the concerns of the wife-patients, whose husbands were reticent and puzzled men who felt trapped and could not understand the wife's "nervousness." On the whole there was a lower amount of reluctance on the part of the husbands to have the patient-wife return home and resume her role as a housewife. Wives of patient-husbands were reluctant to have the husband home. Brodsky (1968) found a housewife's role conducive to recovery. He compared the rehospitization of mentally ill housewives to other groups of hospitalized women, and discovered a significantly lower rate of rehospitalizations in housewives as compared to single and married working women. Another related study, dealing with mentally disturbed housewives, was carried out by Lefton, et al. (1966). The authors compared a group of former female mental patients and their "normal" neighbors on two indices, Role Performance and Psychological Performance. The results indicated that the role performance of both groups was very similar, and so were the expectations of both groups regarding role performance. The two groups differed only on psychological performance. These findings call into question Brodsky's (1968) notion of a housewife's role being conducive to recovery, for it seems that one cannot evaluate the success or failure of discharged mental patients on their instrumental performance alone.

Considering the relative infrequency with which husbands seek help, it would be interesting to investigate the attitude of the wife when, for some reason or another, the husband himself initiates or is pressured into seeking psychiatric help. When and how the wife describes her husband's behavior as problematic, is an individual matter involving her level of tolerance, needs and value systems, but more often than not, his difficulties are not seen as manifestations of mental disturbance.

Yarrow, et al.'s (1955) conclusions are similar to Miller and Barnhouse's (1967), in that very often the husband's symptoms are perceived to arise out of physical difficulties, and the wife's tendency is to explain and justify the symptoms, normalizing them as far as possible. The wife's denial and failure to recognize the nature of her husband's problems was further commented on by Schwartz (1957) and Clausen and Yarrow (1955). As long as the husband could fulfill his role as a wage earner, husband and father, the wife paid little attention to his "strange ideas and behavior" (Schwartz, 1957). Safilos-Rothschild (1968) interviewed spouses of hospitalized mental patients in Greece. Often, the husband's symptoms were excused on the basis of masculine assertiveness, and compared to the dissatisfied wives, the satisfied wives initially viewed their husbands as completely "normal." In contrast to this, normal husbands, irrespective of their satisfaction in marriage, never thought of their wives as being completely free of pathology. In spite of the study being conducted on Greek subjects, the sex differences are similar to the ones quoted in earlier studies, and therefore are applicable to the United States.

OBSERVATIONS AND CONCLUSIONS

Some of the outstanding, repeated findings in the research on psychopathology in married couples can be summarized as follows:

1. When mental disorder occurs among the married, both partners are likely to manifest some degree of disturbance.
2. The one who initially seeks psychiatric help is not necessarily the more disturbed spouse.
3. Neurosis, hospitalization, and rehospitalization rates tend to be higher in wives than husbands.

4. Compared to husbands, wives are more likely to describe their own problems in psychiatric terms.
5. Wives tend to "normalize" and deny their husbands' symptoms.

It is evident that other factors besides the actual degree of disturbance are what bring a person in for psychotherapy. The reason that larger numbers of females seek help, then, lies not in intra-psychic phenomena, but interpersonal factors that involve the role of a female and a wife in marriage. Seeking psychiatric help can be viewed as a form of behavior that is in line and appropriate with the female's assigned cultural role. It is unusual for a male to indulge in this behavior, and when he does then one would expect his role enactment and family dynamics to be different from a family in which the female or wife initiates help.

The present research is interested in two comparative groups of spouses that differ on the basis of help-seeking behavior, i.e., in one group the wife initiates psychiatric help, while in the other the husband is the initiator. The groups would be compared on the following variables:

1. marital adjustment.
2. interpersonal perception.

Before hypothesizing the specific differences that are expected in the two groups, some relevant studies will be reviewed that bear on sex differences as they relate to marital adjustment and interpersonal perception.

Marital Adjustment and Role Performance

Studies in the area provide overwhelming evidence that marital adjustment and happiness is more significantly related to male role

performance, than to female role performance (Hicks and Platt, 1969; Tharp, 1963). The cultural norms and standards define the male's role as instrumental, and the female's as expressive. Zelditch (1955) views the family as a special case of a small group. Groups assign roles to their participants, and over a period of time there is a tendency for a task leader and a sociometric star to evolve. The former gives suggestions and helps carry out a task, while the latter holds the emotional responsibility of supporting, pleasing, or even displeasing the members of the group. Similarly, in a family there is also a task differentiation which traditionally assigns the instrumental activities to the father who has to go out into the object-world to provide for the family. The mother, who stays and looks after the home, symbolizes emotional security and comfort, i.e., functions within an expressive role. The importance of the man's instrumental role to marital adjustment was seen in several studies that directly dealt with certain individual variables. Barry's (1970) review of factors associated with marital adjustment lists only those related to the husband. Some of these factors are:

- Happiness of the husband's parents' marriage,
- Husband's close attachment to his father,
- Husband's age at marriage,
- Husband's educational background.

In fact, longitudinal studies show that at the beginning of marriage it is the husband's personality traits, and not the wife's that are strongly related to later happiness in marriage. Murstein (1967) found that it was only the man's mental health that was related to courtship progress. His subjects were engaged or "going steady" couples, who were given the MMPI and a personal questionnaire twice, with a time lapse of six months. The object was to determine the relationship between mental health and progress in courtship. In Wolfe's (1962) research, the least maritally

satisfied wives were those who were more dominant than their husbands. Relationships in which authority was shared by the two were most conducive to the wife's satisfaction, for this way she had power and her role was still within the limits set by societal norms. Blood and Wolfe's (1960) extensive research on families in Detroit had similar conclusions. The maritally satisfied wives were those whose husbands had a high social status (which included income, education and occupation) and who were not educationally inferior to them.

Indirect support, to the crucial part the husband's instrumental role plays in marital satisfaction, can be obtained from studies that deal with families in which the wife works. The assumption is that a working wife shares her husband's instrumental role, and is therefore not exclusively functioning in her prescribed socio-emotional role. Nye (1959) found a significant association between employed mothers and low marital adjustment. In his later paper (Nye, 1961), he introduced variables like socio-economic status, number and age of children, length of employment, etc. He divided his sample into four groups according to the occupation of the husbands, and found that in all groups, marital adjustment was associated with non-employed wives. Compared to the low-status, the high-status working women were more maritally satisfied. An interesting discovery was the attitude of the husband towards the wife's employment. Marital adjustment was poor where the husband disapproved of his wife's employment, and also where the wife was not employed, but the husband wished her to be. Gover's (1963) sample was 361 wives who were divided into two socio-economic categories. Like Nye (1961), he too found that the average marital adjustment scores were higher in the non-employed group of women. However, his results did not confirm Nye's regarding the relationship between marital adjustment and the working

wife's socio-economic status. As most studies in the area concentrate on the female's report, so Axelson (1963) studied the male's point of view by mailing questionnaires to husbands in a small western town. He found a tendency on the part of the husband of the working wife to be more liberal regarding equal pay for wives, willingness to slacken control on the sexual aspect of marriage, etc. However, both groups of husbands (i.e., of working and non-working wives) admitted that they would feel insecure if their wife earned more than they did. Sixty per cent of husbands of non-working and part-time working wives indicated good marital adjustment, while only thirty-eight per cent of husbands of full-time working wives indicated good adjustment. Gianopulos and Michell (1957) emphasized the attitude of the husband towards the wife working as being the critical factor relating to the amount of the marital conflict reported by the spouses. Aller (1962) used one hundred married couples at the University of Idaho as her subjects. All subjects were given Gough's CPI and Locke-Wallace's marital adjustment test. The results indicated that graduate students whose wives were also enrolled were the most adjusted group as compared to the non-student husbands and enrolled husbands of non-student wives. The most dominant were student wives whose husbands were not enrolled. The author concluded that too much aggression and independent thinking in the wives adversely affected marital interaction. That a wife's employment outside the house increases her power in relationships at home is a concept that can intuitively be recognized. However, Blood and Hamblin (1958) found in their study that even though full-time employed wives felt entitled to more power, they did not make use of it, perhaps being aware that such a role would interfere with the solidarity of their marriages.

Thus, the association between marital adjustment and instrumental role performance of the male has repeatedly been found. It would seem that a man's initiation of psychiatric help is contrary to his expected role performance, and therefore indicative of maladjustment on his part and in his marriage. One may then hypothesize that there is poor marital adjustment in families where the male seeks psychiatric help first, as compared to ones in which the female is the initiator.

Marital Adjustment and Interpersonal Perception

In his extensive review of marriage research, Tharp (1963) divides the research into four areas: (1) interpersonal perception, (2) identification, (3) complementary needs, and (4) role theory. In the present study it is the area of interpersonal perception that is of interest, and therefore research relevant to this area alone will be mentioned. In general, it can be said that marital happiness and adjustment are positively correlated with the perceptual congruence of the two spouses. Eshleman (1965) gave young married couples several measures of marital integration, one of them being Leary's Interpersonal Checklist. On the ICL, the author compared the husband's rating of himself and the wife's rating of her husband. Similarly, comparisons were also made between the wife's rating of herself and the husband's rating of his wife. As hypothesized, the personality adjustment scores were inversely related to the sum perceptual discrepancy scores of husband and wife. Eshleman's study is one among the several done in the area arriving at similar conclusions. Underlying these studies is the basic assumption that "the integrative quality of a marriage is reflected in degrees of concordance and discrepancies among the partner's qualitative role perceptions and expectations as reciprocally reported by them" (Mangus, 1957).

An interesting and somewhat expected difference not always explored by such studies was the self-spouse perceptual congruency as it related to the husband and wife separately. Some of Luckey's research will be considered to illustrate the point. On the basis of Locke's marital adjustment scale and Terman's seven point self-rating happiness scale, Luckey (1960a) divided her couples into maritally satisfied and less maritally satisfied groups. Each subject filled out Leary's check list as he or she perceived the self, spouse, ideal self, parent of the same sex and parent of the opposite sex. She found that those high on marital satisfaction showed significantly higher agreement on the following: (1) self and perception of self by spouse, (2) self and perception of parent of the same sex, (3) perception of spouse and parent of the opposite sex, and (4) perception of ideal self and spouse. Luckey (1960b) expanded and added more dimensions to her research, by investigating the above results as they applied to the two sexes. As compared to the less satisfied group, women who were maritally satisfied perceived their husbands and fathers as more similar. This was not seen in the maritally satisfied husbands, who, however, perceived themselves and their fathers as being similar. In another study, using similar scales, Luckey (1960c) had each spouse, in both groups (maritally satisfied and dissatisfied), check on the ICL, his or her own self-concept and the concept he or she held of the spouse. The data revealed that satisfaction in marriage was related to the congruence of the husband's self-concept and that held of him by the wife. This did not apply to the wives, i.e., congruency in the wife's concept of herself and that held of her by her husband were not related to marital happiness. The author interpreted this as indicating the greater adjustment that a wife has to make in marriage, and therefore the greater importance that she see the husband as he sees

himself. Other researches using similar designs and measuring scales (Luckey, 1964a, 1964b, 1966) found the following:

1. Dissatisfied spouses attributed extreme qualities to their spouse, like aggressiveness, distrustful, etc. Satisfied spouses saw each other in more moderate terms (Luckey, 1964a).
2. Many personality characteristics that were significantly associated with marital satisfaction were perceived by the subject as being part of his self as well as part of his spouse.
3. Marital satisfaction was negatively correlated with the number of years married.

Hoeg (1965) used Luckey's method of analysis and found significantly greater incongruency of perception (on certain categories) in a Clinic group versus a Non-Clinic group. Powell (1965), besides administering the Family Concept Q-Sort, had her group of married couples rate self and spouse on the Edwards Personal Preference Schedule. She found marital adjustment to correlate inversely with discrepancy in inter-spouse self-report. In addition, both Hoeg (1965) and Powell (1965) found that all personality variables relating significantly to marital adjustment involved descriptions made by the husband either of himself or his wife.

