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EFFECTS OF MUTUAL RECALL VIA VIDEOTAPE PLAYBACK UPON CAUSAL ATTRIBUTIONS AND EMPATHY IN MARRIED COUPLES

By

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ABSTRACT

EFFECTS OF MUTUAL RECALL VIA VIDEOTAPE PLAYBACK UPON CAUSAL ATTRIBUTIONS AND EMPATHY IN MARRIED COUPLES

By

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The primary purpose of this study was to evaluate the effectiveness of videotape playback through the use of mutual recall versus catharsis counseling on causal attributions and faulty perceptions of married couples in conflict situations.

The sample (N = 24) for this study consisted of twelve volunteer couples who had either responded to advertisements placed in the local and Michigan State University newspapers or were direct referrals from area ministers or mental health professionals.

The experimental design used was a counterbalanced within-subjects crossover design. Couples were randomly assigned to one of two possible treatment sequences (i.e., three sessions of videotape mutual recall followed by three sessions of catharsis counseling, or three sessions of catharsis counseling followed by three sessions of mutual recall). Each couple was exposed to a total of six 60-minute treatment sessions (mutual recall and catharsis

counseling combined). Subjects were measured at pretest, crossover (immediately following session 3), and posttest.

A repeated-measures analysis of variance was conducted for each dependent measure to determine significant differences on each of the dependent variables. Significance testing was carried out at the .05 level. The Balanced Designs Analysis of Variance Program (BALANOVA) was used for the repeated-measures analysis of variance.

The results of the analyses indicated no significant treatment main effects for the research hypotheses dealing with self-attribution of responsibility, interpersonal empathy, or frequency of self-attributional statements. A significant treatment effect was found in favor of mutual recall for frequency of other-attributional statements. Small sample size and the use of a relatively brief intervention constitute major alternative explanations for the lack of significant findings.

To my son,

Christopher

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CHAPTER I

INTRODUCTION

Purpose

The purpose of this study was threefold. Its primary purpose was to test the general effects of couples in conflict situations viewing videotapes of their own interaction and processing that experience through the use of the videotape technique of mutual recall (Kagan, 1976). Second, the specific purpose of this study was to test the effects of mutual recall via videotape playback on the degree of acceptance of responsibility for conflict in distressed couples. Third, this study was intended to test the effects of mutual videotaped recall on each subject's perceptions of self, spouse, and self-spouse differences (referred to as empathy).

Identification of the Problem

Reviews of outcome studies over the past decade have demonstrated the moderate effectiveness of marital therapy (Gurman, 1975a; Beck, 1975; Stuart, 1980). With the possible exception of studies involving a behavioral approach to marital therapy, it is not at all clear how, why, or which interventions produce desired change. What therapeutic

components or modalities are responsible for change? What specific changes do they elicit? Questions such as these have received little attention from researchers.

Perhaps the most widely accepted view among clinicians is that marital problems are the result of a triad of contributing factors. First, a set of factors that contributes significantly to the possibility of marital discord consists of disturbed and ineffective patterns of communication and problem-solving skills (Gurman, 1975b; Watzlawick, Beavin, & Jackson, 1967). Another frequently cited factor contributing to marital dysfunction is distorted perceptions of the behaviors of oneself or one's spouse. A number of studies have demonstrated that interpersonal perception of distressed spouses is significantly more discrepant than perceptions of functional dyads (Laing, Phillipson, & Lee, 1966; Murstein & Beck, 1972). Olson (1972) states that couples in therapy have such discrepant interpersonal perceptions of the same behavior that marital therapy should include a component that seeks to make spouses better observers of their own and their partner's behaviors. Finally, in addition to the ineffective communication and problem-solving patterns and distorted perceptions are the causal attributions made by spouses as to why a conflict exists or who is responsible for the conflict. Any therapist who has worked with couples or families for any length of time is soon aware that one of the typical claims (beliefs) expressed by the individuals involved is that the

problems are largely the result of the spouse (Gurin, Veroff, & Feld, 1960; Wright & Fitchen, 1978; Stuart, 1980).

In summary, ineffective communication patterns and styles, together with faulty perception and chronic patterns of denial of responsibility, contribute significantly to disturbed marital relations and weaken the chances for successful marital therapy. A technique that could positively modify these destructive behaviors would be very beneficial for marital and family therapists. One such modality that may contribute significantly toward this goal is videotape playback. Technological developments in recent years have made the purchase and use of compact, portable, and affordable videotape equipment a reality for the average therapist in private practice. Therapists have chosen to incorporate a variety of videotape techniques (e.g., self-confrontation, interpersonal process recall videotape modeling, etc.) in their treatment of individuals, groups, couples, and families. Few modes of treatment have been accepted so enthusiastically as the technique of videotape self-confrontation. Most of the literature on the use of videotape playback in therapy, however, is of the clinical report type and is described by its proponents in impressive terms. Alger and Hogan (1967, 1969) have asserted that videotape replay represents a technological advance for psychiatry equal to the significance that the microscope had for biology. Few empirical studies have been conducted on the application of videotape replay to couples or families.

Those studies that have been done have contributed inconsistent findings or have been methodologically flawed (Danet, 1968; Eisler, Hersen, & Agras, 1973; Finol, 1973; Edelson & Seidman, 1975). It is conceivable that videotape playback with distressed couples could lead to a number of changes in either spouse and the marital system, for a variety of reasons. The present study was limited to two basic target problems: blame patterns (causal attributions) and faulty perception.

Importance

This study is important for the following five reasons. The lavish claims made by the proponents of videotape self-confrontation (Alger, 1969; Alger & Hogan, 1969), supported primarily by clinical reports of success, together with the inconsistent findings of more empirically designed studies, are two pressing reasons of further research. A third reason for conducting this study stems directly from recommendations made in studies exploring the effectiveness of certain Interpersonal Process Recall techniques on the acceleration of client growth in therapy (Schauble, 1970; Van Noord, 1973; Tomory, 1979). It has also been suggested that mutual recall could be used to directly influence relationships with significant others, such as couples or families (Kagan, 1976; Kagan & McQuellon, 1981). Fourth, with the emergence of modern technological systems, it is important for the potential of traditional therapies to be

explored in conjunction with the use of modern audiovisual technologies (Silk, 1972). Finally, the use of videotape playback and mutual recall, if demonstrated to be effective, could prove to be a valuable tool in interrupting chronic "blame patterns" and decreasing the discrepancy in interpersonal perceptions typically present in the treatment of couples in conflict.

Research Questions and General Hypotheses

The primary purpose of this study was to examine the effects upon couples in conflict situations viewing videotapes of their own interaction and the processing of that experience through the use of a technique called "mutual recall" (Kagan, 1976). It was hypothesized that the videotape recall experience would positively affect the causal attributions and congruence of interpersonal perception between spouses.

General research questions such as the following were addressed. First, can mutual videotape recall be used as an effective therapeutic tool for marital and family therapists? Second, can mutual videotape recall provide spouses with a new perspective on their own behavior, as well as their mate's, sufficient to generate a shift in the pattern of causal attributions? In other words, will couples who receive the opportunity to experience mutual recall of their interactions via videotape playback be willing to assume a greater degree of responsibility for marital conflict?

Finally, will the experience of becoming observers of their own behaviors through the recall process prove to be an effective means of decreasing distorted perceptions typically occurring in distressed couples? In other words, are spouses who receive mutual videotape recall more likely to view their marriage partners as those partners perceive themselves? In short, will their perceptions of each other become more empathic?

Research Questions

The research design used in this study was a within-subjects crossover design. Subjects were randomly assigned to one of two treatment sequences: Sequence A or Sequence B. After completing the pretest measures, subjects in Sequence A received three sessions of mutual recall. At this point in the design (i.e., at crossover), Sequence A subjects completed the dependent measures for a second time. Subjects in Sequence A then received catharsis counseling for three sessions and completed the dependent measures for the final time (posttest). Subjects in Sequence B received the same treatment, but in reverse order (i.e., three sessions of catharsis counseling, followed by three sessions of mutual recall).

The following research questions represent the primary thrust of this research project as they relate to the dependent variables of self-attribution of responsibility, frequency of self- and other-attributional statements, and

interpersonal perception:

1. Is mutual recall more effective than catharsis counseling as a technique for facilitating marital therapy?

2. Is mutual recall more effective than catharsis counseling in causing spouses to assume a greater degree (percentage) of responsibility for specific areas of marital conflict?

3. Is mutual recall more effective than catharsis counseling for increasing interpersonal empathy in distressed couples?

4. Is mutual recall more effective than catharsis counseling for influencing the frequency of self- and other-attributional statements between spouses in the desired directions?

Hypotheses

The declarative hypotheses have been taken from the research questions stated above. The dependent variables are attribution of responsibility (as measured by the Marital Attribution Questionnaire), interpersonal empathy (as measured by the Semantic Differential), and frequency of self- and other-attributional statements (determined by audiotape ratings of couple interaction). The declarative hypotheses are as follows:

1. Mutual recall will be superior to catharsis counseling in increasing the degree of self-attribution of responsibility as measured by the Marital Attribution Questionnaire (MAQ).

2. Mutual recall will be superior to catharsis counseling in increasing the level of interpersonal empathy between spouses as measured by the Semantic Differential (SD).

3. Mutual recall will be superior to catharsis counseling in increasing the frequency of self-attributional statements (SAS).

4. Mutual recall will be superior to catharsis counseling in decreasing the frequency of other-attributional (blame) statements (OAS).

The corresponding null hypotheses are stated at the end of Chapter III. The testing of the null hypotheses will provide empirical evidence concerning the answers to the stated research questions.

Definition of Terms

Definitions of special terms used in this study are as follows:

1. Videotape Playback (VTP): The viewing of previously videotaped material of one's own behavior; also referred to as Videotape Recall (VTR) and Videotape Feedback (VTF).

2. Significant Other Recall: A procedure in which an individual and some significant other (in this case, one's spouse) are videotaped while discussing something meaningful in their relationship or completing a mutual task assigned by the therapist. In the recall process the therapist functions as an inquirer for the couple together or each spouse separately while the videotape is reviewed. Although not technically appropriate, in this study the term "mutual recall" will be used synonymously with "significant other

recall."

3. Interpersonal Process Recall (IPR): A procedure whereby two or more individuals are videotaped while interacting with each other (e.g., a counseling relationship; marital/family discussion) and then review the videotape for a recall examination of the original experience, facilitated by a neutral inquirer. Other components of IPR that are not used in this study are explained in detail in Kagan (1976) and Kagan and McQuellon (1981).

4. Attributions: The inferences made by one individual (observer) upon observing the behavior of another person (actor) or persons as to the reason or cause of the actor's behavior. People make causal inferences (attributions) in order to understand their environment and to predict future events. Attributions are synonymous with attributions of responsibility and causal attributions.

5. Interpersonal Perceptions: Viewpoints held by an individual that define how that person images him- or herself in relationship to significant others. They include not only one's self-concept, but also one's ideal self, perceived self (how one imagines others perceive him or her), and perceptions of others.

6. Conflictual Interactions: Interactions, simulated or real, between a husband and wife in which they seek to resolve a problem or issue by arriving at a mutually satisfactory conclusion.

7. Catharsis Counseling: A generic term used in this

study to describe the process of empathically "being with" a married couple in their discussion; assisting each of them in expressing concerns, thoughts, and feelings in a clear manner; facilitating conflict resolution or mutual problem-solving; and providing the couple with necessary information or other assistance needed in attempting to deal with their concerns.