Kotlar (1965) chose his satisfied and dissatisfied subjects on the Wallace Marital Adjustment Scale. In line with Luckey's findings, he too found congruence of perception to relate significantly to the husband's and couples (total score of the two) marital adjustment scores. This was irrelevant to the wives' adjustment scores. Stucker (1963) too found that the accuracy with which the wife perceived the husband is related to the couple's marital satisfaction. The husband's accuracy of

perception (regarding his wife) was unrelated to marital satisfaction. Westley and Epstein's (1960) intensive study of nine families once again indicated the importance of the wife's attitude towards her husband in determining marital satisfaction. The data showed that these women (all nine came from maritally satisfied families) perceived their husbands as they reportedly perceived their fathers, i.e., being kind, reliable, etc. Corsini's (1956a, 1956b) work is in agreement with the previously mentioned conclusions, except that unlike the others, his research included a control group. He used Burgess' measurement of marital happiness, and obtained the perception of self and other on a fifty item adjective Q-sort. Each subject was required to sort it four times, for: (1) self, (2) other (description of the husband or wife), (3) mate's self (as husband or wife perceives him or herself), (4) mate's other (the way husband or wife perceives the subject). The uniqueness of the study lay in the fact that every comparison made was then duplicated by random samples of non-couples (i.e., strangers). Corsini found a significant relationship between marital happiness and the husband being the subject of Q-sorts. This would suggest the husband's role to be crucial in marital happiness. However, when he obtained similar results by using random pairs of men and women, Corsini modified his conclusions. Thus, for marriage to be rated as happy, the husband's role had to be a "stereotype" and conforming one. Palonen (1966) too arrived at a similar conclusion, except that she found the female fulfillment of her stereotype cultural role also to be important to marital adjustment. Palonen obtained the self report and mate image description on the ICL from a group of forty couples. In the analysis she broke down the ICL into its sixteen scales and found Aggression and Rebelliousness to correlate negatively with marital adjustment, where husband's perception of

the wife was concerned. In addition, Submission and Love were positively correlated with marital adjustment with regards to the wife's self description and the way the husband described her. So a happy marriage is one in which the husband should not see the wife as aggressive and rebellious, but the wife should be seen by herself and husband as submissive and loving.

In view of the research, and on the assumption that marital adjustment is less in families where the husband initiates psychiatric help, one may further hypothesize that in addition there will be greater incongruency of percepts in this group.

HYPOTHESES

The group in which the husband is the initiator will be referred to as the MI group, while FI will indicate the group in which the wife initially seeks help.

1. In general, couples in the FI group will be maritally better adjusted than the MI group.
 - 1.a. The husbands in the MI group will be maritally less adjusted than wives in the FI group.
2. In general, there will be greater perceptual incongruency regarding self and spouse in MI group than FI group.
 - 2.a. In the MI group, the wife's perception of her husband and the way he perceives himself will show greater incongruency than in the FI group where there will be more agreement between the wife's perception of her husband and the way he perceives himself.

CHAPTER II

METHOD

Sample

There were two groups of subjects, each of which consisted of married couples. In one group the females had initiated psychotherapy, while in the other group the males had initiated therapy.

As the research worker resided in Washington, D.C., the initial plan was to collect the data from one or more large Community Mental Health Centers in the greater Metropolitan Area. However, efforts at trying to get subjects from such agencies proved to be fruitless. In almost all the agencies that were contacted, the staff was unwilling to cooperate and the varied reasons given either reflected an apathy towards research or uneasiness at having an "outsider" make use of confidential material. An effort was then made to collect data from an inpatient population in Bronx State Hospital, New York, where a large inpatient ward was being managed by a personal friend of the researcher. Here staff cooperation was not a problem but other realistic issues soon became evident. Apparently, the inpatient population of State Hospitals consists of chronic cases. Many of these individuals have never been married, and those who did enter marital relationships had long ago separated from their spouses or the spouses had left or divorced them after their repeated hospitalizations. The final decision after these extremely

discouraging experiences was to seek subjects in Lansing where resources would be more available through the university staff. At the beginning, St. Lawrence and Ingham Medical Community Mental Health Centers were the only two agencies contacted. These are large agencies that deal with numerous cases each day, and with more or less similar types of population. It was expected that between these two Mental Health Centers there would be no difficulty in collecting a reasonable size sample. However, when only two cases were referred in a couple of months, the decision was taken to contact as many agencies as possible. Thus, the sample that was finally collected consisted of outpatients from the following mental health centers:

1. Ingham Medical Mental Health Center. (Seven couples)
2. St. Lawrence Community Mental Health Center. (Three couples)
3. Family and Child Services of Michigan. (Eight couples)
4. Michigan State University Psychological Clinic. (Seven couples)
5. Michigan State University Counseling Center. (Four couples)
6. Private cases from practicing therapists in Lansing (Five couples)

St. Lawrence and Ingham Medical are large community mental health centers that serve "Catchment Areas" number one and two respectively in the greater Lansing area. The centers provide numerous types of outpatient services and each also contains an inpatient facility. The many cases that are handled by these agencies provide a great deal of variation in the degree and types of pathology. The Family and Child Services is a private and smaller agency. Its services are limited to outpatient care alone, and a large number of cases seen there involve family and marital problems. The Psychological Clinic, which is also an outpatient

community clinic, is operated as a part of the general program of the Department of Psychology at Michigan State University. The services of the clinic extend to both in and outside the university community. The Counseling Center, which is situated on campus, is an outpatient agency that is limited to Michigan State University students. Hence, the population here is quite homogeneous and somewhat different from the other centers. The private cases were referred by a friend who personally knew the therapist of these subjects.

Criteria

The criteria for the selection of the subjects were as follows:

1. The individual seeking help had to be married and currently living with the spouse.
2. Only one spouse in the couple was to be the initiator in seeking psychotherapy. The crucial issue of being able clearly to identify the initiator was simple when only one spouse was currently in therapy, or when the other had started treatment only after his or her marital partner had been in therapy for some time. In a few cases identification was not clear as both had started therapy at the same time. However, brief questioning revealed the wife to be the initiator, for she had talked the husband into coming and had assumed the responsibility of calling the clinic and setting up an appointment.
3. If the couple had any previous experience with psychotherapy, then the identified initiator should be the one to have sought psychological help in the past, too (the past meaning only after marriage). This criterion further confirms the previous one, for "initiation" includes more than just the present help

seeking behavior. A couple who took turns in seeking help would not qualify, for this would be a case where responsibility for pathology was being equally shared.

4. A couple satisfying the above mentioned criteria would be eligible as subjects, irrespective of the nature of the presenting problem.

Altogether there were thirty-four couples, twenty-two of which were in the Female Initiating group and twelve couples in the Male Initiating group. The groups were comparable, for demographically there were no significant differences between the two (see Table 1).

The Female Initiating Group (FI)

The overall average age for this group was 29.00 years. The average length of marriage was six years and ten months, and average number of children being 1.41 (for details see Appendix B). The length of psychotherapy for the wives in this group ranged approximately from one month to ten months. Twelve out of the twenty-two wives had at least one prior experience with outpatient psychotherapy, and one had been hospitalized once. Thirteen husbands were currently being seen with their wives. Eleven of these had started psychotherapy some time after the wife's involvement, and at the suggestion of the wife and/or therapist. The remaining two began therapy with their wives but these were the cases where the wives had initiated by making the appointments and pressuring the husbands into coming. Nine husbands were not involved in therapy at all. Among the wives, nine were presently working, and in the case of the husbands, sixteen were presently employed. All wives except one had worked some time or another in the past. The six husbands that were currently not involved in any kind of work cannot be considered as

TABLE 1. Means for Demographic Data

<u>Variable*</u>	<u>FI Group</u>		<u>MI Group</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
Age	29.95	28.05	32.83	31.92
Years of Education	14.55	14.00	15.75	13.92
Years Married	6.85	6.85	8.31	8.31
Number of Children	1.41	1.41	1.42	1.42

* Note: On the above variables no significant differences were found between the FI and the MI groups.

genuine cases of unemployment, for all were students who a couple of months back were holding some type of part-time jobs.

The data on two couples was excluded from this group. In one case, the couple had recently separated, and in the other case, even though the wife was currently in therapy, the decision to seek help was mutual. Both had applied to the Counseling Center, and the wife happened to get her appointment first. There were two instances of refusal, where the husbands of the wife initiators declined to take the questionnaires.

The Male Initiating Group (MI)

The overall average age for the MI group was 32.38 years. The average time of marriage was eight years and four months, and the average number of children was 1.42 (for details see Appendix B). As in the FI group, here too the length of therapy for the initiator (in this group the initiator being the husband), ranged approximately from one month to ten months. Out of a total of twelve men, three had had prior outpatient experience, and two had been hospitalized once. Two males were involved in therapy at the time they got married and thus continued with the same group after marriage. Five wives were presently in therapy with their husbands, and in all cases their decision resulted from the therapist's and/or their spouse's suggestion. Seven wives were not seeking therapy along with their husbands. All the men in the MI group held some type of a job. All the wives, except one, had worked at one time or another, though presently only seven were employed. Interestingly, almost half the males (i.e., five in number) were in group therapy, as opposed to only two females who were in group therapy in the FI group.

Three couples were excluded from this group. In all cases, the males had initiated psychotherapy this time but in the past the couple

had sought help together. In two other instances appointments were made which were later cancelled by the subjects, with no reasons being given for having done so.

PROCEDURE

It was not possible to make individual contact with all the therapists at each center, so staff meetings were attended by the experimenter. At the meetings the research was concisely described to the staff and they were also handed a typed statement (Appendix A) that briefly described the research to the subjects. If a certain client fulfilled the criteria (as mentioned in an earlier section), then the therapist was requested to turn in the name and phone number to the experimenter, providing the client, after reading the statement (Appendix A), agreed to participate in the research. Contact was then made with each subject and a time was set when the couple could come in to take the tests.

Both husband and wife (in FI and MI groups) had to complete the following:

1. Biographical questionnaire
2. Locke-Wallace Scale of Marital Adjustment (LW Scale)
3. Family Concept Inventory (FCI)
4. Leary Interpersonal Check List (ICL)

The ICL was checked twice, once for "self" and once for "spouse." The order in which the tests were taken was randomly varied for each case. All couples were able to complete the questionnaires within an hour, and each couple was given \$10.00 for participating. In cases where it was difficult to arrange a common time when both could come to the clinic, the experimenter administered the tests in the home of the subjects.

At this point, some comment should be made regarding the difficulties and impediments encountered in data collection. The total number of cases (which is a small sample of thirty-four couples) was collected from June 1973 through February 1974. The sample size is not due to the lack or infrequency of married individuals seeking help and fulfilling the necessary criteria. (A glance at Table 2 shows that there was no scarcity of married people in the agencies during the months of July 1973 through December 1973.) The problem actually lay in a procedure where the subjects were accessible only through the therapists, and hence the staff's cooperation and effort was indispensable in collecting the data. When there was no response for a few weeks from a given agency, the staff was questioned and it became evident that, caught up in their busy schedule, the therapists were not asking their clients to volunteer for the study. The procedure that gradually evolved after this became evident, was to call up and remind each therapist at work every few days. This was not the most economical, successful or rewarding procedure, but in the existing situation it was adopted for a lack of a better one. The largest number of subjects was referred from Family and Child Services, and most of them were from one therapist who knew the experimenter personally. Thus, data collection did not follow a rigorous procedure, and neither was it possible to strictly select subjects on a random basis.

The large difference between the two sample sizes (FI = 22 couples and MI = 12 couples) was compared with the male/female ratio of individuals seeking help, as it actually appeared in some of the agencies (see Table 2). It seems that the percentage of females seeking therapy is about twice that of males seeking psychiatric help. This roughly

TABLE 2. Statistics from Psychological Clinic:
Ingham Medical Center and Family &
Child Services

		PC	IMC	FC
A.	<u>Overall Male/Female Percentage</u> ¹	30/70	38/62	22/72
B.	<u>As % Male</u>			
	Married	58	54	71
	Single and/or separated	32	32	22
	Divorced	10	14	7
	Widowed	0	0	0
C.	<u>As % Female</u>			
	Married	70	50	60
	Single and/or separated	19	31	20
	Divorced	8	18	18
	Widowed	3	1	2

¹ In the present study the Male/Female percentage is 35/65.

² The information was collected in January 1974 of all current ongoing cases, that had initially sought help during the six month period of July 1973 through December 1973.

corresponds to the FI and MI ratio. Hence, it can be stated that the different numbers of subjects in the FI and MI groups is representative of the population from which they are derived.

MEASUREMENT SCALES

Locke-Wallace Marital Adjustment Test

The LW Scale is a short test of marital adjustment that consists of fifteen items which are rated on a six point scale, ranging from "always agree" to "always disagree." The highest possible score on the scale is 158, and the minimum is 2.