CHAPTER II

REVIEW OF THE LITERATURE

The review of the related literature is organized into three major categories. These are (a) interpersonal perceptions of self and others, (b) attribution theory: actors and observers, and (c) videotape playback in counseling and psychotherapy. Research findings in these areas provide the basis for the research questions and hypotheses of this study.

Interpersonal Perceptions of Self and Others

This initial section of the review of the literature is divided into two areas: a brief summary of interpersonal perception, and research studies having direct relevance to marital dyads.

Joseph Conrad wrote in his novel, The Heart of Darkness: "Of course you fellows see more than I could see. You see me." While we may not be able to see ourselves as others see us, we are at least continually making such inferences. Some of the earliest contributions toward a theory of interpersonal perception express the same concept--that of the self in relationship to others.

Mead's concept of "the generalized other" (1934) and

Cooley's "looking-glass self" (1956) were two of the earliest formulations on how the individual is impacted upon by his social environment. Mead agreed with Cooley that the self develops out of interaction with other people, but believed that the self is based more upon cognitions than affect. The continual formation of the self takes place through a process of internalized conversations or thoughts between the "me" (what I think others think about me) and the "I" (what I think, feel, or do about what others think of me).

The work of the neo-Freudian analyst Karen Horney (1950) contributed significantly to the field of clinical psychotherapy as well as the theoretical contributions toward the understanding of interpersonal relationships and perception. Horney was convinced that individual differences in neurotics could not be explained fully on a biological and instinctual basis alone. She believed that interpersonal relationships were also important factors, Horney concluded that the formation of neurotic behavior resulted from a combination of both intrapsychic and interpersonal factors. In other words, psychological problems evolved from emotional conflicts and anxieties in relationships with significant others. The contributions of Cooley, Mead, and Horney greatly influenced the thinking of Harry Stack Sullivan.

The modern study of interpersonal relationships is influenced, to a great extent, by the work of Harry Stack

Sullivan (1953). Sullivan applied the work of C. H. Cooley and G. H. Mead to his work with mental patients and developed a theory of interpersonal relations which has served as a basis for much of the subsequent research. Sullivan based most of his conclusions on his work with psychiatric patients. A central assumption in Sullivan's theory suggests that if a person behaves in a crazy manner, there must be something in his relationships with other people that makes it sensible for him to act crazy, provided no organic basis for the individual's behavior is present. In other words, the influence of powerful significant others in an individual's life can have far-reaching effects upon that person's thinking and behavior. One of the key processes, according to Sullivan, in developing constructive relationships with others is consensual validation. Through consensual validation one validates one's view of oneself and of others by communication with significant others. Difficulties can arise when one's view of oneself is not validated by one's significant others, but instead is in conflict, producing an incongruent self-concept (Rogers, 1951).

The work of Cooley (1956), Mead (1934), Horney (1950), and Sullivan (1953) made significant contributions to the field of interpersonal perception. However, the individual whose work contributes most directly to this study is that of R. D. Laing (1962).

Laing has written extensively about the interpersonal

relationship from an existential-phenomenological perspective, basing his views on clinical data obtained from psychiatric patients. His ideas were further validated and extended through the development of a psychological inventory constructed by him and his co-workers (Laing, Phillipson, & Lee, 1966). Their findings are based primarily on work with schizophrenics and their families, but have direct application to interpersonal relations within normal dyads and families. The aspects of their theory of interpersonal perception (Laing et al., 1966) directly pertaining to this study can be summarized briefly in the following example.

In any (marital) dyad there are two basic perceptions: the husband's perception of himself and the wife's perception of herself. Also, the husband has a conception of his wife and she maintains her view of her husband's self. In addition, there exists what Laing et al. (1966) refer to as a "metaperspective"; that is, the husband's perception of what the wife thinks of his view of her. These perceptions form the basis of all interpersonal interaction. In summary, the interaction between two spouses is a function of the way they perceive themselves, the way they perceive each other, and the way they think they are perceived by the other person.

The transfer of this theoretical position to the state of marriage can be made with little difficulty. Marriage may be viewed as a process of understanding and the

reciprocal perception of roles (Taylor, 1967). When there is a disparity between the self-conceptions and interpersonal perceptions of spouses, there exists the likelihood for marital conflict. In almost every form of marital counsel- ing, the husband and wife are counseled so that both will develop clearer, more accurate perceptions of themselves and their partner (Dymond, 1949, 1954; Laing et al., 1966; Satir, 1964).

Reviewed below are a number of studies that have been done in an effort to find a relationship between interpersonal perception and marital adjustment.

Interpersonal understanding is an important variable in the study of marital relationships. It has often been suggested that this aspect of the relationship is an excellent indicator of the quality of communication between partners (Laing et al., 1966; Satir, 1964). Another, more appropriate term for this construct has been suggested by Dymond (1949, 1954) and will be used herein. Dymond (1949) defines "empathy" as the "imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does" (p. 127) and as "the extent to which one individual perceives another as the latter perceives himself" (Dymond, 1954, p. 165).

An early attempt to confirm the proposition that a significant correlation exists between interpersonal perception and marital happiness was conducted by Dymond (1954). Fifteen couples were tested for their ability to

predict their respective spouse's responses to 55 items scientifically chosen from the Minnesota Multiphasic Personality Inventory (MMPI). The subjects were grouped according to the degree of marital happiness or unhappiness as determined by self-ratings and the rating of an outside judge. In completing a specially-devised form of the MMPI, subjects were asked to respond True or False to each of the 55 items as it pertained to themselves, their spouses' perception of their own selves, their perceptions of their spouses, and how they felt their spouses would rate them. Deviancy scores were computed and correlated with the ratings of marital happiness. The findings appear to confirm the general hypothesis tested; specifically, that the "happiness of a marriage is related to the partners' understanding of one another" (p. 170), as reflected in their ability to predict each other's responses to a series of items on a personality inventory. The more satisfied the marital relationship, the better each spouse's understanding of the marital partner and his/her world (the greater the interpersonal empathy). Several other studies have further confirmed this positive relationship.

The relationship between marital satisfaction and congruent self-spouse perceptions was examined by Luckey (1960) by means of the Locke-Williamson Marital Adjustment Inventory and Leary's Interpersonal Check List. In this investigation it was found that satisfaction in the marriage was significantly related to the congruency between the

husband's self-concept and that held of him by his wife, but was not significantly related to the agreement between the wife's self-concept and that held of her by her husband. Luckey was unable to explain this sex difference in the findings.

Katz's (1965) study lends further support to this relationship. A variation of Osgood's semantic differential (Osgood, Suci, & Tannenbaum, 1957) was used to assess the degree of discrepancy or similarity between the semantic structures of spouses. This measure was correlated with scores of marital adjustment obtained from the subject's responses on the Locke-Wallace Short Marital Adjustment Scale. The study confirmed at a high level of significance ($p < .001$) the following results: (a) that troubled couples are more discrepant in their overall responses than untroubled marital dyads, (b) that troubled couples' responses were more discrepant than those of untroubled couples on meanings attributed to "concepts defined as marriage-related," and (c) that greater discrepancies were present for troubled couples in the meanings they attributed to marriage-specific concepts than for concepts unrelated to marriage. Katz's study further indicated that when dissatisfied couples describe their relationship in terms such as "Love must mean something different to him than to me" or "We just don't see things eye to eye," it may well be an indication that they genuinely do not share similar perceptions of the same world.

Other researchers sought to tie these findings to a specific theoretical base, such as symbolic-interactionism (Taylor, 1967) or Murstein's stimulus-value-role theory (Murstein & Beck, 1972). Ferguson and Allen (1978) found that the similarity in marital partners' self-concept and psychological empathy were significantly associated with marital satisfaction and child adjustment. They employed the Locke-Wallace Marital Adjustment Scale, the Leary Interpersonal Check List, and the Children's Behavior Checklist to measure "marital satisfaction," "congruence of self- and mate-perceptions," and "agreement in parental perception of their child," respectively. All the above variables were significantly and positively intercorrelated. Ferguson and Allen's findings indicate that the impact of interpersonal empathy extends beyond the marital dyad into the parent-child relationship as well.

In a final study bearing direct significance to the present research, Edelson and Seidman (1975) sought to alter the interpersonal perceptions of married couples in a therapy analogue investigation. The results of their study are discussed in detail later in the section entitled "Videotape Playback in Counseling and Psychotherapy." This study is mentioned here for two reasons: (a) the relationship of empathy to interpersonal perceptions among couples, and (b) its importance as one of the first attempts to increase interpersonal empathy in couples through use of videotape playback.

Summary

This portion of the review of the literature has presented a brief history of the theory of interpersonal relationships, finally focusing upon the applications of that theory to marital dyads. Several studies examining the relationship between the congruence of interpersonal perceptions of spouses and their level of marital adjustment or satisfaction have been discussed in detail. The relationship of these findings to the present research questions will be examined in the remainder of the literature review.

Attribution Theory: Actors and Observers

The review of the literature that follows will focus on a brief history of attribution theory and conclude with a review of the research in social psychology concerned with differences in causal attributions between actors and observers.

"Why does my wife think that I no longer love her? I'm a good breadwinner and I don't even drink!" "Why is my husband so insensitive and unloving?" These questions are common expressions heard in one form or another by most marital therapists. They are also excellent examples of the kind of reasoning that forms the basis for Fritz Heider's psychology of interpersonal relations (1958).

Attribution theory developed from person perception

research of the 1950's, when researchers and theorists began to focus greater attention on the causal inferences made concerning the behavior of oneself or another person. One of Heider's major contributions was to categorize these inferences related to human behavior into two kinds: dispositional and environmental causes. Simply, this categorization means that people explain an event or action either by attributing its cause to the personal disposition of the individual involved or by attributing it to some situational source. Research by others interested in social cognition extended this hypothesis.

Based upon research that developed out of Jones and Davis' (1965) "theory of correspondent inferences" and Harold Kelley's (1973) work on the process of causal inference, Jones and Nisbett (1972) postulated that actors and observers of the same behavior will attribute that behavior to different causes. More specifically, the actor will ascribe his or her behavior most often to environmental or situational factors (e.g., "I haven't taken the time to tell my wife how much I really love her because I've been so busy with my job, social commitments and a hundred other things!"). An observer of the same event or behavior may view it differently, attributing the reason for the behavior (or lack of it) to dispositional causes (e.g., "He never takes the time to say 'I love you' or 'I really appreciate you' anymore. He's become so cold and unloving.").

Jones and Nisbett (1972) hypothesized at least two

possible explanations for this phenomenon. One explanation may be that, because of differences in visual perspectives, actors and observers process the same information differently. Another idea suggests that actors and observers have different types of information available to them. The actor's perception is focused outward to the situational cues more often than toward internal self-awareness. In addition, it is obvious that the visual perspective of the actor is unsuited to self-monitoring. Finally, attributional biases between actors and observers may also be due to the fact that each may possess information differing in nature and extent. An actor may have a broader understanding of the history and context of his own behaviors than an outside observer.

Several research studies strongly support the Jones and Nisbett hypothesis of actor-observer differences. Lay, Ziegler, Hershfield, and Miller (1974) found that subjects made more situational attributions of their own behavior, while friends made more dispositional attributions of the actor's behaviors.