The items in the LW Scale are selected from several other marital adjustment tests. After reviewing relevant studies in the area, Locke and Wallace (1959) selected those items which 1) had the highest level of discrimination in the original studies, 2) did not duplicate other included items, and 3) would cover the important areas of marital adjustment and prediction. The authors administered this new, short, marital adjustment scale to groups of well-adjusted and maladjusted subjects. They found a significant difference between the means of the two, which was 135.9 for the former group and 71.7 for the latter group. The reliability coefficient, which was .90, was computed by the split-half technique.

The validity of the test was given further support in Hofman's (1969) research, where his non-clinic group scored significantly higher than his clinic group. Katz (1965) chose his "untroubled" group from parent discussion groups and his "troubled" group from marriage counseling centers and private practitioners. The LW Scale was administered to both groups and once again significant differences were found

in the scores of the two groups. Hoeg (1965) in his study chose his well-adjusted and less well-adjusted group on the basis of the LW Scale.

Hawkins (1966) investigated the possibility of the influence of social desirability response set on LW scores. He obtained SD scores on Marlowe-Crown Social Desirability Scale, and correlated them with scores on the LW Scale, which he had administered to clinic and non-clinic samples. The significant but low correlations led him to conclude the social desirability was not a major factor in the LW test scores. Some other studies that have used the LW or items from it were conducted by Murstein (1961), Navran (1967) and Locke (1968).

Family Concept Inventory

The FCI consists of forty-eight items, each of which are evaluated on a five point scale, ranging from "strongly agree" to "strongly disagree." The highest possible score is 192, and the lowest is 0. The items describe various aspects of family living. The theory underlying this instrument is that "The effectiveness of the family in solving its problems, meeting its social obligations and satisfying the needs of its members depends largely on how the family members perceive the family unit in which they live" (van der Veen et al, 1964, p. 46).

The original Q-Sort, from which the FCI is derived, was made up of 80 items that the subject had to place in nine piles, ranging from "least like my family" to "most like my family." The degree of family adjustment is assessed by the degree of similarity of the subjects' family rating with that of the ideal family, as defined by its description in terms of the same Q-Sort by a group of judges (Van der Veen et al, 1964). Out of the 80, only 48 are crucial items that are scored.

In a pilot study (van der Veen and Ostrander, 1961, cited in van der Veen, et al., 1964, p. 48) using the Q-Sort, the authors reported a median test re-test correlations over a four week period, .7 for the real and .8 for the ideal Family Sorts. This indicated the real family concept to be sufficiently reliable over a short period of time, while the ideal family concept is somewhat more stable. van der Veen et al. (1964) used two groups of families, one showing clear evidence of difficulty in family functioning and the other showing evidence of good family functioning. On the Q-Sort it was found that the former scored significantly lower (mean = 27.9) than the latter (mean = 35.2). A year later, van der Veen (1965) extended his previous study by adding a new group of non-clinic low adjustment subjects (families who had poorly adjusted children but who had not applied for professional help). Once again significant mean differences were found between the groups.

Hofman (1966) administered both the Q-Sort and the critical 48 items in a true-false form to a sample of twenty-five couples. He found a .72 correlation between the two forms. Palonen (1966) found a split-half reliability of .85 with the FCI. Some other individuals that have used the Q-Sort and the FCI are Powell (1965) and Updyke (1968).

Correlations between LW Scale and FCI. All studies that have used the Locke-Wallace Scale and any form of the Family Concept, report a positive correlation between the two scales.

Palonen (1966) found .73 correlation between the FCI and LW Scale, while Hofman (1969) found a .55 correlation between the two. With regards to LW and FC-Q-Sort, correlations of .76 (Hofman, 1966) and .67 (van der Veen, 1964) were obtained.

Leary Interpersonal Check List

The Interpersonal Check List consists of 128 descriptive, self-referent adjectives (Leary, 1956) that measure eight personality variables. Each of the eight variables is related to the other in such a way that high scores on some would naturally result in lower scores on the others. The check list is based on a complex multi-level interpersonal system of personality that can be diagrammed as a circle composed of eight equal parts (see Appendix B). Dominance-submission is the vertical axis, and affection-hostility is the horizontal axis. All the other categories represent a combination of these four poles and they are as follows: 1) Managerial-Autocratic (AP), 2) Narcissistic-Competitive (BC), 3) Sadistic-Aggressive (DE), 4) Rebellious-Distrustful (FG), 5) Self-effacing-Masochistic (HI), 6) Docile-Dependent (JK), 7) Cooperative-Over-conventional (LM), and 8) Hypernormal-Responsible (NO). Each category in the octant consists of sixteen items which range in four degrees of intensity. The intensity dimension was determined on the basis of the frequency with which each item was checked, and appropriate weighted scores were assigned to the items. Thus, the items not only measure different kinds of personality characteristics, but also yield quantitative measures of each personality variable.

Historically, the earliest paper attempting to present this comprehensive schema for the organization of personality was written by Freedman, Leary, Ossorio and Coffey (1951). The authors were interested in selecting and arranging variables in a system that could account for the "total personality," i.e., personality as it functioned at the public, conscious and private levels. Over a period of four years, the system was elaborated by Leary (1957) and LaForge and Suczek (1955). In the

latter paper, the authors obtained test-retest reliability correlations on a sample of seventy-seven subjects, who were retested after an interval of two weeks. The correlations averaged to .78 for octant reliability. Most important in the interpersonal system are the inter-variable correlations, for the variables are arranged in such a way on the circular continuum that the relationship between two variables decreases as the distance between them increases. In view of this, LaForge and Suczek (1955) calculated the interoctant correlations for three separate groups of subjects. They found the correlations to decrease as the variables became more distant. This confirmed the circular arrangement to be an adequate one to represent the degree of relationship between the variables.

Clinically, the ICL can be very useful in obtaining at one time a client's perception of several objects (depending upon the instructions, one can check for "self," "ideal self," "parents," etc.). Its objective and carefully constructed scoring system also makes it a valuable research instrument.

SCORING AND ANALYSIS

The Locke-Wallace Scale and Family Concept Inventory are simple instruments to score, with the highest score in the former being 158 and the latter 192. In general, it can be said of both that the higher the score, the more is the person maritally adjusted. For the first two hypotheses, the LW and FCI scores were analyzed by 2 x 2 Analysis of Variance, with the rows representing "Initiation," and columns representing "Sex."

The Leary Interpersonal Check List responses of each subject (checked for self and spouse) were scored by hand, with the use of

sixteen templates. The score for each item was a weighted one. These scores were then used to compute summary scores for DOM and LOV, by the following formulae (LaForge, 1973):

$$\begin{aligned}\text{LOV} &= \text{M} - \text{E} + .924 (\text{N} + \text{L} - \text{D} - \text{F}) + .707 (\text{O} + \text{K} - \text{C} - \text{G}) \\ &\quad + .383 (\text{P} + \text{J} - \text{B} - \text{H}) \\ \text{DOM} &= \text{A} - \text{I} + .924 (\text{B} + \text{P} - \text{H} - \text{J}) + .707 (\text{C} + \text{O} - \text{G} - \text{K}) \\ &\quad + .383 (\text{D} + \text{N} - \text{F} - \text{L})\end{aligned}$$

Thus, each subject received four scores in all, LOV_1 and DOM_1 for self (perception of self), and LOV_2 and DOM_2 of spouse (perception of oneself by the spouse). It should be mentioned that DOM and LOV adequately summarize the two bipolar dimensions underlying the ICL (Lange, 1970).

The incongruence or discrepancy between self perception and the way the spouse perceived this self was calculated by the following formula (LaForge, 1973):

$$R = \sqrt{(\text{DOM}_1 - \text{DOM}_2)^2 + (\text{LOV}_1 - \text{LOV}_2)^2}$$

Thus, each subject received one incongruency score. For hypothesis 2, the incongruency scores were used in a simple 2 x 2 Analysis of Variance design, and as before, the rows represented "Initiation" and the columns depicted "Sex."

CHAPTER III

RESULTS

Hypotheses 1 and 1a.

To recapitulate, hypotheses 1 and 1a which deal with marital adjustment are the following:

1. Couples in FI (female initiating) group will be maritally better adjusted than the MI (male initiating) group.
- 1a. The husbands in the MI group will be maritally less adjusted than wives in the FI group.

The analyses regarding the above hypotheses on marital adjustment did not yield any significant effects on either LW or FCI scales (see Tables 3a and 4a). In the case of LW test there was a slight trend among means in the hypothesized direction (see Table 3). Overall, the MI group scored lower than the FI group, and the males in the MI group scored lower than the females in the FI group. In the case of the FCI, the trend was slightly in the opposite direction (see Table 4).

Hypotheses 2 and 2a.

Hypotheses 2 and 2a which deal with interpersonal perception are the following:

2. There will be greater perceptual incongruency regarding self and spouse in the MI (male initiating) group than the FI (female initiating) group.

TABLE 3. Cell Means of LW Scale

Initiation	Sex	
	Male	Female
Female Initiator	89.23	85.36
Male Initiator	83.00	89.83

TABLE 3a. Analysis of Variance of LW Scale

Source	SS	df	MS	F	P
Sex (A)	.132	1	.132	.0002	NS
Initiation (B)	11.992	1	11.992	.0153	NS
A x B	444.238	1	444.238	.5649	NS
Error	<u>50326.656</u>	<u>64</u>	786.354		
Total	50783.018	67			

TABLE 4. Cell Means of FCI

Initiation	Sex	
	Male	Female
Female Initiator	119.55	116.23
Male Initiator	117.58	120.33

2a. In the MI group, the wife's perception of her husband and the way he perceives himself will show greater incongruency than in the FI group where there will be more agreement between the wife's perception of her husband and the way he perceives himself.

As hypothesized, there was a significant main initiation effect ($p \leq .05$), with the MI group being significantly higher on incongruency scores as compared to the FI group (see Tables 5 and 5a). Regarding hypothesis 2a, no significant interaction effects were obtained; however, the observed cell means were distributed in the hypothesized direction (see Table 5). This meant that the males in the MI group tended to have higher incongruency scores than the males in the FI group. In other words, males in the MI group had more discrepancy between their self perception and the way they were perceived by their wives.

Additional analysis relevant to hypothesis 2.

The incongruency scores which had yielded significant results were then broken down into their original LOV and DOM scores. DOM_1 and LOV_1 signify self perception, while DOM_2 and LOV_2 signify perception of one-self by the spouse. With Sex representing columns and Initiation representing rows, four 2 x 2 Analyses of Variance were performed.

Analysis of Variance for DOM_1 yielded a significant ($p \leq .01$) main sex effect (see Table 6a). The combined cell means indicate that irrespective of group (be it FI or MI), males perceive themselves as being significantly more dominant than the females perceive themselves to be (see Table 6). As mentioned, the sex effect was significant at .01 level, but the actual variance covered by this variable was found to be about 8 percent.

TABLE 4a. Analysis of Variance of FCI

Source	SS	df	MS	F	P
Sex (A)	23.529	1	23.529	.0267	NS
Initiation (B)	17.845	1	17.845	.0203	NS
A x B	142.959	1	142.959	.1625	NS
Error	<u>56301.056</u>	<u>64</u>	879.704		
Total	56485.389	67			

TABLE 5. Cell Means of Incongruency Scores

Initiation	Sex	
	Male	Female
Female Initiator	10.11	12.30
Male Initiator	14.74	14.73

TABLE 5a. Analysis of Variance of Incongruency Scores

Source	SS	df	MS	F	P
Sex (A)	33.895	1	33.895	.7978	NS
Initiation (B)	193.492	1	193.492	4.5541	<. <u>036</u>
A x B	18.656	1	18.656	.4391	NS
Error	<u>2719.232</u>	<u>64</u>	42.488		
Total	2965.275	67			

TABLE 6. Cell Means of Dominance-Submission Dimension (DOM₁) for Self Perception

Initiation	Sex	
	Male	Female
Female Initiator	2.68	-4.91
Male Initiator	1.72	1.34

TABLE 6a. Analysis of Variance of Dominance-Submission Dimension (DOM₁) for Self Perception

Source	SS	df	MS	F	P
Sex (A)	433.163	1	433.163	6.127	<.016
Initiation (B)	108.927	1	108.927	1.540	NS
A x B	201.215	1	201.215	2.846	NS
Error	<u>4524.672</u>	<u>64</u>	70.698		
Total	5267.977	67			

TABLE 7. Cell Means of Dominance-Submission Dimension (DOM₂) for Perception of Oneself by the Spouse

Initiation	Sex	
	Male	Female
	1*	2
Female Initiator	3.92	-2.67
	3	4
Male Initiator	1.81	5.45

Note: The first column means represent the wife's perception of the husband, and the second column means represent the husband's perception of the wife.