The results of another study pertain directly to one of the explanations suggested for the actor-observer bias. Nisbett, Caputo, Legant, and Marecek (1973) report that observers predicted, when asked, that the actors would behave in the future in ways similar to those they observed. The actors themselves did not share the same viewpoint, but saw their actions as situationally determined.

A direct test of the "visual perspective" explanation was conducted by Storms (1973). By reversing the visual perspectives of actors and observers via videotape playback, he found that this caused significant changes in the attribution of causality to the self or to the situation. One hundred and twenty Yale undergraduate volunteers (all male) were divided into 30 groups of 4 (two actors/two observers). The two actors were asked to engage in a brief conversation while the two observers looked on. A questionnaire was later used to assess whether the actors' attributions of their own behavior in the conversation were due to situational or to personal causes. A similar request was made of the observers. Videotapes of the conversation replayed to the participants before completing the attributional questionnaire provided the experimental manipulation. One group saw a tape merely repeating the visual perspective of the original situation ("same perspective" group). The findings indicated that actors who saw themselves on videotape attributed relatively more of their behavior to their own dispositions than did the observers. Storms saw these results as having implications for marital therapy. Thus, spouses who see themselves on videotape may realize for the first time their own role in the marital difficulty and be more willing to accept some of the responsibility.

Additional substantiation for the "visual perspective" explanation is offered by Regan and Totten (1975). These

researchers designed a study to test the Jones and Nisbett (1972) "information-processing" explanation--that certain aspects of the interaction are more "phenomenologically salient" for actors, while other characteristics are more noticeable for observers. These investigators hypothesized that observers who were instructed to empathize with one actor would make more situational and fewer dispositional explanations for an actor's behavior. The results were strongly supportive of the information-processing explanation and partially substantiated the visual perspective hypothesis.

All the studies up to this point had used what could be termed as "passive observers"; that is, persons who did not participate in or influence an interaction, but merely observed. Miller and Norman (1975) sought to extend the basic actor-observer hypothesis to include active observers, who would also be actors in the interaction. The results of their study indicated that attributional differences are even greater when the observer is an active participant in the action. These findings, together with the information that greater attributional bias occurs in situations that are ego-threatening and where the behavior of the actor is perceived as negative (Harvey, Harris, & Barnes, 1975) and that such bias diminishes when the consequences are positive (Harris & Harvey, 1975), have direct importance for marital and family therapists. If two individuals are involved in an intimate relationship, their judgments can become highly

distorted (Argyle, 1969; Olson, 1972).

Two very recent studies (Fitchen, 1979; Thompson, 1980) were attempts to examine the effects of using videotape playback to alter the causal attributions of distressed dyads. Since they are of particular relevance to this study, they will be discussed in detail.

In attempting to implement some of the recommendations made by herself and her co-author (Wright & Fitchen, 1978), Catherine Fitchen (1979) sought to examine in her doctoral dissertation the effects of verbal feedback on distressed couples' communications. She also sought to determine whether visual reorientation would have any effect on a spouse's causal inferences. Couples were randomly assigned to either a "videotape playback" or "no videotape playback" group. All couples were videotaped in the process of conflictual discussions, but only the videotape treatment group received videotape playback. Half of the subjects received verbal feedback from the researcher concerning their communication skills demonstrated in the videotaped discussion. All couples then engaged in another discussion. Fitchen hypothesized that videotape playback would alter the subjects' self-perceptions and causal attributions to be less self-serving. Results of her findings indicate that visual reorientation via videotape did not significantly alter spouses' self-serving attributions. Neither videotape playback nor verbal feedback had any significant effects on communication behavior of spouses. In spite of this

apparently negative finding, Fitchen speculates that it might be possible to achieve a significant effect by videotape playback when used with repeated exposures or as an adjunct to couples therapy.

Most recently, another study (Thompson, 1980) was completed under somewhat different conditions. Fifteen couples who presented themselves for marital therapy were randomly assigned to one of three conditions: (a) communication skills training plus videotape, (b) communication skills training only, or (c) no training/no videotape. The "communication skills plus videotape playback" group received three sessions involving 45 minutes of training in resolving actual problems, plus 45 minutes of watching a videotape replay of the first 45 minutes. No additional training was done during playback. The "communication skills only" group received a full 90-minute training session in the same context. This group was also videotaped but did not receive playback. Thompson's findings indicate that the subjects who received playback showed significant increase in scores on their self-attribution questionnaire as compared to the other groups. This group also demonstrated a significant increase in the frequency of self-attributional statements. However, no significant results were found for "perceived importance of self-change" for any of the groups at posttreatment. The results seem to support the hypothesis that couples who receive communication skills plus videotape playback will show a significant increase in

"change of blame attributed to self." It must be noted that the results remain questionable because the self-attribution change scores were not significantly different from those of the other groups. It is also possible that small sample size might have contributed to sampling error. The research of Fitchen (1979) and Thompson (1980) contributes partial evidence that videotape playback may be an effective means of facilitating acceptance of responsibility in distressed marriages and a valuable adjunct to marital therapy.

Summary

The majority of the research in attributional theory supports Jones and Nisbett's (1972) actor-observer hypothesis. Explanations for this trend include differences in information processing, in salient information available, and in visual perspective. The potential implications for work with couples and families appear substantial. In the next section, the use of audio- and videotape recordings in counseling and psychotherapy is examined.

Videotape Playback in Counseling and Psychotherapy

There has been a steady growth in the availability and use of videotape techniques in a wide variety of settings by counselors and psychotherapists over the past 15 to 20 years. As is often the case with new and promising therapeutic techniques, however, the research on the use and effectiveness of videotape playback has not kept pace with its increasing popularity. This major section of the review

of the literature is concerned solely with the use of audio- and videotape playback in psychotherapy settings. For the purpose of clarity, this section of the review will deal with the early uses of audio recordings in therapy, followed by a review of videotape playback as it has been used in a number of clinical settings; more specifically, individual, group, marital, and family therapy.

Audiotape Recordings in Therapy

Phonographic recordings of therapy sessions were used in the training of clinical counselors and for research purposes as early as 1942 (Covner, 1942, 1944; Rogers, 1942). Yet, the benefits and potential of audio recordings for therapeutic purposes were not generally realized until the late 1950's. As early as 1948, however, audiotape recording was used with psychiatric patients in psychotherapy by Bierer and Strom-Olsen (1948).

Among the suspected benefits attributed to this method were its ability to overcome client resistance and denial, as well as to shorten the length of treatment. The technique of recording a counseling session and playing it back to the client immediately afterwards as a means of therapeutic self-confrontation was not confined solely to its use with adult psychiatric inpatients. Freed (1948) effectively used this technique with children in play therapy and in the treatment of character disorders. Audiotape playback in group therapy with six adolescent boys on judicial probation

was attempted by Kidorf (1963). Following playback, the sessions were rated more meaningful, were characterized by increased verbal interaction, and greater rapport was observed between the therapist and clients. Bailey (1968) conducted the only known controlled study on the use of audiotape recordings in self-confrontation. This study involved inmates at a Federal women's prison. The results indicate that audiotape playback has a significant effect on the psychotherapy process, but little on outcome measures. While audiotape recordings of therapy sessions continued to be used into the 1960's, the advent of the videotape recorder and its use took precedence over audio recordings. The addition of the visual dimension to the playback experience obviously contributed to its popularity and success.

Videotape Recordings in Therapy

Technological advances in audiovisual recording devices and the ongoing desire to improve the effectiveness of counseling and psychotherapy provided the necessary impetus to employ these techniques in different settings. A number of reviews of the literature in this area have been quite favorable. The reviewers have pointed out, however, the lack of controlled experimental studies (Alger, 1969; Alger & Hogan, 1969; Bailey & Sowder, 1970; Berger, 1978; Danet, 1968; Griffiths, 1974; Sanborn, Pike, & Sanborn, 1975).

The earliest attempts at the use of videotape

self-confrontation involved individual case report data. Geertsma and Reivich (1965) employed the use of videotape recordings in the treatment of a male psychiatric impatient diagnosed as having "mixed personality disorders" and perceived as a poor candidate for traditional psychotherapy. After videotape self-confrontation, the patient's ratings of self became more congruent with the ratings of observer nurses.

Kagan, Krathwohl, and Miller (1963) described a case study of a female client who was being treated for depression and frigidity. After five months of treatment, videotape playback was used one time only, on an experimental basis. Kagan et al. felt that the use of videotape playback by counselor and client enabled the client to talk about previously repressed feelings and gain considerable insight, leading to a breakthrough in treatment.

The first researchers to employ both a sizeable sample and a control group were Moore, Chernell, and West (1965). Eighty inpatients admitted to the University of Mississippi Medical Center were assigned to either an experimental group who viewed videotape playback of their previous interviews, or a control group who received similar treatment but no exposure to videotape playback. Treatment interviews for both groups were videotaped, but only the patients in the experimental group viewed their sessions. Subjective psychiatric ratings of all subjects were designed to be conducted in a double-blind manner. There appears to be

some question as to the success of that procedure in this study. The findings are both impressive and highly questionable. Eighty percent of the treatment group was judged to be moderately to maximally improved as compared to only 55% of the control group. The average length of stay was greater for the playback group, 24 days versus 18 days. Due to the specific design used and the methodological defects in this study, the results must be viewed with question, and a direct relationship between videotape self-confrontation and subjective improvement ratings cannot be made with any degree of certainty. The significance of Moore, Chernell, and West's study lies in the stimulus it provided for further experimental investigations into the effects of self-confrontation methods.

One question that surfaced from the research conducted by Moore et al. caused other researchers to wonder, "What effect does videotape playback have on self concept?" Boyd and Sisney (1967) explored the relationship between videotape playback and self-concept in male inpatients at a VA psychiatric hospital. Previous research supported the belief that the degree to which the self is misperceived (incongruence) is highly correlated with behavioral or psychiatric disorder (Rogers, 1951). Boyd and Sisney hypothesized that, when confronted with their self-image via videotape feedback, the self-concepts of these patients would become less pathological and less discrepant when measured by the Leary Interpersonal Check List (ICL). The

ICL was used to arrive at a measure of self-concept, ideal self-concept, and how they believed others perceived them. The 14 subjects were randomly assigned to two groups. The experimental group viewed a replay of a standardized interview in which each subject had participated. The control group was also interviewed and videotaped, but instead of the replay these subjects were shown an equal-time segment of daytime comedy (10 minutes). The authors claim that after only one exposure, the treatment group's pathology scores became less extreme and maintained this positive shift for at least two weeks. Pathology scores of the control group either remained the same or increased during this period. The subjects' public self-concept (their view of others' perceptions of them) and their own self-concept moved closer only in the experimental group. These impressive findings are viewed with healthy skepticism by the authors themselves. Weaknesses such as the small number of subjects, interviewer bias, and questions concerning the validity of the ICL were pointed out.

In an attempt to obtain more objective data on the effects of videotape playback, Parades, Gottheil, Tausig, and Cornelison (1969) performed a pretest-posttest experimental study employing three groups: a videotape playback group, a group that viewed a motion picture after each of the 12 sessions, and a "no image experience" group. Dependent variables were assessed by means of psychological tests, clinical opinions, and behavioral measures of patient

change. No statistically significant results were obtained on the psychological or behavioral measures; however, positive trends were noted. Clinical judgments were more favorable for the playback group. The authors concluded that videotape playback was neither harmful nor beneficial as applied in their study.

Each of the self-concept studies reviewed above has methodological shortcomings that call the results into question (Bailey & Sowder, 1970). Another area of research with individuals exposed to playback of their therapeutic experience has involved application to group therapy methods.

Stoller (1967, 1968a, 1968b, 1969) has perhaps written most extensively on the use of videotape feedback in group therapy. He has enumerated several advantages as well as insights into the causes of its effectiveness. One advantage, alluded to earlier, is the addition of the visual dimension previously absent from audio recordings of group sessions. This addition enables the reviewers to access nonverbal, relational communications that were unconsciously filtered out of their awareness in the original experience. Another advantage is that the videotape playback is as close to the original unit of behavior as possible. Misperceptions and disagreements among group members over what was said or transpired are avoided. A final advantage of videotaped feedback over audiotaped or therapist-recalled feedback is its accuracy and freedom from distortion.

Stoller (1968b) suggests that videotape recording promotes an attitude of "reflective role-taking." Because individuals can truly see themselves as others see them, they are able to conceptualize the discrepancy between what they intended to communicate to others in the group and what was actually presented.

An excellent summary of the literature on the various methods of videotape self-confrontation was written by Danet (1968). He included in this review his own research on the use of videotape playback in groups. While the findings were inconclusive due to small sample size and other methodological weaknesses, his results raise the issue that videotape recall may be effective with some individuals and not others. Danet suggested that the videotape replay be handled in a "sensitive and skillfull manner" to avoid potential harmful effects. He also suggested that further research be conducted to determine, specifically, for what individuals and under what conditions videotape playback would be a beneficial experience.

Another area of research exploring the applications of videotape playback to the therapeutic experience has been generated by a technique called Interpersonal Process Recall (IPR). IPR was initially designed for counselor educators and employs a form of videotape feedback. IPR was developed by Norman Kagan at Michigan State University and has been applied in a variety of settings, from the training of incarcerated felons in interpersonal skills to attempts at

accelerating client growth. The research based on IPR in areas other than counseling and psychotherapy will not be reviewed here, but a detailed listing of such research is available (Kagan, 1976; Kagan & McQuellon, 1981).

The central component of IPR is the recall method. This method consists of viewing a videotaped portion of, for example, a counseling session in one of several ways: (a) by the client alone (client/individual recall), (b) by the client and therapist (mutual recall), or (c) by the client and a significant other who also participated in the session (significant other recall). Each of these recall methods is facilitated by a nonjudgmental third party, referred to as an inquirer. The inquirer's purpose is to aid the recall participants in the exploration of their underlying feelings, thoughts, fantasies, expectations, and fears in the counseling session. Two additional components of the IPR package, training in effective communication skills and affect simulation, are not particularly relevant to this study and will not be discussed here. Further information regarding all the components of IPR is available in Interpersonal Process Recall: A Method for Influencing Human Interaction (Kagan, 1976). In addition to the initial case report study (Kagan et al., 1963) reported earlier in this section, several other studies to examine the outcome of IPR and its application to the therapeutic process will be examined here.

An earlier IPR case study conducted by Resnikoff,

Kagan, and Schauble (1970) involved the treatment of an 18-year-old male high school student suffering from severe psychotic reactions. A client recall (involving the client and an inquirer) was conducted immediately following the 12th session. Sessions 9 through 15 were rated by independent judges having no knowledge of the IPR treatment session. Although results indicated positive client growth in post-IPR sessions, the findings must be viewed with caution since this was not an experimental study. However, the results led to further research by Schauble (1970), Van Noord (1973), and Tomory (1979) to determine whether the IPR model could be integrated into traditional treatment methods.

The study conducted by Schauble (1970) was one of the first controlled IPR client outcome studies. Twelve female university counseling center clients were randomly assigned to an "IPR plus traditional treatment" group or a "traditional treatment only" group to be seen for six sessions by two doctoral interns. Pre- and postintervention dependent measures included the Characteristics of Client Growth Scales (Kagan et al., 1963), the Depth of Self-Exploration Scale (Carkhuff & Berenson, 1967), the Wisconsin Relationship Orientation Scale (Steph, 1963), the Therapy Session Report (Orlinsky & Howard, 1966), and the Tennessee Self-Concept Scale (Fitts, 1965). Schauble (1970) reports:

> In light of the changes observed in client behavior...as a result of the IPR intervention and the significant differences between the behavior of clients in the IPR treatment and the traditional treatment group, it is assumed that the IPR procedures are a potentially potent tool for use in accelerating client progress in therapy. (p.150)

Implementing suggestions of Schauble's study, Van Noord (1973) increased the number of therapists to 12, assigned one client to each therapist, and used a posttest-only design. As in the previous study, a treatment (IPR plus traditional therapy) and a control (traditional therapy only) group were used. No significant differences were found on the five variables measured, but subjective comments by clients indicated that the IPR method was helpful in their exploration of their relationship to themselves and to the counselor. Yet, Van Noord's results called into greater question the findings of Schauble.

In an effort to improve the method and design of the two previous studies, Tomory (1979) conducted an impressive study using a larger number of subjects (N = 50). In addition, he introduced greater flexibility into the counselor's decisions of when and how often to use the recall method and increased the number of sessions from 4 to 15. As was the case in Van Noord's study, no significant differences were found between the two groups on the dependent measures. In contrast, the comments of both the clients and therapists were very positive, almost without

exception. It can be concluded from the studies by Schauble (1970), Van Noord (1973), and Tomory (1979) that the assessment of the impact of the IPR model upon objective outcome measures is different and questionable. Perhaps further research aimed at more specific questions regarding its application to counseling would demonstrate objective results more congruent with subjective client/therapist comments. Recommendations made by Van Noord and Tomory have particular application to the present study. They both suggest the trial, with couples or families, of the "significant other" mutual recall technique as a tool in marital and family therapy.

Results of studies employing videotape recall with individuals and groups appear to justify the extension of its use to couples and families. The following articles report clinical observations and research studies using videotape playback in marital and family treatment settings.

Videotape playback has been used by a number of therapists in their own private practices and reported in several papers (Alger, 1969, 1973; Alger & Hogan, 1967, 1969; Daitzman, 1977; Hogan, 1972; Paul, 1968; Silk, 1972).

Alger and Hogan are pioneers in the use of videotape techniques in psychotherapy. They have used these techniques with a large number of patients in individual, group, family, and conjoint marital therapy. They credit videotape

playback with interruption of "blame patterns," facilitation of understanding, and shortening the length of therapy. Paul (1968) found through his clinical application with families and their comments that videotape playback produced "greater understanding and empathy" in the family unit.

The impact of videotape playback on clients has been found by these authors, through their extensive clinical experience, to have both immediate and long-range benefits. Alger and Hogan (1967, 1969) described three major categories of immediate effects: (a) "image impact," (b) awareness of multiple channels of communication, and (c) the "second chance phenomenon." An individual's initial reaction to seeing himself or herself on videotape is called "image impact."

After the initial reaction to seeing one's own image on the T.V. monitor, the individual's attention focuses more on the content and process of the interaction. It often becomes evident to couples at this point that there are a number of different and contradictory messages being sent between them:

> In a session with one couple, for example, the husband opened by saying to his wife, "All right, you start." He then lapsed into silence and slouched down in his chair, while a rather angry scowl descended over his face. The wife did not begin...When he saw the videotape playback, he recognized the discrepancy between his message to go ahead...and his message <u>not</u> to go ahead (which he had given in an expressional level by the scowl). (Alger 1969, p.434)

The authors contend that messages on multiple channels of communication are more easily understood by clients receiving videotape feedback than couples receiving only therapist feedback.

The final immediate effect of videotape playback in therapy is the "second chance phenomenon." This effect occurs when one person becomes aware, by means of videotape playback, of a thought or feeling experienced at the time of the original interaction that was not conveyed clearly to the other person(s). Spouses or family members have the opportunity or "second chance," upon viewing the videotape together, to clarify the communication in question.

Based solely upon the self-reports of clients the authors believe that long-range, lasting effects can accrue from videotape playback. Recollection of a particularly lucid and meaningful videotaped sequence, greater perception and awareness of double messages, and increased sensitivity to the non-verbal levels of communication are the long-term effects of videotape playback experience described in follow-up clinical reports of couples and families seen by Alger and Hogan (Alger, 1973; Alger & Hogan, 1969).

Kagan, Krathwohl, and Miller (1963) have also credited videotape playback in general, and IPR specifically, as having positively (yet indirectly) influenced the troubled marital relationship of a female client. Kagan (1975b) also

suggests that IPR's method of videotape playback could be applied successfully to marital and family relationships in a technique he refers to as "significant other recall."

In an attempt to describe several specific methods of videotape playback in the treatment of marital difficulties, Silk (1972) stated:

> If one accepts as a premise that one goal of a therapeutic relationship is to assist the client in the most meaningful and expedient way to reach an understanding of the situation and to realize what solutions or alternatives are available, then videotaping can be very instrumental. (p.418)

Silk reports that of 25 couples, more than 70% stated very positively that they had gained a great deal from the experience. Silk views the use of videotape in marriage therapy as a technique that helps the couple experience each other more fully, and views the therapist as a facilitator rather than as an expert problem-solver.

The review of the literature up to this point has dealt with clinical report studies summarizing the effects believed attributable to the various uses of videotape playback with marital and family units. There have been few controlled, well-designed research studies conducted in this area.

Eisler, Hersen, and Agras (1973), in an analog study with 12 couples, conducted an intensive single-case study experiment using an ABAB design. The researchers sought to examine the differential effects of (a) videotape playback

alone, (b) irrelevant television, (c) videotape plus focused instructions, and (d) focused instructions alone. Subjects in the "focused instructions" condition were asked to "pay attention to how much you are looking at each other." The sole dependent variable was "frequency of looking and smiling." Instructions alone were found to be more effective in increasing the frequency of "looking" than either videotape alone or videotape plus focused instructions, although videotape plus focused instructions did result in an increase in smiling behaviors. While a number of methodological criticisms could be made of this study, it is significant in that it was one of the first controlled experimental studies conducted on the effects of videotape playback on couples.

Another therapy analog study conducted with 38 couples was designed to assess the effects of videotape playback and verbal feedback by the therapist, with verbal feedback only or no feedback as a means of altering interpersonal perceptions (Edelson & Seidman, 1975). This analog study followed a pretest-posttest experimental design, with the single dependent measure being a combination of the Leary Interpersonal Check List and Laing's Interpersonal Perception Method. Results showed that videotape playback with verbal feedback altered perceptions of self, but not spouse, to a significantly greater degree than the other

conditions. One possible implication of Edelson and Seidman's study is that videotape playback with couples or family units may facilitate change by altering the way spouses of family members perceive themselves and other family members. Limitations of this study include the facts that the experimental task and setting differed from what may be encountered in a marital therapy session, and that the subjects were not real dyads seeking therapy.

Summary and Critique

A review of the literature demonstrates that videotape playback has been used in a variety of psychotherapeutic settings and in many different ways. In many cases the technique apparently results in some degree of therapeutic gain or acceleration, or both. Unfortunately, much of the evidence is speculative, consisting of clinical case studies and anecdotal reports. The few empirical studies lack rigor, employ small samples, involve no controls, or utilize inadequate dependent measures (Bailey & Sowder, 1970; Wright & Fitchen, 1978). It can be generally inferred from the literature, however, that the application of videotape playback to couples could lead to a variety of benefits for several possible reasons. The present study will be focused upon two basic areas of marital dysfunction: blaming patterns or denial of responsibility, and faulty interpersonal perception.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

The general purpose of this study was to test the effects of videotaped mutual recall (Kagan, 1975b) on couples. More specifically, the purpose was to examine the effect of mutual recall on the degree of interpersonal empathy in couples as measured by a form of the semantic differential. Also examined was the effect of mutual recall via videotape playback (VTP) on the degree of attributional responsibility assumed by each spouse for three major areas of conflict or concern in the relationship, and on frequency of self- and other-attributional statements.