* The cell numbers appear above each cell value .

Analysis of Variance for DOM_2 yielded significant interaction effect ($p \leq .05$). As there were no significant main effects, it can be said that perception of the spouse depended jointly on sex and group (see Tables 7 and 7a). In order to identify the exact cell combinations where the interaction effect was present, Duncan's Multiple-Range Test was used. It was found that cell means, number 2 and 4 (see Table 7) were significantly different ($p \leq .05$). This meant that in contrast to the husbands in the FI group who perceived their wives as being submissive (a positive sign indicates dominance, while a negative sign means submission), the husbands in the MI group perceived their wives as being extremely dominant. In fact, glancing at mean in cell number one (see Table 7), it appears that they view their wives as being more dominant than the wives in the FI group view their husbands. Although the Duncan's Multiple-Range Test did not yield any more significant results, one other comparison worth mentioning (which came very close to $p \leq .05$ level of significance), is one between the means of cell one and two. Within the FI group the perception of the husband and wife regarding their spouse differs considerably (see Table 7). The wives are viewed on the submissive side (mean = -2.67) while the husbands on the dominant side (mean = 3.92). The percentage of variance that can be attributed to the interaction effect is 6 percent. A large percent (89) is error variance.

Analysis of Variance on LOV_1 (see Table 8a) yielded a main sex effect ($p \leq .01$). The combined cell means (see Table 8) indicate the direction of this difference, i.e., irrespective of the group to which they belong, all females as compared to the males see themselves as more loving. A significant main sex effect was also found on LOV_2 (see Tables 9 and 9a). This indicates that irrespective of the group, husbands perceive wives as being significantly more loving than wives perceive their

TABLE 7a. Analysis of Variance of Dominance-Submission Dimension (DOM₂) for Perception of Oneself by the Spouse

Source	SS	df	MS	F	P
Sex (A)	150.597	1	150.597	1.661	NS
Initiation (B)	140.293	1	140.293	1.547	NS
A x B	406.292	1	406.292	4.481	<.038
Error	<u>5802.56</u>	<u>64</u>	90.665		
Total	6499.742	67			

TABLE 8. Cell Means of Love-Hostility Dimension (LOV₁) for Self Perception

Initiation	Sex	
	Male	Female
Female Initiator	-2.40	5.74
Male Initiator	1.25	5.32

TABLE 8a. Analysis of Variance of Love-Hostility Dimension (LOV₁) for Self Perception

Source	SS	df	MS	F	P
Sex (A)	764.866	1	764.866	6.943	<.010
Initiation (B)	40.587	1	40.587	.3685	NS
A x B	64.535	1	64.535	.5959	NS
Error	<u>7049.664</u>	<u>64</u>	110.151		
Total	7919.652	67			

TABLE 9. Cell Means of Love-Hostility Dimension (LOV₂) for Perception of Oneself by the Spouse

Initiation	Sex	
	Male	Female
Female Initiator	-2.59	4.68
Male Initiator	.31	4.95

Note: The first column means represent the wife's perception of the husband, and the second column means represent the husband's perception of the wife.

TABLE 9a. Analysis of Variance of Love-Hostility Dimension (LOV₂) for Perception of Oneself by the Spouse

Source	SS	df	MS	F	P
Sex (A)	683.128	1	683.128	4.563	<.036
Initiation (B)	38.850	1	38.850	.2595	NS
A x B	26.961	1	26.961	.1801	NS
Error	<u>9580.80</u>	<u>64</u>	149.700		
Total	10284.739	67			

TABLE 10. Cell Means of Dominance-Submission Dimension with Regard to the Difference between Perception of Oneself and One's Spouse

Initiation	Sex	
	Male	Female
	1*	2
Female Initiator	5.34	-8.83
	3	4
Male Initiator	-3.73	- .47

Note: The means in the first column are the Mean Differences between the husbands self perception and the way they perceive the wives. The means in the second column are the Mean Differences between the wives self perception and the way they perceive the husbands.

* The cell numbers appear above each cell value.



husbands. The sex effect accounted for 9 percent of variance on LOV_1 , and 6 percent of variance on LOV_2 . The variance due to error in the former case was 89 percent and in the latter, 73 percent.

Difference between one's self perception and one's perception of the spouse.

The object here was to see the degree of difference between one's self perception and one's perception of the spouse. The Analysis of Variance on LOV and DOM scales was computed on the score differences obtained from each subject. The difference was obtained by subtracting the score on one's perception of the spouse from the score on one's self perception. Hence, a positive score would indicate the self as possessing more of the quality (DOM or LOV, depending on the scale being analyzed), while a negative score would indicate the spouse as being higher on the trait.

The Analysis of Variance for DOM (see Tables 10 and 10a) yielded a significant main sex effect ($p \leq .01$) and an interaction effect ($p \leq .01$). The interaction effect was further analyzed through Duncan's Multiple-Range Test, and at $p \leq .05$ level a significant difference was found between number one and number two cell means (see Table 10). This indicated first that the females in the FI group, in comparison to their husbands, saw themselves as very submissive, while the husbands in comparison to their wives saw themselves as very dominant. Secondly, as the cell means are the mean differences between perception of self and spouse, then the larger negative value in cell number two as compared to cell number one indicates that the difference between self perception and one's perception of the spouse is greater when females are the perceivers rather than the males. This conclusion applies only to the FI group. In the MI group the trend is for both females and males to consider their

TABLE 10a. Analysis of Variance of Dominance-Submission Dimension with Regard to the Difference between Perception of Oneself and One's Spouse

Source	SS	df	MS	F	P
Sex (A)	1094.577	1	1094.577	6.636	<.012
Initiation (B)	1.981	1	1.981	.0120	NS
A x B	1179.354	1	1179.354	7.150	<.009
Error	<u>10556.16</u>	<u>64</u>	164.940		
Total	12832.072	67			

TABLE 11. Cell Means of Love-Hostility Dimension with Regard to the Difference between Perception of Oneself and One's Spouse

Initiation	Sex	
	Male	Female
Female Initiator	-7.08	8.33
Male Initiator	-3.69	5.00

Note: The means in the first column are the Mean Differences between the husbands self perception and the way they perceive the wives. The means in the second column are the Mean Differences between the wives self perception and the way they perceive the husbands.

TABLE 11a. Analysis of Variance of Love-Hostility Dimension with Regard to the Difference between Perception of Oneself and One's Spouse

Source	SS	df	MS	F	P
Sex (A)	2893.681	1	2893.681	10.856	<.001
Initiation (B)	.0190	1	.0190	.0001	NS
A x B	174.922	1	174.922	.6563	NS
Error	<u>17058.24</u>	<u>64</u>	266.535		
Total	20126.8620	67			

spouses as more dominant than themselves (see Table 10 where cells four and three both consist of negative values), and the differences are quite close to each other. The difference between cell one and three (which came very close to $p \leq .05$ level of significance) adds some more interesting information. While the males in the FI group saw themselves as more dominant than their wives, the males in the MI group saw their wives as being more dominant than themselves. In addition to that, the difference between self and spouse was less in cell three as compared to cell one. This meant that as compared to the males in the FI group there was a strong trend for the males in the MI group to perceive their wives as being closer or similar to themselves. The variance for sex and interaction added approximately to 18 percent of the total variance, while the error variance was about 82 percent.

On LOV, only one significant result was obtained, and that was the main sex effect (see Tables 11 and 11a). All husbands saw themselves as less loving than they saw their partners, and all wives saw themselves as more loving than their husbands. As in the case of DOM Scale, here too the males perceived the females to be comparatively closer or more similar to themselves than the females saw the males as being. It must be added, however, that even though the significance level was $p \leq .001$, sex accounted for only about 14 percent of the variance. As with the previous analyses, a large proportion of the variance was due to error.

SUMMARY OF RESULTS

1. Hypotheses 1 and 1a: No significant difference was found between the MI and FI groups. Trends in the hypothesized direction were found in the case of LW Scale.

2. Hypotheses 2 and 2a: There was a significant main initiation effect ($p \leq .05$), with perceptual incongruency being greater in the MI group.

Additional Results Relevant to Hypothesis 2

3. Regardless of the group they were in, the males perceived themselves as more dominant than the females ($p \leq .01$).
4. Regardless of the group they were in, the females perceived themselves as more loving than the males ($p \leq .01$).
5. The males in the MI group perceived their wives as being very dominant, while males in the FI group perceived their wives to be submissive ($p \leq .05$).
6. Regardless of the group to which they belonged, all males perceived their wives to be more loving than the wives perceived their husbands ($p \leq .05$).
7. When differences on DOM between one's self perception and the way one perceived the spouse were analyzed, there was a significant sex and interaction effect ($p \leq .01$, in both cases).
8. When differences on LOV between one's self perception and the way one perceived the spouse were analyzed, there was a main sex effect ($p \leq .01$).

CHAPTER IV

DISCUSSION

As mentioned in Chapter II, the MI (male initiating) and FI (female initiating) groups did not differ on crucial demographic variables, those being age, education, number of years married and number of children. Therefore, one can say with some confidence that any dissimilarity between the two groups is not due to the effect of these variables and that the two groups come from the same general population. The discussion will follow from the central distinction between the two groups, i.e., male initiation versus female initiation of contact with a mental health agency. The difference in variables under investigation are considered reflections of the state of the marriage.

Hypothesis 1

The present research dealt with two major hypotheses, one dealing with marital adjustment and the other which followed from it dealt with perceptual congruency. Significant hypothesized differences were found only in the case of the latter hypothesis. In the former case contrary to the assumption, the MI group was not significantly more maladjusted than the FI group. In trying to explain this outcome one can consider two possible limitations: the validity of the marital adjustment tests per se, or the fact that the underlying assumption covered a much broader field than the tests alone were able to measure. With regards to the first question, there is ample amount of indirect evidence to support the

validity of the marital adjustment tests. Table 12 is a presentation of LW and FCI means that have been reported in some other studies. In comparing these means to the ones in the present study (see Table 13), one finds that in the latter case both the LW and FCI means are close to the means reported for maladjusted groups. This is very much in the expected direction, as the present group of subjects are individuals who have sought psychiatric help and are presumably "maladjusted". Some comment should be made regarding the unusually elevated scores of Hofman's maladjusted group (see Table 12). It seems that what Hofman classified as his "clinic group" consisted of a group of parents whose children had been referred to an out-patient clinic. Thus, among all the studies presented in Table 12, his is the only one in which the child and not one or both members of the couple was the identified patient. This would make his reported means incomparable to the other scores, including the ones in the present study. The overall correlation between LW and FCI was found to be .80, and the individual correlations within each group were all positive (for details see Appendix B). This is in line with previous studies that have simultaneously used the two marital adjustment instruments, and reported high correlations between the two (see Chapter II, page 29).

The correlation between a husband and wife's marital adjustment score indicates that even though one may initiate and take the responsibility of seeking help, marital adjustment is not an individual matter, but an interaction in which actions of one are significant in determining the reactions of the other. This leads to the second possible reason as to why hypothesis 1 was not verified. To recall briefly, the underlying assumption was based on the fact that males infrequently seek help because it is not in line with their culturally defined male sex role to do so.

1

TABLE 12. Marital Adjustment Scores in Some Comparative Studies.

	Adjusted Group			Maladjusted Group		
	<u>Mean Scores on FCI</u>					
	<u>Males</u>	<u>Females</u>	<u>Overall</u>	<u>Males</u>	<u>Females</u>	<u>Overall</u>
1.	145.5	155.1	150.3	-	-	-
2.	153.1	156.1	154.6	128.3	123.8	126.0
	<u>Mean Scores on LW</u>					
3.	122.4	121.7	122.1	110.1	102.7	106.4
4.	122.7	125.9	124.3	-	-	-
5.	-	-	135.9	-	-	71.7
6.	-	-	134.8	-	-	95.6
7.	129.30	127.15	128.225	60.35	59.51	59.93

- 1, Updyke (1968). Upper middle class non-clinic subjects.
2. Hofman (1969). Clinic versus non-clinic couples.
3. Hofman (1969). Clinic versus non-clinic couples.
4. Aller (1962). Married university students.
5. Locke & Wallace (1959). Adjusted versus maladjusted subjects.
6. Hoeg (1965). Adjusted versus less well adjusted couples.
7. Katz (1965). Troubled versus non-troubled couples.

TABLE 13. Marital Adjustment Scores in the Present Study.

FI Group			MI Group		
<u>Mean Scores on FCI</u>					
<u>Males</u>	<u>Females</u>	<u>Overall</u>	<u>Males</u>	<u>Females</u>	<u>Overall</u>
119.55	116.23	117.9	117.58	120.33	119.0
<u>Mean Scores on LW</u>					
89.23	85.36	87.30	83.00	89.83	86.42

In addition, studies have also found that the male's role performance is critical to marital adjustment. On the basis of this, it was assumed that marriages where the husband initiates therapy will be more maladjusted than marriages in which the wife initiates therapy. This perhaps is a somewhat simplistic view that sees marital adjustment as a static state to be measured only at one point in time, rather than viewing it as a continuous process. Marital adjustment is a function of a variety of factors, and if performance of prescribed sex roles is seen as one of the major factors in influencing marital adjustment, then it is equally important to know the attitudes of each spouse towards the role enactment. Adjustment does not depend on role enactment alone, but rather upon the conflict between role expectations and the actual roles played by each spouse. This means that adjustment and happiness in marriage depends to a large extent on the expectations that are satisfied or remain unsatisfied. For example, two couples may be equally maladjusted but as a result of different underlying dynamics. In one case, the husband may be performing his cultural instrumental role, which may for whatever reasons be against his wife's expectations. In the other case the situation may be reversed but the conflict as great, for this time the wife expects the husband to perform his culturally defined role and he is not fulfilling her expectations. In the present research, additional information from tests measuring role performance and role expectations would have clarified or at least added relevant knowledge to the issue under discussion.

Another limitation, the strength of which should not be underestimated, is the small sample size of the MI group. Due to conditions beyond the control of the experimenter, it proved impossible to secure the number of subjects that had initially been planned. It is possible

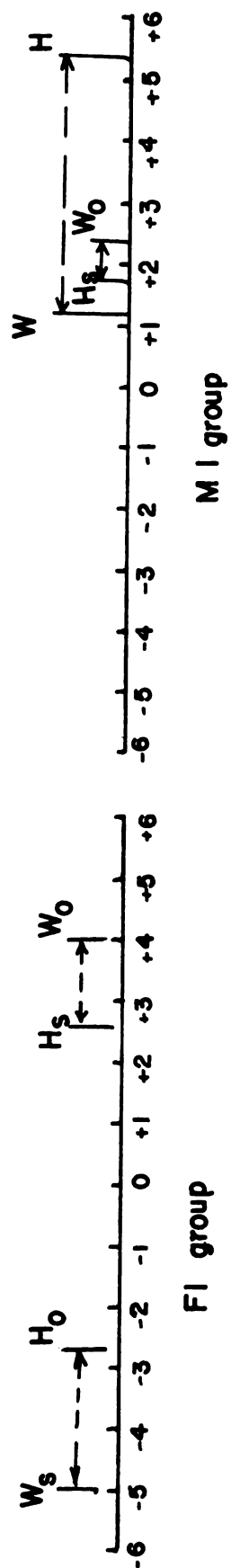
that with a larger sample, the difference on the LW between the FI and MI groups would have reached significance.

Hypothesis 2 and other relevant conclusions

In the case of hypothesis 2 the results were significant at $p \leq .05$ level, which meant that as assumed there was more perceptual incongruency in the MI group as compared to the FI group. This is intriguing for this hypothesis followed from hypothesis 1, which did not yield significant results. The association between perceptual incongruency and marital maladjustment has repeatedly been found. The reasoning in the present research was that as the MI group was expected to be less maritally adjusted (hypothesis 1), therefore this would be the group which would also have more perceptual incongruency as compared to the FI group (hypothesis 2). In order to explore where exactly the incongruency was, each subject's self perception on DOM and LOV was compared with the way this "self" was perceived by the spouse. Figures 1 and 2 illustrate this well. On LOV, in the FI and MI groups, self perception, as compared to the perception of "self" by the spouse, are quite close to each other in the case of both wives and husbands. On DOM, while the perceptions of the spouses in the FI group are quite close to each other, in the MI group a large distance is seen between the wife's self perception and the husband's perception of her. In this group, the husbands perceive their wives as much more dominant than wives perceive themselves to be. The analysis of variance that was done showed that husbands in the MI group perceived their wives significantly ($p \leq .05$) more dominant than the husbands in the FI group perceived their wives to be.

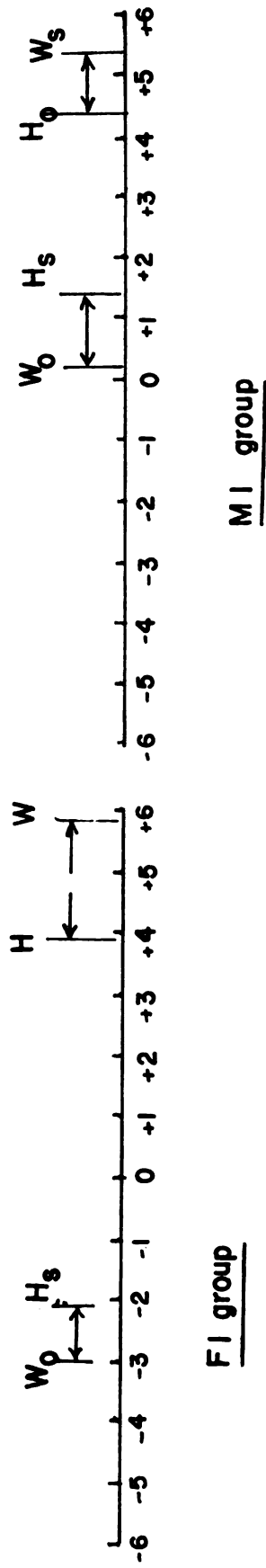
On DOM, when further comparisons were made regarding the difference between self perception and perception of the spouse, the spouses in the

FIGURE 1 Mean scores on DOM, illustrating incongruency between self perception and ^{perception} of "self" by the spouse



Note: The capital "H" and "W" refer to husband and wife, while the subscripts "s" and "o" refer to perception of self and perception of the spouse respectively. These symbols will be used identically in all the figures.

FIGURE 2 Mean scores on LOV, illustrating incongruency between self perception and perception of "self" by the spouse



FI group saw each other as being significantly ($p \leq .01$) different. The males perceived themselves to be significantly more dominant than their wives, and the wives perceived themselves to be significantly less dominant than their husbands (see Figure 3). In the MI group, however, this difference was neither significant nor in the same direction (see Figure 4). The husbands in this group saw their wives as being more dominant than themselves. The differences, however, were not significant.

A simple way to get an overall picture of the two groups is to plot the different means on a two-dimensional graph (see Figure 5). Overall, husbands see themselves as more dominant ($p \leq .01$) and less affectionate than wives see themselves ($p \leq .01$). Within groups, the FI husbands see themselves as more dominant than MI husbands perceive themselves to be, and the wives in the FI see themselves as more submissive than the MI wives. With regards to the perception of the other, overall husbands see wives as more affectionate than wives see the husbands ($p \leq .05$). Within groups the MI and FI husbands perceive their wives as almost equally loving, however the FI wives perceive their husbands as much less loving than MI wives. The most interesting difference between the two groups is seen on perception of spouse on DOM ($p \leq .05$). Husbands in the MI group perceive their wives as extremely dominant, in fact this mean exceeds all other means on DOM. On the whole, the FI group is closer in their perceptions of each other than the MI group, and this is most applicable on the DOM scale. It also appears that both self and spouse perceptions of the two marital partners are highly differentiated in this group, in the direction of traditional cultural stereotypes--perhaps an exaggeration of them.

There is no simple exhaustive theory that can be offered to account for and make intelligible the differences and similarities between the two

FIGURE 3 Mean scores on DOM, illustrating the difference between self perception and perception of the spouse's self

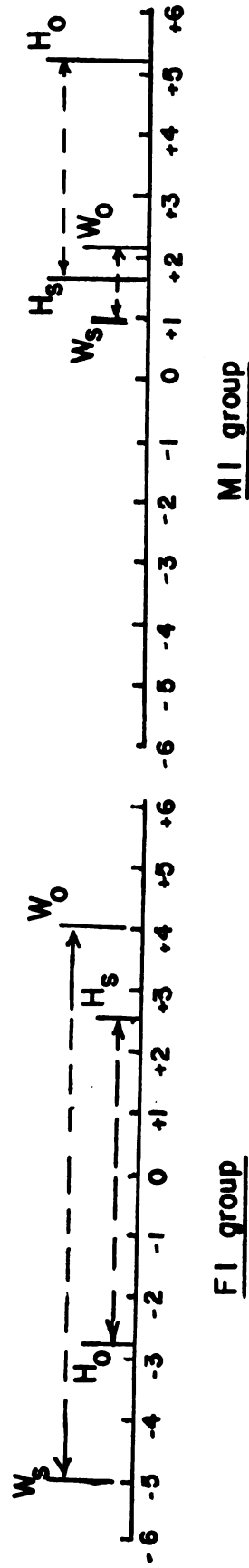


FIGURE 4 Mean scores on LOV, illustrating the difference between self perception and perception of the spouse's self

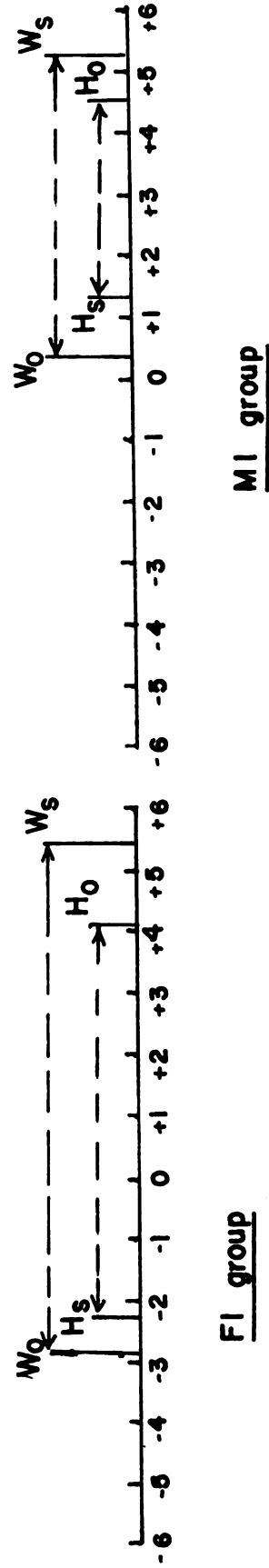
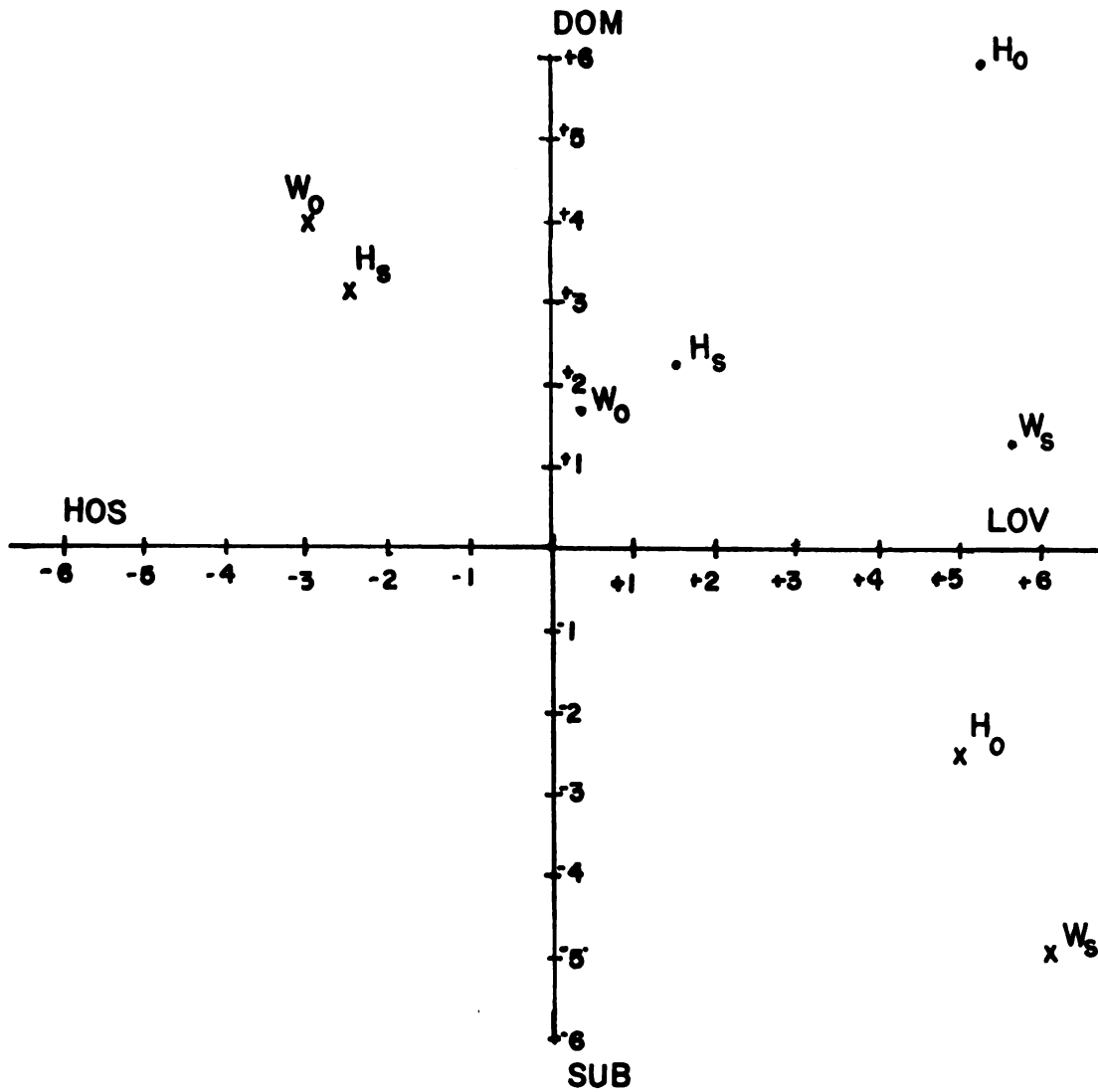