The following section contains a description of the design, subjects, treatments, instrumentation, hypotheses, and data analysis employed in this study.

Research Design

This study was conducted in the form of a within-subjects crossover design as shown below:

Sequence A: R O_1 X_1 O_2 X_2 O_3

Sequence B: R O_1 X_2 O_2 X_1 O_3

R signifies random assignment of subjects to treatment conditions; O's are the pretest, crossover, and posttest measures; X_1 represents repeated exposure to the first independent variable (significant other recall); X_2 denotes the second independent variable (catharsis counseling). Kazdin (1980) suggests the inclusion of pretests (denoted above by O_1) for the sole reason that they are commonly used in this type of design.

In discussing the benefits of the use of a pre- and posttest design, Borg and Gall (1971) list several reasons for including pretests in the design. The first reason pertains to the possibility that the subjects could differ significantly from one another on the pretest, or simply by chance. Random assignment to groups ensures that no initial differences will exist for large numbers of subjects ($>$ 100). When smaller numbers are used, the potential is greater that the groups may differ on the dependent variable.

A second reason for the use of a pretest is related to the possible attrition of subjects and to the subsequent analysis. Administration of a pretest allows for an examination of the differential attrition hypothesis. Finally, the use of a pretest-posttest procedure allows for examination of the relative amount of change produced by the treatments. In summary, this particular design protects the results from the various alternative sources of internal

invalidity.

Within-Subjects Design

The choice of a within-subjects design over a between-subjects design was made for two reasons, one practical and the other statistical. The practical advantage of this design is that fewer subjects are required to evaluate the effectiveness of the independent variable. Since, in this study, each subject received exposure to both mutual recall and catharsis counseling, each subject was, in effect, his or her own control. The statistical advantage lies in the efficiency or power of this design over between-subjects designs. Chance fluctuations (error variance) within individuals tend to be smaller than the error variance between individuals. By employing a within-groups design (such as the crossover design), chance fluctuations within individuals, not fluctuations between groups, are used to assess the effect of the independent variable. In summary, because chance error within subjects tends to be smaller than chance fluctuations between subjects, within-subjects designs are a considerably more powerful test of treatment effects (Wood, 1977; Kazdin, 1980). Thus, this particular design protects the results from various alternative sources of internal invalidity and all sources of external invalidity, with the exception of the potential for multiple treatment interference.

Methodology

Population

The specific population under investigation was composed of married couples who were experiencing some degree of dissatisfaction in their marriage, or married couples expressing no dissatisfaction but who wished to improve or enrich their marital relationship.

This pool of potential subjects was generated by advertisements in the local and University newspapers, as well as requests to area ministers and mental health therapists. The advertisements described a research project being conducted at Michigan State University in the Department of Counseling, Educational Psychology and Special Education on patterns of marital interaction and marital enrichment.

Sample

Only couples who responded to the requests for subjects and where either one or both partners indicated verbally--in a brief telephone interview--that they were either dissatisfied or wanted to enrich/improve their relationship, were selected as subjects. In addition, neither partner was to be currently involved in psychological counseling or psychotherapy. Couples with obviously severe character disorders in either spouse were screened from participation in the study. In addition, potential subjects completed the

Marital Status Inventory (MSI) to determine the dissolution potential of their marriage. Couples whose scores indicated a significant potential for divorce were screened from participation in the study.

Thirteen couples were admitted into the study after meeting the qualifications stated above. One couple dropped out of the study just prior to the initial session because the husband had decided to follow through on divorce proceedings that he had previously discussed with his lawyer. Both spouses expressed a desire for a referral to a counselor for individual therapy at that time. Their request for a referral was honored, and they were dropped from the study. The twelve remaining couples (N = 24) completed the entire treatment sequence. The age of the participants ranged from 21 to 58 years, with a mean age of 33 years. Years married ranged from 1 to 29, with 8 years of marriage as the mean. The participants' educational level ranged from 2 years of college to graduate and professional, with a mean of 4 years of college. The mean income range was $40,000-$55,000 per year. Forty-two percent of the subjects had been married previously, and 71% indicated that they had considered divorce at least once in their present marriage. The number of children ranged from 0 to 8, with a mean of 2. Seven of the 12 couples who participated were direct referrals from local area ministers, 3 couples were self-respondents to announcements in church bulletins, and 2 couples responded to advertisements

in the University newsletter.

Intake Procedures

When potential subjects (couples) were seen on intake or contacted by telephone, they were asked by the experimenter if they would be interested in participating in a research project designed to learn more about how married couples interact and to shorten the marital therapy process. If they expressed a willingness to participate, an Initial Session was scheduled. At that time each couple read and signed a statement outlining the procedures and requirements of the research project (Appendix A). Also at that time, each spouse completed the ENRICH Marital Assessment Inventory (ENRICH) and the Marital Status Inventory (MSI). Couples who then qualified as subjects for the study were randomly assigned to either Treatment Sequence A (mutual recall followed by catharsis counseling) or Treatment Sequence B (catharsis counseling followed by mutual recall).

It was clearly explained to each couple, both orally and in writing, that this study was not an ongoing treatment for marital concerns, although potential benefits from participation in the project might result. Some potential benefits for participants included the possibility that they might gain some new insight into their relationship as well as their own behavior toward their spouse. Simply completing ENRICH and receiving feedback on their results from the experimenter would provide them with a comprehensive

picture of how each spouse perceived several important aspects of their marital relationship.

As with any therapeutic intervention there was some chance that a few individuals or couples might experience deleterious effects. However, the chance of this occurring appeared to be quite small. Of all the studies reviewed employing videotape playback as a means of altering self-concept, only two were found that reported adverse effects upon subjects. Danet (1968) reported that after VTP experience the subjects' self-perceptions might change in a positive or negative direction. Shean and Williams (1973) found that it was possible for VTP experience to induce an identity crisis or other disturbance in psychotic or borderline patients. There was no evidence, however, in all the previously reviewed research of any harmful effects precipitated by VTP experiences upon normal, relatively undisturbed individuals. Specific steps were taken to minimize the chances of any negative treatment effects upon the subjects. Couples who desired to enter marital or individual counseling or psychotherapy following their participation in this study were assisted by the investigator in locating services in the community appropriate to their concerns.

Treatment Procedures

Each couple in Sequence A (mutual recall followed by catharsis counseling) was instructed to interact for 10 minutes over a different concern each session while being

videotaped by the investigator. The three concerns were obtained from the couple's responses on the Marital Attribution Questionnaire (MAQ) and ENRICH. Immediately following the videotaped interaction in Session 1, the investigator conducted individual recalls with each spouse separately. Sessions 2 and 3 of the VTP phase were mutual recall sessions (both spouses participating in the recall at the same time). Total time for each session was limited to 60 minutes, and the investigator employed the guidelines for conducting individual and mutual recall sessions indicated by Kagan (1976). Kagan suggests that the individual conducting the recall sessions (in this case, the investigator) employ an assertive but nonjudgmental stance in relation to the two participants. The role of the inquirer remains the same regardless of whether the sessions are individual or mutual recall. According to Kagan, efforts should be made by the inquirer to encourage the participation of both parties and to monitor the balance of that participation. "The role calls for one to ask such questions as, 'What were you feeling? What were you thinking? What did you want the other person (e.g., 'your spouse') to think of you?' etc." (Kagan, 1976, p. 183). Immediately following the third session the subjects were asked to complete the dependent measures for the second time.

For each of the three remaining sessions, couples in Treatment Sequence A experienced what would traditionally be

called catharsis counseling over the same or remaining concerns generated from the MAQ. Catharsis counseling entailed the investigator's empathically "being with" the couple in their discussion/conflict; assisting each of them in expressing their concerns, thoughts, and feelings more accurately; and facilitating conflict resolution or mutual problem-solving. Again, each session was limited to 60 minutes. After Session 6, each subject completed each dependent measure for a final time.

All couples in Treatment Sequence B received the same treatments but in reverse order (i.e., three sessions of catharsis counseling followed by three sessions of mutual recall).

Raters. Two individuals, one male and one female, were used as observational raters to assess the frequency of self- and other-attributional statements. Both individuals are MA graduates in marital and family counseling who were completing their clinical internships at the Oakland University Psychology Clinic. Self-attributional statements are defined as here-and-now statements in which the individual indicates acceptance of blame or responsibility for conflict while using the pronouns "I," "my," or "me." The raters obtained frequency counts of attributional statements for each couple by listening to an audiotape of systematically selected portions of the first, the third, and the final session. In an attempt to reduce observer bias and contamination of the results, neither rater was

told anything concerning the primary purpose of this study. As a final precaution, all recordings were assigned to raters in random order. Identities of the subjects in the study were protected by employing a coding system known only to the investigator.

Training of Raters. Training for judges rating the frequency of self-attributional statements was held in one three-hour session. The following training format was employed in developing the specific training content:

1. Introduction
    a. Introduction to the concept of attributions.
    b. Explanation of self-attributional and other-attributional statements.
    c. Introduction to the task of rating.
    d. Discussion of specific criteria.

2. Graduated approximations to the task.
    a. Presentation of written and verbal examples.
    b. Rating by trainees of short audio-taped examples.
    c. Discussion of trainee ratings.
    d. Rating by trainees of audiotaped examples.
    e. Discussion of ratings.

Materials used in the training are included in Appendix B.

Instrumentation

The ENRICH (Evaluating and Nurturing Relationship Issues, Communication and Happiness) Marital Assessment Inventory (Olson, Fournier, & Druckman, 1982) is a 125-item questionnaire designed to help couples become more aware of their relationship strengths and work areas and to stimulate discussion about these issues (see Appendix C). This instrument was primarily designed for assessment and treatment guidelines for couples seeking marital enrichment or counseling. The items in the ENRICH cover 14 areas of the marriage relationship. The test-retest reliability coefficients for these categories range from a low of .72 (Marital Adaptability) to a high of .92 (Idealistic Distortion and Sexual Relationship). Validity data indicate that all 14 scales (with the exception of Idealistic Distortion, Marital Cohesion, and Marital Adaptability) in ENRICH are significantly correlated with the Locke-Wallace Short Marital Adjustment Scale (Locke & Wallace, 1959). The ENRICH was employed in this study solely for the purpose of providing each couple with specific feedback on how each partner viewed each area of the marital relationship surveyed by this instrument. This information provided the focus for each couple's discussions of specific "work areas" during the course of the treatment.

The Marital Attribution Questionnaire (MAQ) is a brief questionnaire designed to enable the subjects to list the three most important problem areas in their marriage in

descending order of importance (see Appendix D). It also allows each spouse to rate the degree (percentage) of responsibility one attributes to oneself, to one's spouse, or to other factors for each concern. This questionnaire was modified for use in this study from one designed by Thompson (1980). The modifications are slight and only in general format, so there is little reason to believe that the test-retest reliability (.84) established by Thompson (1980) would not apply here. No validity data are available. However, the questionnaire appears to have a high degree of face validity.