FIGURE 5 Mean DOM and LOV scores of FI and MI groups



Note: The FI group is represented by "X", next to the symbols.

groups. However, there are some perceptual patterns in the present research that can be viewed in the light of some existing theories. Tharp (1963), after extensively reviewing literature on marriage, concluded that satisfaction in marriage is strongly related to the husband and wife operating within conventionally expected sex roles. This is especially true regarding the husband's instrumental role. With regards to the exact nature of these conventional roles, there is a considerable amount of consensus that happy marriages are those in which the husband views himself and is viewed by the wife as being the more dominant of the two, and the wife is viewed by self and spouse as being loving and submissive. The husband's domination seems to be a critical variable which is not only measured through paper and pencil tests, but is also observed in studies that involve interaction between the couple (Levinger 1963, Tinker 1972, Bauman and Roman 1966). There are ample studies that further add that aggression and dominance in the wife threatens the husband's self concept and consequently has adverse effect on the marriage (Aller 1962, Bauman and Roman 1966).

Viewing the two groups in the present study, it seems that the FI group more closely approximates stereotype sex roles that are commonly associated with adjusted marriages. The husbands in this group clearly perceive themselves as domineering, and this perception is shared by their wives. The wives are perceived by themselves and their husbands as being submissive. In the MI group the husbands do not see themselves as being more dominant than their wives, and the wives do not see them as being very much more dominant than themselves. On LOV, the differences are less clear. Another characteristic that is associated with adjusted marriages (in fact, hypothesis 2 deals with just this factor), and is present in the FI group is congruency of perception. Put in other words,

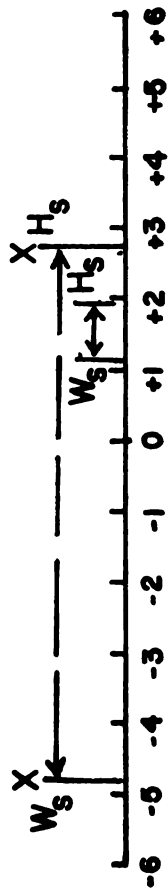
perceptual congruency means the understanding of the mate's self. Understanding is empathetic accuracy and sensitivity which is the product of greater involvement at the interpersonal level. It seems from all this that despite the lack of significant results on the marital adjustment tests, the FI group shows the type of interpersonal perceptions mostly found in better adjusted marriages. In other words, even though both groups have marital adjustment scores that are in the range of maladjustment, in the FI group the role perceptions between spouses are more stereotypical and conventional - factors which are associated with adjusted marriages. The results on the ICL are dealt with extensively and given greater credibility because, unlike the marital adjustment instruments, the measures used in the analysis of the ICL were subtle ones that could not be faked or compounded by the subjects. The experimenter, however, is not oblivious to the importance of validating such results (which have been obtained from self reports alone) against external, objective criteria.

As this investigation deals with correlates of happiness and adjustment in marriage, the discussion will not be complete unless some mention is made of the Complementarity-Similarity issue that pervades this field. Winch and associates (1958) were the first to develop and test the theory. They arrived at the conclusion that, "In mate selection the need pattern of each spouse will be complementary rather than similar to the need patterns of the other spouse." The authors made a qualitative analysis of data and came up with two main axes of needs relevant to mate selection. The two axes were labeled Dominance-Submission axis and Nurturant-Receptive. The contrary evidence that followed Winch's study can briefly be stated. Most of those who rejected his theory of complementary needs did so on the common basis that understanding is important for marital adjustment, and understanding itself follows from similarity of couples rather than

differences (Schellenberg and Bee 1960, Dymonds 1954, Corsini 1955). Without going further into details about this controversial issue and all its facets, an attempt will be made to view the MI and FI groups in this light. When self perceptions of each spouse are compared within the two groups, it is seen that couples in the MI group see each other as being closer or more similar than couples in the FI group (see Figures 6 and 7). It seems that the FI group is one more in line with the complementary need hypothesis, while the MI group is one displaying homogamy or similarity of need patterns. The present writer is of the opinion that while understanding is related to marital adjustment, similarity of self and mate is not necessarily related to understanding. In fact, it would seem that in the FI group the basis of better understanding was the greater and clearer personality differences of the two mates. It is as if stereotype roles aid in better predicting the spouses self. If Winch's two main axes are considered to be somewhat isomorphic with Leary's DOM and LOV, then the large "self" differences in the FI group can be seen to be neatly and precisely illustrating the complementary need principle. In other words, as the theory states, those with high needs of dominance tend to marry individuals with low needs of dominance, and those with high needs of nurturance tend to select mates with low needs on this scale.

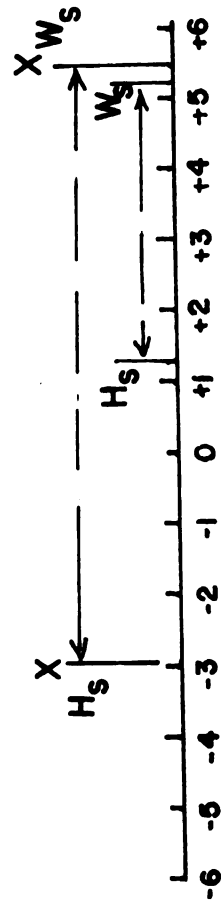
The ICL has frequently been used in research, but it is not always scored in one particular way. Its basic sixteen personality variables can be analyzed in several combinations, and therefore the type of scoring used for the ICL depends upon what the researcher is looking for in his data. It would add another dimension to the discussion if some comparisons are made between the present data on the ICL, and those in other studies. Table 14 was constructed from studies which were known to use a similar ICL analysis (i.e., weighted summary scores of DOM and LOV) as the

FIGURE 6 FI and MI mean self perception scores on DOM



Note: The "X" beside W_s and H_s represents the FI group.

FIGURE 7 FI and MI mean self perception scores on LOV



Note: The "X" beside W_s and H_s represents the FI group.

present study. First, it must be pointed out that not too many studies have used LaForge's system of arriving at two basic summary scores. Secondly, any comparisons made between the present data and other research should be viewed with caution as the groups under consideration may not be very comparable. For example, out of the four studies in Table 14, three of them had college students as their subjects. Except for Gerstenhaber's sample, comparisons between these three studies and the present one (see Tables 14 and 15) show an overall trend for the males to see themselves on the dominant side, i.e., all means are in the positive direction. The females in almost all the cases see themselves as less dominant, for the means are either in the negative direction or very close to zero. Interestingly, the only females that somewhat deviate from this pattern are the MI females who have a mean score of 1.34 (see Table 15) on DOM. Regarding LOV, all males see themselves as less loving (their mean scores are either in the negative direction or close to zero), with the exception of MI males who see themselves as somewhat loving (mean = 1.73, Table 15). All females see themselves as loving, with the mean for the FI females being the highest. Thus, while there are overall similarities, some differences are found in the MI group. Compared to the others, the females in the MI group see themselves as more dominant and the husbands see themselves as more loving. In Table 14, Hoeg's (1965) sample was the only non-student sample, with the adjusted and less well adjusted distinction based on marital adjustment scores on Locke's scale. But unlike the sample in the present research, his couples were not involved in psychotherapy. Nevertheless, from the information available, his sample is probably the most comparable one to the present study. On the assumption that the FI group is more adjusted than the MI group, some interesting similarities on DOM are seen. In Hoeg's less well adjusted group males see themselves as

TABLE 14. Mean Scores of 'Self' on the ICL.

	<u>Adjusted Group</u>				<u>Less Well - Adjusted Group</u>			
	<u>DOM</u>		<u>LOV</u>		<u>DOM</u>		<u>LOV</u>	
	M	F	M	F	M	F	M	F
1.	2.70	0.44	0.69	2.82	-	-	-	-
2.	2.79	.19	-1.44	0.23	-	-	-	-
3.	-0.416	- .004	.993	3.081	-	-	-	-
4.	4.4	-1.5	-0.2	1.4	3.5	0.8	-6.9	6.9

1. La Forge (1973). Males = 117 Females = 92.
2. Frost (1963). Males = 100 Females = 100.
3. Gerstenhaber (1974). Males = 75 Females = 96.
4. Hoeg (1965). 42 couples in both groups.

TABLE 15. ICL Mean 'Self' Scores in the Present Study.

<u>FI Group (N = 22)</u>				<u>MI Group (N = 12)</u>			
<u>DOM</u>		<u>LOV</u>		<u>DOM</u>		<u>LOV</u>	
<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
2.68	-4.91	-2.40	5.74	1.73	1.34	1.25	5.32

less dominating as compared to the self perceptions of males in the adjusted group. Similarly, the MI males are less dominating than the FI males. This likeness between the groups in the two studies extends to the females too. Hoeg's adjusted females see themselves as more submissive than the less well adjusted females see themselves. In the present study, the FI females are more submissive than the MI females. The similarities end when comparisons are extended to include scores on LOV. In Hoeg's sample, the less well adjusted males are less loving, while their wives are more loving, as compared to the sexes in the adjusted group. In the present data, it is the MI group that has similar trends as Hoeg's adjusted group, while the FI group is closer to Hoeg's less well adjusted group. As mentioned earlier in the discussion, it is the Dominance-Submission factor that is most crucial in marital adjustment, or at least it is a more clearly identified dimension on the basis of which one can make some possible predictions regarding marital interaction. The role of Love-Hostility is less clear and often appears to be very ambiguous.

IMPLICATIONS

In the present research the comparisons between the FI (female initiating) and MI (male initiating) groups would have become more meaningful if the design had included a comparative group of "normal" subjects, who would have served as the control group. The control group could have served as a reference point each time comparisons were made between the FI and MI groups. Corsini (1955) used an ideal method in his study of married couples. Each analysis on his experimental group was also carried out on a comparative but randomly selected group of couples. This was an ingenious way of checking if the results in the experimental

group were due to the independent variable under investigation or if there was a systematic error operating (the latter would be the case if both the experimental and the random group had identical results). This method is a little more complicated and requires an extra group of subjects, but the results yielded by such an analysis add greater credibility to the outcome.