The dependent variable of empathy or interpersonal congruence was assessed by means of two Semantic Differential (SD) scales: one for self-concept and the other for spouse-concept (see Appendix E). This method has been employed in several other studies on interpersonal perception (Katz, 1965; Ableidinger, 1978). The SD is a general method for measuring the connotative meaning of concepts. Subjects are asked to rate two concepts ("self" and "spouse") on several 7-point bipolar rating scales. These scales have been demonstrated by Osgood (1952) and Osgood, Suci, and Tannenbaum (1957) to be a reliable ($r = .85$) and valid instrument. The Semantic Differential has been and continues to be an important and frequently used tool in clinical and social psychology. It was selected for use in this study because of its relative ease in administration and scoring, as well as its popularity and

established record as a reliable instrument for measuring individual attitudes toward specific concepts. It has also been used previously to measure the degree of conguence between husbands' and wives' perceptions of their partners (Katz, 1965). Subjects completed this measure before treatment, after Session 3, and after Session 6. Each subject's score on each form of the Semantic Differential was then converted to an Empathy Ratio Score (Hobart & Fahlberg, 1965). This score is an index designed to measure empathy while controlling for projection. In this case, each husband and wife responded to "Self" and "Spouse" forms of the Semantic Differential. Two raw scores were derived. The dissimilarity score (DS) represented the number of items to which the pair gave non-identical "Self" responses. The raw empathy score (RES) was the number of items to which the pair gave non-identical "Self" responses and on which the mate correctly "predicted" the spouse's "Self" response. The raw empathy score (RES) was then divided by the dissimilarity score (DS) to form the individual Empathy Ratio Score (ERS).

The Marital Status Inventory (MSI), located in Appendix F, is a 14-item self-administered true-false questionnaire developed to provide an intensity scale (i.e., Guttman scale) measure of dissolution potential. It has a Coefficient of Reproducibility of .87. Only initial validity data are available at this time. This scale would be considered valid if individuals scoring at the upper end

(e.g., 10-14) sought legal action for divorce. In the only normative data available, subjects were couples who had sought marital counseling (N = 24). Of these, one couple whose MSI scores were 13 (husband) and 10 (wife) filed for divorce (Weiss & Cerreto, 1975). The MSI was employed in the present study solely as a screening measure in order to exclude couples whose potential for divorce might prevent them from completing the study. One couple who volunteered for this study scored at the upper end of the scale (wife = 11, husband = 14). In discussing their scores privately with the experimenter, the husband disclosed that he had already initiated divorce proceedings with an attorney.

As stated previously, two individuals (one male and one female) were used as raters to assess the frequency of self-attributional (SAS) and other-attributional statements (OAS). SAS are defined as here- and-now statements in which the individual spouse accepts blame or responsibility for conflict while using the pronouns "I," "my," or "me." OAS are defined as here-and-now statements made by an individual that attribute blame or responsibility for conflict toward another person while using the pronouns "you," "he," "she," "they," or "it." Frequency counts of both types of statements were obtained for each spouse by listening to portions of audiotapes from the first, the third, and the final sessions. These audiotaped segments were obtained by means of a systematic random sampling of each full audiotape and contained a full 10 minutes of the couple's interaction

with each other. Any comments made by the investigator in that portion of tape were not included in determining the 10-minute length. In an attempt to reduce observer bias and contamination of the results, each rater judged the tapes independently of the other and was naive concerning the primary purpose of the study. As a final precaution, all recordings were assigned to the raters in random order. Identities of the subjects in the study were protected by employing a coding system known only to the investigator. An overall interrater reliability coefficient of .88 ($p < .001$) was determinined by computing a Pearson product-moment coefficient.

Hypotheses

This study provided an examination of the following null hypotheses:

H_1: There will be no difference between mutual recall and catharsis counseling in increasing the degree of self-attribution of responsibility as measured by the Marital Attribution Questionnaire (MAQ).

H_2: There will be no difference between mutual recall and catharsis counseling in increasing the level of interpersonal empathy between spouses as measured by the Semantic Differential (SD).

H_3: There will be no difference between mutual recall and catharsis counseling in increasing the frequency of self-attributional statements (SAS).

H_4: There will be no difference between mutual recall and catharsis counseling in decreasing the frequency of other-attributional (blame) statements (OAS).

Data Analysis

The alpha level of .05 was selected in the analysis of data for each hypothesis. An analysis of variance was performed on the data for each dependent variable to determine treatment differences and the presence of significant interactions. A Pearson product-moment correlation coefficient was also computed in order to determine interrater reliability for the observational data on self-attibutional and other-attributional statements. The results of the analysis are presented in Chapter IV.

CHAPTER IV

ANALYSIS OF RESULTS

This chapter contains the statistical analyses of the results of the study. The results relevant to each of the four hypotheses will be reported in turn. In each case, the null hypothesis is restated and the summary data and associated analysis of variance (ANOVA) tables are reported. Following the analyses of the results of hypothesis testing, a summary of the findings is presented.

The statistical analyses reported here were calculated on the Michigan State University Hustler 2 computer system. The Balanced Designs Analysis of Variance Program (BALANOVA) was used for the repeated measures analysis of variance. The Statistical Package for the Social Sciences (SPSS), Version 9.0 was used to calculate the standard deviations for the descriptive statistics. BALANOVA was chosen over SPSS to perform the repeated measures ANOVA because of its flexibility and ability to analyze completely balanced crossover designs by selecting the specific error term for each source of variation. The alpha level was set at .05 for the analysis of the data for each hypothesis.

Findings

Self-Attribution of Responsibility (MAQ)

Hypothesis 1 pertains to the dependent variable of self-attribution of responsibility as measured by each subject's responses on the Marital Attribution Questionnaire (MAQ) described previously in Chapter III. The null or statistical hypothesis tested in the analysis of variance is stated below:

Hypothesis 1: There will be no difference between mutual recall and catharsis counseling in increasing the degree of self-attribution of responsibility as measured by the Marital Attribution Questionnaire (MAQ).

The means and standard deviations for this dependent variable are shown in Table 4.1. Subjects' scores on the MAQ following mutual recall increased an average of 2.50 percentage points. Their scores following catharsis counseling decreased slightly--an average of 1.67 points.

The results of the repeated measures ANOVA are shown in Table 4.2. No significant main effect or interaction was found for subjects' scores on the MAQ. Therefore, the null hypothesis cannot be rejected in favor of the prediction that mutual recall would be superior to catharsis counseling with respect to scores on the MAQ.

Table 4.1.--Descriptive Statistics for Self-Attribution of Responsibility on the Marital Attribution Questionnaire (MAQ).

Source	Pretest	Posttest
Mutual Recall		
Mean	134.167	136.667
Standard Deviation	24.122	27.293
Catharsis Counseling		
Mean	140.417	138.750
Standard Deviation	28.204	25.249
Overall		
Mean	137.292	137.708
Standard Deviation	26.163	26.271

N = 24

Table 4.2.--Analysis of Variance Summary for Self-Attribution of Responsibility on the Marital Attribution Questionnaire (MAQ).

Source of Variation	Degrees of Freedom	Sum of Squares	Mean Square	F-ratio	p
Condition	1	416.667	416.667	3.639	.069
Subjects X Condition	23	2633.330	114.493		
Time	1	4.167	4.167	.031	.861
Subjects X Time	23	3045.830	132.428		
Condition X Time	1	104.167	104.167	.152	.700
Subjects X Condition X Time	23	15745.800	684.601		
Subjects	23	42050.000	1828.260		
Total	95	64000.000			

N = 24

Interpersonal Empathy (SD)

The descriptive statistics and the summary of the ANOVA for the dependent variable of interpersonal empathy are presented in Tables 4.3 and 4.4, respectively.

Hypothesis 2: There is no difference between mutual recall and catharsis counseling in increasing the level of interpersonal empathy as measured by the Semantic Differential (SD).

The analysis of variance indicated that no significant differences were found between mutual recall and catharsis counseling, with respect to subjects' scores on the Semantic Differential. Therefore, the null hypothesis relating to change in the degree of interpersonal empathy was not rejected.

However, the overall pre- and posttest means for both treatments differed significantly in this test of Hypothesis 2. This demonstrates a significant increase in empathy scores over the course of the study, regardless of treatment condition.

Self-Attributional Statements (SAS)

Results of the tests for Hypothesis 3 are summarized in Table 4.5. Data were obtained as described in Chapter III by means of two trained raters, one male and one female.

Hypothesis 3: There is no difference between mutual recall and catharsis counseling in increasing the frequency of self-attributional statements (SAS).

Table 4.3.--Descriptive Statistics for Interpersonal Empathy on the Semantic Differential (SD).

Source	Pretest	Posttest
Mutual Recall		
Mean	.580	.642
Standard Deviation	.207	.221
Catharsis Counseling		
Mean	.592	.662
Standard Deviation	.182	.170
Overall		
Mean	.590	.642
Standard Deviation	.195	.195

N = 24

Table 4.4.--Analysis of Variance Summary for Interpersonal Empathy on the Semantic Differential (SD).

Source of Variation	Degrees of Freedom	Sum of Squares	Mean Square	F-ratio	p
Condition	1	.004	.004	.192	.666
Subjects X Condition	23	.540	.023		
Time	1	.095	.095	4.892	.037 *
Subjects X Time	23	.449	.019		
Condition X Time	1	.001	.001	.028	.868
Subjects X Condition X Time	23	.845	.037		
Subjects	23	1.707	.074		
Total	95	3.642			

* $p < .05$

N = 24

Table 4.5.--Analysis of Variance Summary for Frequency of Self-Attributional Statements (SAS).

Source of Variation	Degrees of Freedom	Sum of Squares	Mean Square	F-ratio	p
Condition	1	1.260	1.260	.228	.637
Subjects X Condition	23	126.990	5.521		
Time	1	.844	.844	.152	.700
Subjects X Time	23	127.406	5.539		
Condition X Time	1	86.260	86.260	3.397	.078
Subjects X Condition X Time	23	583.990	25.391		
Subjects	23	586.406	25.496		
Total	95	1513.406			

N = 24

There was no support obtained from the analysis of variance to reject the null hypothesis concerning the frequency of SAS. The descriptive statistics (Table 4.6), while non-significant, suggest a trend toward a significant treatment main effect in favor of catharsis counseling (Figure 4.1). Self-attributional statements increased almost two points (1.708) from pretest (3.625) to posttest (5.333) for the catharsis counseling condition.

There appear to be substantial initial differences in the pretest means, despite the use of random assignment prior to treatment. Possible reasons for these initial differences are discussed in Chapter V.