Perception, its consequences and resulting behavior, are the basic and essential aspects that are included in most theories of human behavior. The present study dealt only with the former two. To put it simply, married adjustment can be considered as the consequence arising from perceptual congruency between the spouses. The emphasis, however, is more on the association between the two rather than any clear-cut causal relationships. Scores on the ICL are measures of personality, based on impressions of each other. The present study did not include any direct behavioral measures against which the perceptions of the spouses could be validated. For instance, in the case of the MI group, an interesting question is if in actual interaction the MI wives are as dominant as their husbands perceive them to be. "Dominance" (as measured by the ICL), which seems to be a salient feature in the present study, was explored in an interactional context by Tinker (1972). Tinker investigated the effect of different amount of dominance, and found that in the high dominant group there was an increase in the number of negative-hostile responses between married couples. Thus, high dominance was found to have an adverse effect on interpersonal relationships. Though an ambitious plan, it would be worthwhile to actually observe the interaction of the couples in the two groups (FI and MI groups). For example, it is an interesting question if the MI wives, who are seen as most dominant, actually indulge in more negative and hostile responses.

As students are easily available and more willing to participate in research, a large majority of studies use students exclusively. The applicability of the conclusions derived from such research are limited to the student population. One has to be extremely cautious if generalizations are to be extended to other types of populations. In the present research the effort was to move away from the student sample. It was hoped that an adequate-sized sample could be drawn from larger mental health agencies that deal with the population at large. Because of conditions mentioned earlier (in Chapter II), this was not entirely possible. Due to the lack of subjects from the mental health agencies, student couples from campus had to be added to the sample. It would be desirable to do more research outside the student population, and to have an adequate sample size without having to mix subjects from somewhat heterogeneous populations (i.e., students and the general community). Knowing therapists personally in the agencies or being employed there oneself are resources that should be utilized to collect data. It is always more difficult to get help in research when one is outside the system from where one wishes to collect the data. Clinicians are frequently resistant to making their clients available as research subjects, and this problem was amply illustrated in the difficulties encountered in collecting this sample. Ultimately such research should be built into the basic intake and assessment procedures of mental health agencies, since it reveals differences in marital adjustment which may well be important in understanding and treating the problems which patients bring to the agency.

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APPENDICES

1

APPENDIX A

TEST MATERIALS USED

Department of Psychology • Olds Hall

Studies of marriage indicate that feelings and perceptions of both husband and wife are related to marital happiness. The present study is intended to further clarify issues in the area, and it is hoped that the findings will be valuable to persons seeking or providing counseling about marital problems. Your participation in the project will be very helpful and greatly appreciated.

Spouses who participate in this project will be asked to give up to an hour of their time to take a few paper and pencil questionnaires. Your therapist can take your phone number and a suitable time when I may call you to fix up an appointment time, most convenient for you and your spouse. I will be administering these materials here, i.e., at the Center where you are currently being seen. Couples who volunteer will be given a sum of \$10.

All information yielded by this project will be strictly confidential and used exclusively for research purposes, unless each spouse authorizes the release of the findings to their therapist.

If you are interested, a summary of the results or outcomes of this study can be provided to you after the research has been completed. Thank you.

Riffat M. Zaman
Doctoral Student
Dept. of Psychology

Questionnaire

Please fill out all parts of this questionnaire.
The information will be treated as strictly confidential.

Sex _____ Race _____ Age _____

Number of years married _____

Number of children _____

List the following information on all your children:

Sex	Age

Education:

Last school grade attended: _____

Other training and/or degree obtained _____

Occupation:

Are you presently employed? _____

If yes:

Where do you work? _____

What kind of work do you do? _____

If not:

How long have you been unemployed? _____

What type of work were you doing before you
were unemployed? _____

Have you in the past received treatment for personal adjustment or emotional problems?

If yes: The number of times you were treated _____

Type of care (In or out-patient) _____

Before or after your marriage _____

Presently, is it you or your spouse who has come for treatment? _____

If it is yourself: Who recommended or suggested that you seek help? _____

Do you feel that you need help? _____

If you desire information about the outcome of this study please provide the following:

Name _____

Address _____

Phone _____

A summary of the findings will be mailed to you, when the research is completed.

If you wish your therapist to have information of these findings, please sign below:

Signature

**Very
Unhappy**

Нэ рру

Perfectly Happy

				Almost	
	Almost	Occa-	Pre-	Always	Always
Always	Always	sionally	quently	Dis-	Dis-
Agree	Agree	Disagree	Disagree	agree	agree

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

Does your mate generally prefer: to be "on the go" . to stay at home ?

If you had your life to live over, do you think you would: marry the same person _____, marry a different person _____, not marry at all _____?

Locke, H. J. and Wallace, K. M. Journal of Marriage and Family Living, 1959, 21:3, 251-255.

JRH: #107
8/65mc

#112

FAMILY CONCEPT INVENTORY

Instructions: Indicate the degree of your agreement or disagreement with each of the following items as it applies to your immediate family (husband or wife and children) and encircle the letter(s) representing the appropriate response. First impressions are satisfactory, and most people are able to complete this inventory in ten minutes. It is quite important that you give a response to each item, even though it may sometimes be difficult to make a decision.

	SA	a	N	d	SD
	Strongly Agree	Tend to Agree	Neither Agree Nor Disagree	Tend to Disagree	Strongly Disagree
1. We usually can depend on each other.	SA	a	N	d	SD
2. We have a number of close friends.	SA	a	N	d	SD
3. We feel secure when we are with each other.	SA	a	N	d	SD
4. We do many things together.	SA	a	N	d	SD
5. Each of us wants to tell the others what to do.	SA	a	N	d	SD
6. There are serious differences in our standards and values.	SA	a	N	d	SD
7. We feel free to express any thoughts or feelings to each other.	SA	a	N	d	SD
8. Our home is the center of our activities.	SA	a	N	d	SD
9. We are an affectionate family.	SA	a	N	d	SD
10. It is not our fault that we are having difficulties.	SA	a	N	d	SD
11. Little problems often become big ones for us.	SA	a	N	d	SD
12. We do not understand each other.	SA	a	N	d	SD
13. We get along very well in the community.	SA	a	N	d	SD
14. We often praise or compliment each other.	SA	a	N	d	SD
15. We do not talk about sex.	SA	a	N	d	SD
16. We get along much better with persons outside the family than with each other.	SA	a	N	d	SD
17. We are proud of our family	SA	a	N	d	SD
18. We do not like each other's friends.	SA	a	N	d	SD
19. There are many conflicts in our family.	SA	a	N	d	SD
20. We are usually calm and relaxed when we are together.	SA	a	N	d	SD
21. We respect each other's privacy.	SA	a	N	d	SD
22. Accomplishing what we want to do seems to be difficult for us.	SA	a	N	d	SD
23. We tend to worry about many things.	SA	a	N	d	SD
24. We are continually getting to know each other better.	SA	a	N	d	SD
25. We encourage each other to develop in his or her own individual way.	SA	a	N	d	SD
26. We have warm, close relationships with each other.	SA	a	N	d	SD
27. Together we can overcome almost any difficulty.	SA	a	N	d	SD
28. We really do trust and confide in each other.	SA	a	N	d	SD
29. The family has always been very important to us.	SA	a	N	d	SD
30. We get more than our share of illness.	SA	a	N	d	SD
31. We are considerate of each other.	SA	a	N	d	SD
32. We can stand up for our rights if necessary.	SA	a	N	d	SD
33. We have very good times together.	SA	a	N	d	SD
34. We live largely by other people's standards and values.	SA	a	N	d	SD
35. Usually each of us goes his own separate way.	SA	a	N	d	SD
36. We resent each other's outside activities.	SA	a	N	d	SD
37. We have respect for each other's feelings and opinions even when we differ strongly.	SA	a	N	d	SD
38. We sometimes wish we could be an entirely different family.	SA	a	N	d	SD
39. We are sociable and really enjoy being with people.	SA	a	N	d	SD
40. We are a disorganized family.	SA	a	N	d	SD
41. We are not really fond of one another.	SA	a	N	d	SD
42. We are a strong, competent family.	SA	a	N	d	SD
43. We just cannot tell each other our real feelings.	SA	a	N	d	SD
44. We are not satisfied with anything short of perfection.	SA	a	N	d	SD
45. We forgive each other easily.	SA	a	N	d	SD
46. We usually reach decisions by discussion and compromise.	SA	a	N	d	SD
47. We can adjust well to new situations.	SA	a	N	d	SD
48. Our decisions are not our own, but are forced on us by circumstances.	SA	a	N	d	SD

INSTRUCTIONS: Please indicate whether you view each of the qualities listed below as being either mostly true (T) or mostly false (F) as they apply to _____. It is very important that you indicate either T or F for each item, even if you are somewhat uncertain of your choice. Also, try to work quickly; most people can complete this information in less than 15 minutes.

- | | | |
|-----------------------------------|------------------------------------|--------------------------------------|
| 1 Able to give orders | 51 Frequently angry | 101 Self-respecting |
| 2 Appreciative | 52 Friendly all the time | 102 Shy |
| 3 Apologetic | 53 Generous to a fault | 103 Sincere & devoted to friends |
| 4 Able to take care of self | 54 Gives freely of self | 104 Selfish |
| 5 Accepts advice readily | 55 Good leader | 105 Skeptical |
| 6 Able to doubt others | 56 Grateful | 106 Sociable and neighborly |
| 7 Affectionate and understanding | 57 Hard-boiled when necessary/ | 107 Slow to forgive a wrong |
| 8 Acts important | 58 Helpful | 108 Somewhat snobbish |
| 9 Able to criticize self | 59 Hard-hearted | 109 Spineless |
| 10 Admires & imitates others | 60 Hard to convince | 110 Stern but fair |
| 11 Agrees with everyone | 61 Hot-tempered | 111 Spoils people with kindness |
| 12 Always ashamed of self | 62 Hard to impress | 112 Straightforward and direct |
| 13 Very anxious to be approved of | 63 Impatient with others' mistakes | 113 Stubborn |
| 14 Always giving advice | 64 Independent | 114 Suspicious |
| 15 Bitter | 65 Irritable | 115 Too easily influenced by friends |
| 16 Bighearted and unselfish | 66 Jealous | 116 Thinks only of self |
| 17 Boastful | 67 Kind and reassuring | 117 Tender and soft hearted |
| 18 Businesslike | 68 Likes responsibility | 118 Timid |
| 19 Bossy | 69 Lacks self-confidence | 119 Too lenient with others |
| 20 Can be frank and honest | 70 Likes to compete with others | 120 Touchy and easily hurt |
| 21 Clinging vine | 71 Lets others make decisions | 121 Too willing to give to others |
| 22 Can be strict if necessary | 72 Likes everybody | 122 Tries to be too successful |
| 23 Considerate | 73 Likes to be taken care of | 123 Trusting and eager to please |
| 24 Cold and unfeeling | 74 Loves everyone | 124 Tries to comfort everyone |
| 25 Can complain if necessary | 75 Makes a good impression | 125 Usually gives in |
| 26 Cooperative | 76 Manages others | 126 Very respectful to authority |
| 27 Complaining | 77 Meek | 127 Wants everyone's love |
| 28 Can be indifferent to others | 78 Modest | 128 Well thought of |
| 29 Critical of others | 79 Hardly ever talks back | 129 Wants to be led |
| 30 Can be obedient | 80 Often admired | 130 Will confide in any one |
| 31 Cruel and unkind | 81 Obeys too willingly | 131 Warm |
| 32 Dependent | 82 Often gloomy | 132 Wants everyone to like him |
| 33 Dictatorial | 83 Outspoken | 133 Will believe anyone |
| 34 Distrusts everybody | 84 Overprotective of others | 134 Well-behaved |
| 35 Dominating | 85 Often unfriendly | |
| 36 Easily embarrassed | 86 Oversympathetic | |
| 37 Eager to get along with others | 87 Often helped by others | |
| 38 Easily fooled | 88 Passive and unaggressive | |
| 39 Egotistical & conceited | 89 Proud and self-satisfied | |
| 40 Easily led | 90 Always pleasant & agreeable | |
| 41 Encouraging others | 91 Resentful | |
| 42 Enjoys taking care of others | 92 Respected by others | |
| 43 Expects everyone to admire him | 93 Rebels against everything | |
| 44 Faithful follower | 94 Resents being bossed | |
| 45 Frequently disappointed | 95 Self-reliant & assertive | |
| 46 Firm but just | 96 Sarcastic | |
| 47 Fond of everyone | 97 Self-punishing | |
| 48 Forceful | 98 Self-confident | |
| 49 Friendly | 99 Self-seeking | |
| 50 Forgives anything | 100 Shrewd & calculating | |

APPENDIX B

**BIOGRAPHICAL DATA AND SCORES
ON QUESTIONNAIRES OF INDIVIDUAL SUBJECTS**

TABLE 16. Biographical Data for FI Group

Couple Number	Age**	Number of years Married	Number of Children	Number of years Education**	Therapy Center*
1	22 23	2	0	16 16	CC
2	26 30	2	1	10 11	IMC
3	23 26	4	0	17 17	CC
4	38 44	19	7	11 8	FC
5	22 22	4 mos.	0	16 16	PC
6	44 45	22	2	17 12	PC
7	20 23	3 mos.	0	13 14	seen privately
8	32 33	8	2	12 14	SLH
9	21 25	3	1	12 17	FC
10	29 21	2	1	12 11	IMC
11	24 26	5	1	14 17	PC
12	31 33	14	4	10 12	PC
13	26 26	7	1	12 15	SLH
14	22 21	6 mos.	0	13 15	CC
15	25 27	5	1	16 17	FC
16	27 29	7	1	17 19	CC
17	24 25	4	0	12 12	IMC
18	28 30	7	1	17 17	PC

(Continued next page)

19	25 32	18 mos.	1	12 12	FC
20	26 25	6	3	14 15	FC
21	34 36	13	2	19 19	PC
22	48 57	18	2	16 14	seen privately
<hr/>					
Average	28.05 29.95	6.85	1.41	14.00 14.55	
<hr/>					

Note: One male and one female in the group had been married previously.

* St. Lawrence Hospital SLH
 Ingham Medical Center IMC
 Family and Child Services FC
 Psychological Clinic PC
 Counselling Center CC

** Data on wife presented first for all cases.

TABLE 17. Biographical Data for MI Group

Couple Number	Age**	Number of years Married	Number of Children	Number of years Education**	Therapy Center*
1	22 25	4	2	17 16	IMC
2	31 33	7	2	12 22	FC
3	40 40	22	6	10 8	FC
4	26 27	4	1	12 14	IMC
5	49 49	13	0	17 17	seen privately
6	20 25	2 mos.	0	12 12	IMC
7	28 23	6 mos.	0	17 15	IMC
8	25 26	54 mos.	0	17 16	seen privately
9	30 32	6	0	17 19	seen privately
10	33 32	8	2	12 17	PC
11	55 55	26	3	12 19	SLH
12	24 27	54 mos.	1	12 12	FC
Average	31.92 32.83	8.31	1.42	13.92 15.59	

Note: One male in the group had been married previously.

* St. Lawrence HospitalSLH
 Ingham Medical CenterIMC
 Family and Child ServicesFC
 Psychological ClinicPC
 Counselling CenterCC

** Data on wife presented first for all cases.

TABLE 18. Marital Adjustment Scores

FI Group (N = 22)

<u>Couple #</u>	<u>Females</u>		<u>Males</u>	
	<u>L W Scale</u>	<u>FCI</u>	<u>L W Scale</u>	<u>FCI</u>
1	87	128	95	114
2	40	95	23	92
3	74	146	103	146
4	81	96	107	119
5	119	150	114	170
6	101	132	68	98
7	54	96	75	123
8	85	117	47	60
9	109	125	106	125
10	72	103	82	107
11	65	119	127	154
12	62	81	70	83
13	100	128	86	124
14	147	162	122	127
15	119	161	120	171
16	71	115	66	116
17	50	88	99	118
18	78	110	94	125
19	62	72	111	109
20	90	85	58	88
21	81	116	76	110
22	131	132	114	151

TABLE 19. Marital Adjustment Scores

MI Group (N = 12)

<u>Couple #</u>	<u>Females</u>		<u>Males</u>	
	<u>L W Scale</u>	<u>FCI</u>	<u>L W Scale</u>	<u>FCI</u>
23	126	169	88	161
24	105	110	45	82
25	104	134	101	89
26	89	122	54	75
27	32	83	65	103
28	116	154	100	116
29	46	77	84	108
30	114	138	113	170
31	126	165	107	167
32	106	138	108	138
33	86	100	71	115
34	28	54	60	87

TABLE 20. DOM Scores

FI Group (N = 22)

Couple #	Females		Males	
	Self Percp.	One's Percp. of Spouse	Self Percp.	One's Percp. of Spouse
1	4.66	6.66	6.34	7.57
2	-14.67	-10.50	-6.42	7.02
3	3.30	-4.74	-2.88	-2.52
4	-11.97	-0.10	0.56	-5.08
5	-1.50	6.37	-4.90	-6.82
6	4.54	-7.63	7.34	18.31
7	-2.64	13.90	18.08	-18.94
8	-6.52	-5.84	1.35	-7.47
9	-1.02	8.09	8.55	9.66
10	-13.51	18.76	11.04	-10.12
11	-0.42	7.90	12.99	-5.50
12	-15.41	-14.38	-14.62	-7.81
13	-2.00	-9.89	3.53	-5.47
14	-2.19	6.61	-19.51	-14.82
15	-15.20	10.57	11.35	8.48
16	-11.93	11.58	0.66	-6.24
17	2.94	1.08	-5.63	2.57
18	-8.32	21.41	10.17	-2.66
19	-6.62	-10.11	-5.11	-4.98
20	-5.60	14.23	6.48	-11.14
21	4.25	15.70	11.87	-4.66
22	-8.25	6.57	7.67	1.90

TABLE 21. DOM Scores

MI Group (N = 12)

Couple #	Females		Males	
	Self Percp.	One's Percp. of Spouse	Self Percp.	One's Percp. of Spouse
23	5.57	7.31	4.65	0.16
24	-1.64	10.42	3.63	6.18
25	2.25	-1.14	-13.98	-3.87
26	3.86	9.54	8.88	6.93
27	4.85	-9.36	6.95	10.53
28	0.84	-10.94	3.77	6.15
29	1.90	14.80	10.23	0.47
30	-10.35	10.72	5.26	-0.36
31	11.98	11.70	7.24	-4.25
32	8.55	-8.15	7.28	15.54
33	2.53	-18.00	-23.24	18.74
34	-14.30	4.82	0.01	9.21

TABLE 22. LOV Scores

FI Group (N = 22)

Couple #	Females		Males	
	Self Percp.	One's Percp. of Spouse	Self Percp.	One's Percp. of Spouse
1	11.74	-12.54	-14.42	6.76
2	12.41	-6.49	-18.42	-12.03
3	-3.70	-2.66	-0.14	-5.49
4	6.34	-1.01	10.38	4.05
5	11.69	12.27	11.34	-0.15
6	10.91	12.93	7.40	6.50
7	6.99	-19.85	-19.77	13.36
8	6.68	-19.00	-26.52	-4.22
9	4.56	-2.82	-5.74	8.94
10	-9.87	1.00	1.39	-5.66
11	-10.07	22.99	12.92	-1.60
12	-7.50	9.27	3.04	-4.36
13	8.62	7.77	11.31	0.07
14	9.05	5.54	-4.16	20.18
15	17.27	0.85	-2.40	7.31
16	-10.57	4.58	0.14	5.38
17	16.30	-1.76	0.78	1.83
18	11.71	-22.04	-10.84	10.33
19	12.13	-7.65	3.57	11.12
20	15.07	-26.60	-4.21	29.03
21	3.62	-12.66	-12.86	1.14
22	3.03	0.97	4.36	10.52

TABLE 23. LOV Scores

MI Group (N = 12)

Couple #	Females		Males	
	Self Percp.	One's Percp. of Spouse	Self Percp.	One's Percp. of Spouse
23	7.50	-2.34	-24.85	22.40
24	15.04	5.88	-6.19	-11.15
25	15.99	-8.00	-7.69	7.43
26	1.61	-0.89	8.62	-7.02
27	5.75	-4.66	-0.80	1.86
28	3.68	25.66	13.19	17.64
29	-9.24	-18.28	-0.28	2.79
30	12.72	13.37	9.42	10.75
31	18.02	5.14	11.81	27.86
32	14.16	19.31	13.26	5.94
33	-23.25	-5.72	2.84	-20.35
34	1.90	-25.70	-4.29	1.21

TABLE 24. Correlation between LW and FCI

[Correlations for the MI group are above the diagonal, and correlations for the FI group are below the diagonal] FI group N = 22. MI group N = 12.

	<u>FLW</u>	<u>FFCI</u>	<u>MLW</u>	<u>MFCI</u>
FLW	1.00	.940**	.527	.545
FFCI	.764**	1.00	.625*	.627*
MLW	.484*	.441*	1.00	.747**
MFCI	.419*	.607**	.785**	1.00

F preceding each term stands for females and M preceding each term stands for males.

* $p \leq .05$

** $p \leq .01$

TABLE 25. Correlation between All the Test Variables
[Correlations between the MI group are above the diagonal, and the FI group are below the diagonal]

	FLW	FFCI	FDOM ₁	FDOM ₂	FLOW ₁	FLOW ₂	FINC	MLW	MFCI	MDOM ₁	MDOM ₂	MLOW ₁	MLOW ₂	MINC
FLW		.940**	.371	-.346	.443	.438	.075	.527	.545	-.035	.077	.096	.711**	-.357
FFCI	.764**		.507	-.416	.496	.646*	-.126	.625*	.627*	.112	.046	.090	.708**	-.240
FDOM ₁	.129	.277		-.034	.110	.256	-.293	.231	.232	.106	-.173	.110	.299	-.125
FDOM ₂	.107	.229	.180		-.526	-.662*	.018	-.398	-.295	-.281	-.700**	.226	.058	.129
FLOW ₁	.218	.060	.180	.302		.573*	.050	.345	.250	.432	.365	.016	.402	-.103
FLOW ₂	.438*	.022	.140	-.198	.396		-.112	.702**	.669*	.442	.277	-.001	.307	.179
FINC	.035	.189	-.292	.218	.316	-.012		-.382	-.125	-.121	.228	-.251	-.152	.179
MLW	.484*	.441*	.228	-.008	-.004	.250	-.354		.747**	.045	-.055	.320	.478	-.164
MFCI	.419	.607**	.133	.085	.015	.069	.065	.785**		.194	.112	.110	.420	-.170
MDOM ₁	-.067	.014	.135	.131	-.052	.118	-.067	.013	.190		.563	.183	.224	.195
MDOM ₂	.185	.163	.026	-.247	-.067	.418	-.024	.224	.325	.580**		-.197	-.251	-.108
MLOW ₁	.230	.115	.011	.070	-.236	-.021	-.278	.548*	.474**	-.147	-.177		.526	-.510
MLOW ₂	.221	.359	.019	.198	-.409	-.365	.027	.407	.426**	-.258	-.315	.760		-.263
MINC	.231	-.012	-.061	-.293	.226	.451	.132	-.112	-.233	-.386	-.019	.140	.010	

* $p \leq .05$ ** $p \leq .01$

Note: Letters F and M preceding names of each variable, stand for female and male respectively.

INTERPERSONAL CHECK LIST
ILLUSTRATING THE CLASSIFICATION OF INTERPERSONAL BEHAVIORS
INTO 16 VARIABLE CATEGORIES

The diagram is a circular chart with 16 segments, each representing a variable category of interpersonal behavior. The segments are arranged in a circle, with the following categories (clockwise from top-left):

- AGGRESSIVE-SADISTIC**
- COMPETITIVE-NARCISSISTIC**
- MANAGERIAL-AUTOCRATIC**
- RESPONSIBLE-HYPERNORMAL**
- COOP-:OVER-CONVENTIONAL**
- DOCILE-DEPENDENT**
- SELF EFFACING-MASOCHISTIC**
- REBELLIOUS-DISTRUSTFUL**

Each segment contains a list of traits and a central circle with letters and numbers for classification. The central circle is divided into 16 segments, each containing a letter and a number. The letters are arranged in a circle, and the numbers are arranged in a circle. The letters are: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P. The numbers are: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16.

Form 4

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