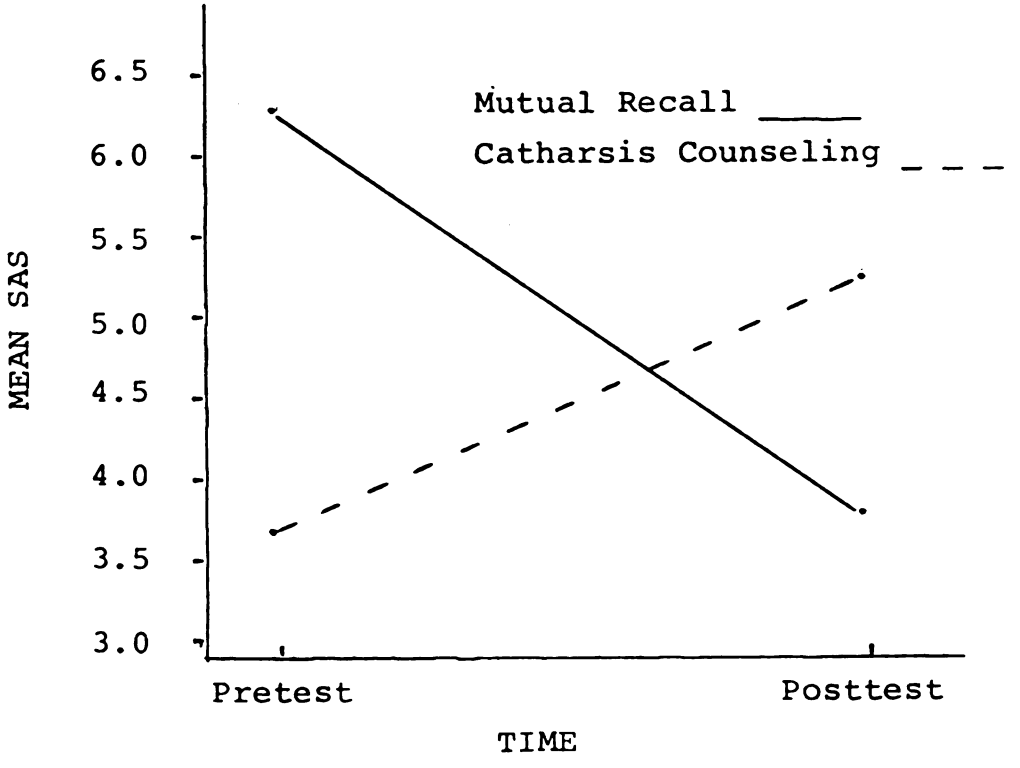

Figure 4.1. Comparison of Pretest and Posttest Scores for Frequency of Self-Attributional Statements.

Table 4.6.--Descriptive Statistics for Frequency of Self-Attributional Statements (SAS).

Source	Pretest	Posttest
Mutual Recall		
Mean	5.750	3.667
Standard Deviation	4.452	3.171
Catharsis Counseling		
Mean	3.625	5.333
Standard Deviation	3.062	4.678
Overall		
Mean	4.690	4.500
Standard Deviation	3.757	3.924

N = 24

Other-Attributional Statements (OAS)

The frequency of OAS was of importance in this study in order to determine whether significant other videotaped recall (i.e., mutual recall) was effective in reducing the frequency of blame statements in couples in conflict situations. The following null hypothesis was tested to determine if significant differences existed between the two treatment conditions.

Hypothesis 4: There is no difference between mutual recall and catharsis counseling in decreasing the frequency of other-attributional statements (OAS).

Table 4.7 contains the means and standard deviations for the initial analysis of variance of OAS. The pre- and posttest means are represented graphically in Figure 4.2.

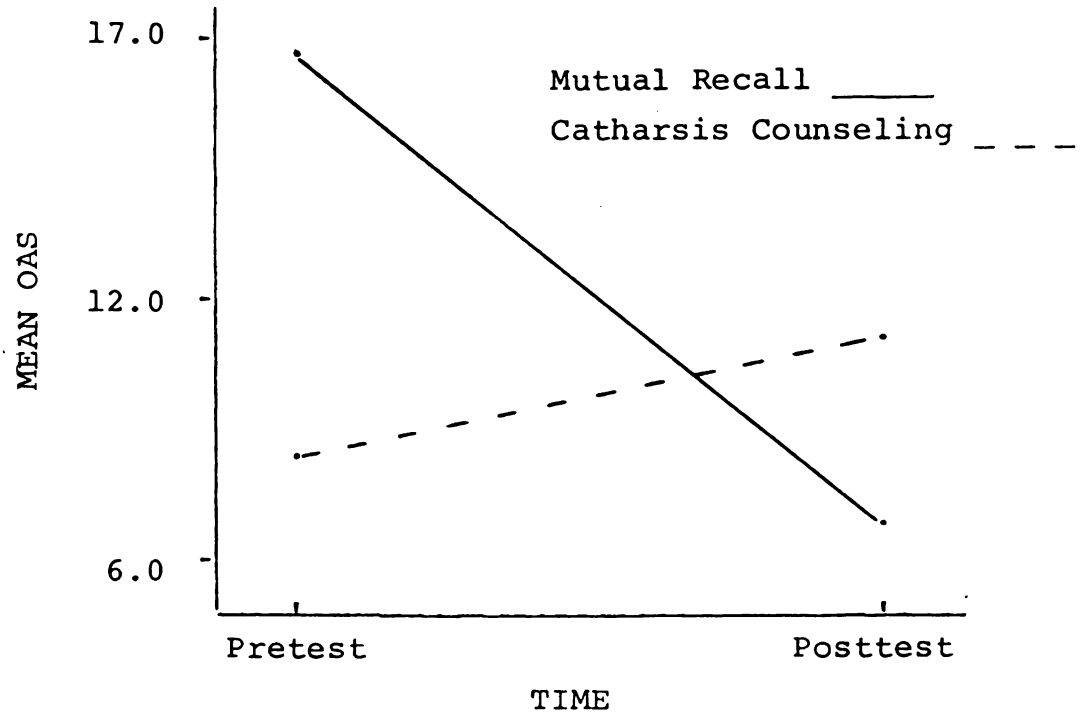

Figure 4.2. Comparison of Pretest and Posttest Scores for Frequency of Other-Attributional Statements.

Table 4.7.--Descriptive Statistics for Frequency of Other-Attributional Statements (OAS).

Source	Pretest	Posttest
Mutual Recall		
Mean	16.960	6.542
Standard Deviation	19.566	4.890
Catharsis Counseling		
Mean	8.583	11.042
Standard Deviation	8.283	7.810
Overall		
Mean	12.771	8.792
Standard Deviation	13.924	6.350

N = 24

Results of the analysis of variance, shown in Table 4.8, indicate support for rejecting the statistical hypothesis in favor of the declarative hypothesis that mutual recall is superior to catharsis counseling in decreasing the frequency of blame statements (OAS). However, these results must be regarded with caution due to the very large pretest differences. From pre- to posttest, the frequency of blame statements (OAS) decreased an average of 10.42 statements for the mutual recall condition (Table 4.7). The pretest-posttest change for catharsis counseling was an increase of 2.46 statements. Pretest scores for mutual recall and catharsis counseling were 16.960 and 8.583, respectively, despite random assignment of subjects to initial treatment condition (videotaped recall or counseling). Possible explanations for these pretest differences and the implications will be discussed further in Chapter V.

Because of the large pretest differences in the means for the dependent variables of self- and other-attributional statements, an analysis of covariance was considered in order to correct for pretest differences. A further analysis of variance was run, including order (treatment sequence) as an additional variable, prior to determining whether an analysis of covariance was in order. The summary data for the subsequent ANOVA on OAS are presented in Table 4.9.

Table 4.8.--Analysis of Variance Summary for Frequency of Other-Attributional Statements (OAS).

Source of Variation	Degrees of Freedom	Sum of Squares	Mean Square	F-ratio	p
Condition	1	90.094	90.094	.927	.346
Subjects X Condition	23	2234.160	97.137		
Time	1	380.010	380.010	4.495	.045 *
Subjects X Time	23	1944.240	84.532		
Condition X Time	1	994.594	994.594	6.743	.016 *
Subjects X Condition X Time	23	3392.660	147.507		
Subjects	23	4764.660	207.159		
Total	95	13800.400			

*$p < .05$

N = 24

Table 4.9.--Analysis of Variance Summary for Frequency of Other-Attributional Statements (OAS), Incorporating Order as a Variable.

Source of Variation	Degrees of Freedom	Sum of Squares	Mean Square	F-ratio	p
Condition	1	90.094	90.094	1.069	.312
Condition X Order	1	380.010	380.010	4.509	.045 *
Subjects X Condition	22	1854.150	84.279		
Time	1	380.010	380.010	4.509	.045 *
Time X Order	1	90.090	90.090	1.069	.312
Subjects X Time	22	1854.150	84.279		
Order	1	61.760	61.760	.289	.596
Subjects	22	4702.900	213.768		
Condition X Time	1	994.594	994.594	6.501	.018 *
Condition X Time X Order	1	27.094	27.094	.177	.678
Subjects X Condition X Time	22	3365.560	152.980		
Total	95	13800.400			

* $p < .05$

N = 24

The results of the second ANOVA indicate a significant treatment (condition) by sequence (order) interaction. In order to calculate an analysis of covariance (ANCOVA), it is necessary to make the assumption that no covariate (e.g., order) by factor (e.g., condition) interaction exists. As a result of this significant interaction between condition and order, an ANCOVA was therefore not possible (Keppel, 1973).

Summary

The following is a summary of the results described in the preceding analysis of the data. The results are listed under a separate heading for each dependent variable.

Self-Attribution of Responsibility (MAQ)

1. The results of the overall ANOVA for self-attribution of responsibility as the dependent variable showed no significant difference between mutual recall and catharsis counseling for the hypothesized treatment main effect.

2. The pretest and posttest means did, however, indicate a slight statistically non-significant trend in favor of mutual recall for increasing the degree of self-attribution of responsibility.

Interpersonal Empathy (SD)

1. The results of the overall ANOVA for interpersonal empathy as the dependent variable showed no significant difference between mutual recall and catharsis counseling for the hypothesized treatment main effect.

2. The overall ANOVA for interpersonal empathy as the dependent variable demonstrated a significant difference for observations over time. Specifically, Empathy Ratio Scores based upon subjects' responses on the Semantic Differential increased significantly over time, regardless of treatment condition.

Self-Attributional Statements (SAS)

1. The results of the ANOVA for the frequency of SAS, as determined by two separate raters, showed no significant difference between mutual recall and catharsis counseling for the hypothesized treatment main effect.

2. The pretest and posttest means for SAS indicated a slight statistically non-significant trend in favor of catharsis counseling for increasing the frequency of SAS.

Other-Attributional Statements (OAS)

1. The results of the ANOVA for the frequency of OAS, as determined by separate raters, showed a significant carry-over effect (condition x order).

2. The results of the ANOVA for frequency of OAS also showed a significant difference for all scores from pre- to posttest, regardless of treatment condition.

3. The results of the ANOVA for the frequency of OAS further showed a significant treatment main effect, lending some support to the research hypothesis that mutual recall is more effective than catharsis counseling in decreasing the frequency of OAS.

The implications of these results are discussed in Chapter V.

CHAPTER V

DISCUSSION

Summary

The overall purpose of this study was to test the effects of videotaped significant other recall (Kagan, 1975b) on couples involved in discussions of conflict or work areas in their marital relationship. Specifically, the reasons for the study were threefold. The first purpose was to examine the effect of significant other recall via videotape playback on the degree of attributional responsibility assumed by each spouse for three major areas of conflict or concern in the relationship. A second purpose was to examine the effects of this videotape recall technique on the degree of interpersonal empathy in couples as measured by two forms of the Semantic Differential. The final purpose was to determine the effects of significant other recall on the frequency of self- and other-attributional statements. Frequency counts of these types of statements were determined by two trained raters, one male and one female, who listened to audiotaped segments of the first, third, and final sessions presented in random order.

The first phase of the study involved locating married couples who were either experiencing some degree of

dissatisfaction in their relationship, or married couples who had a desire to improve or enhance their relationship. The twelve couples who participated in the study responded either to advertisements placed in the local and University newspapers, or requests made to local-area ministers to include the announcement in their church bulletins. From the pool of couples who responded to the advertisement, only those in which at least one partner indicated, in an initial telephone contact, dissatisfaction or interest in relationship enrichment were accepted into the study (N = 24). Additional screening criteria used were discussed in detail in Chapter III.

Couples were informed that the study was designed to find ways to shorten marital therapy and study marital interaction between spouses. Each couple was then randomly assigned to one of two treatment sequences. The experimental treatments were administered by means of a crossover, or counterbalanced design. Couples assigned to Sequence A received three sessions of videotaped recall followed by three sessions of catharsis counseling. Each couple in Sequence B received both treatment conditions, but in reverse order of sequence (i.e., three sessions of catharsis counseling, followed by three sessions of videotape recall). Dependent measures were administered and data collected at pretest, crossover, and posttest. The one exception was ENRICH, which was administered at pre- and posttest only.

The results of the treatment were analyzed with data

collected from four dependent measures: the Marital Attribution Questionnaire (MAQ), two forms of the Semantic Differential ("Spouse" and "Self"), and audiotaped segments (from sessions 1, 3 and 6) of couple interaction. A repeated-measures analysis of variance was carried out for each dependent measure to determine significance on each of the design variables. All analyses were performed using the Michigan State University Hustler 2 computer system.

No significant treatment main effects were found for the research hypotheses dealing with self-attribution of responsibility, interpersonal empathy, or frequency of self-attributional statements. A significant treatment effect was found for the dependent variable of other-attributional statements. However, large pretest differences raise serious questions about the validity of the results.

These results should be interpreted with caution, in view of the existence of a number of confounding variables. These limitations are discussed in the next section.

Limitations

Four major areas of limitation appear relevant to an understanding of this research. These limitations include the sample, the research design, the nature of the instrumentation, and the methodology.

Sample

The small sample size and the specific characteristics of the sample employed are two areas of limitation in this

study. The number of subjects used in the study must be considered a major limitation. When the sample is too small, the results of a study may not be generalizable to the larger population. Another way of viewing the limitation of sample size is in terms of hypothesis testing. If the sample is not large enough, the chances of making a Type II error (retaining the null hypothesis when it is really false) increases. If the expected differences between groups or treatment sequences are small (as in this particular study), these difference may not appear if the sample size employed is too small. Small sample sizes are more appropriate for examining discrete changes in behavior, rather than changes in perception or personality (Borg & Gall, 1971). The effects of a small sample size in the present study were controlled to some extent by the narrowly defined selection criteria. However, the small sample size could not prevent the effects of systematic bias upon the results. Thus, a larger sample (e.g., 15 to 20 couples) would have controlled, to a greater extent, the random variables operating among subjects and measures.

A second major source of sampling bias is the use of volunteers. It was not possible to obtain a random sampling of married couples presenting themselves for marital therapy. True random sampling involves selecting the sample in such a way that all individuals in the defined population have an equal and independent chance of being selected for the sample. The presence of any systematic bias is

prevented by a simple random sampling of subjects. The subjects' involvement in the present study as volunteers may have constituted a systematic bias. However, one may employ the Cornfield-Tukey Bridge Argument (Cornfield & Tukey, 1956) to generalize results to a population possessing characteristics similar to those of the sample (e.g., age, education, years married, level of marital satisfaction, number of times married, etc.).

In addition, the voluntary aspect of the subjects who responded to the advertisements to participate in a research project that could "enrich and enhance" their marriage parallels the characteristics of a couple who might present themselves for marital counseling or therapy. For these reasons, the results can be assumed to be reasonably representative of a larger population to which the results can be generalized with caution.

Design

A pretest-crossover-posttest counterbalanced design was employed. Specific reasons for the selection of this research design were discussed in Chapter III. The limitations of this design include the lack of a no-treatment control group and the possibility of multiple-treatment interference.

Inherent in all experimental (causal-comparative) research designs is the need for sufficient experimental control to establish causation. The counterbalanced

crossover design allows each subject to be used as his or her own control, since each subject is exposed to all levels of the independent variables (in random order). The lack of a no-treatment control phase in this study, however, allows for alternative explanations of specific pretest-posttest change for both treatments (regardless of treatment sequence). These differences, therefore, need to be interpreted with caution, since the Hawthorne Effect constitutes a potential threat to the external validity of the study.

The Hawthorne (or "guinea pig") Effect is a term that refers to any situation in which the subjects' behavior is affected not by the treatment per se, but by their knowledge that they are participating in an experiment (Borg & Gall, 1971). The use of a "no-treatment" control group is, perhaps, the best safeguard against this source of invalidity. Since all subjects received both treatment conditions, but in different order, the reactive effects of merely participating in an experiment would be the same across all treatments. Any differences, therefore, between treatment conditions could be ascribed to treatment effects, not reactivity. The potential influence of the Hawthorne Effect upon both treatment conditions could not be eliminated without the use of a no-treatment control phase. However, because of the potential in this design for the presence of carry-over effects from one phase to the next, the inclusion of a no-treatment phase was not possible.

Nevertheless, this unique weakness of the crossover design resulted in the potential presence of multiple-treatment interference (Campbell & Stanley, 1963). Multiple-treatment interference might have occurred, since subjects were assigned to all available levels of the treatment variable in varying order of treatment (Sequence A vs. Sequence B), instead of comparing significant other (mutual) recall to catharsis counseling alone. This threat to external validity is clearly a limitation that must be considered if the results are to be generalized beyond the sample to a larger population.

Instrumentation.

This factor can present a serious threat to the internal validity of any experiment. An aspect of instrumentation relevant to this study has to do with the reliability and validity of the dependent measures. Test-retest reliability for both the MAQ and the SD is high (.84 and .85, respectively). However, while the validity of the SD has been clearly established over many years of research in clinical and social psychology, no validity data are available for the MAQ. Since no significant findings were located in the ANOVA from scores on the MAQ, it is possible that significant differences pertaining to self-attribution for responsibility may have existed but that they remained undetected because of this measure's inability to detect this variable.

A final weakness in the ability of the MAQ to detect change pertains to its sensitivity. Subjects were asked to circle a percentage (0-100%) attributing responsibility to self, spouse, or other factors. Since these percentages were in ten-percent increments, it is possible that subjects were reluctant to commit themselves to such large increases or decreases and therefore selected the same (or a closely similar) choice as on the previous measure.

Therefore, a possible alternative explanation for non-significant findings on the dependent variable of self-attribution of responsibility is the lack of sensitivity of the Marital Attribution Questionnaire (MAQ) to small, but perhaps clinically meaningful, changes.

Methodology

The final area of limitation within this study is methodology. A major limitation implicit in all clinical and clinical analog studies is the length of treatment or exposure to the independent variable. The length of marital therapy varies depending upon the therapist's theoretical orientation and emphasis upon specific problem resolution. Behavioral or social learning theory approaches to resolving marital discord are shorter in term than more traditional insight-oriented marital therapy, sometimes lasting as few as 10 to 12 sessions (Stuart, 1980). Was the brief exposure to mutual recall (3 sessions) or to the entire treatment sequence (6 sessions) insufficient to

produce significant change? How many sessions of mutual recall are sufficient for a couple to become comfortable enough with the method to benefit from its effects? These are potential questions for future research. The possibility remains, however, that significant differences were not detected between mutual recall and catharsis counseling because of the brevity of exposure to the experimental variable.

Discussion of Results

Self-Attribution of Responsibility (MAQ)

Self-attribution of responsibility was assessed by means of the subjects' responses to the Marital Attribution Questionnaire (MAQ). The percentage of self-attribution was summed across the three work areas to obtain a single subject score for each observation. The results of the study demonstrated no significant differences with respect to this dependent variable. The null hypothesis that no significant differences exist between mutual recall and catharsis counseling in their ability to increase the degree of self-attribution of responsibility as measured by the MAQ could not be rejected.

There are several possible reasons why this dependent variable showed no significant differences. First, it is quite possible that the results from this self-report measure suffered from the usual drawbacks inherent in any self-report measure (i.e., response sets, faking,

impulsiveness vs. well thought-out responses). A second possible reason for not finding significant differences as hypothesized has to do with the relatively small sample size. It is possible that if the study were replicated with a greater number of subjects, significant differences might be found for this dependent variable. Third, the sensitivity of the MAQ to detect change is limited in two areas. The Likert-style format with 10% increments might have been restrictive in that subjects were forced to either acknowledge more percentage of responsibility than they were willing to accept, or to select the same rating previously chosen. Another limitation is the MAQ's ability to detect change at its upper and lower scale limits. While it is conceivable that an individual could accept 100% responsibility for a marital concern, a more likely optimal response would be 50% for each work area. The ability of the treatment condition to produce change in the percentage of responsibility attributed to self may be more difficult to elicit beyond a certain point (e.g., 40-50%). Finally, while no significant changes occurred in the attribution of responsibility to self, changes may have occurred in the percentage of responsibility attributed to "spouse" or to "other factors." In this study, only changes in the self-report of responsibility attributed to self were examined.

Interpersonal Empathy (SD)

Empathy Ratio Scores (ERS) were computed for each

subject, at each observation, from his or her responses to the two forms of the Semantic Differential (i.e., "Self" and "Spouse") as described in Chapter III. No significant difference was detected in the mean Empathy Ratio Scores for either treatment condition. However, the Empathy Ratio Scores for both treatment conditions demonstrated a trend toward improvement over time (Figure 5.1).

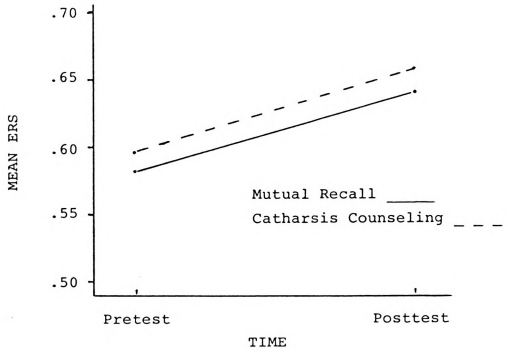

Figure 5.1 Comparison of Pretest and Posttest Scores for Interpersonal Empathy.

Whether this trend is the result of the treatments or of merely participating in a structured marital enrichment activity for six weeks (the Hawthorne effect) is not discernible in the absence of a "no treatment" control group design. Finally, the same concerns stated previously

regarding the validity of self- and other- report measures, small sample size, and the brevity of the treatment are possible explanations for the nonsignificant results.

Self-Attributional Statements (SAS)

The frequency of SAS was determined by the ratings of two trained raters from systematic random samples of audiotapes of couple interaction, as described in Chapter III. The hypothesized change in the frequency of SAS was not confirmed by the statistical analysis. The nonsignificant findings might also be related to the limiting effects of small sample size and brevity of treatment. When compared to the results from the analysis for the frequency of other-attributional statements, another possible explanation for the SAS results emerges. It is possible that either treatment could have produced changes in other verbal behaviors (e.g., other-attributional statements) without increasing the subjects' willingness to verbally accept responsibility for conflict.

The most distinguishing features of the pre- and posttest means for SAS are the large pretest differences and the direction of the changes that took place. Pretest means for mutual recall and catharsis counseling were 5.750 and 3.625, respectively. The posttest means (mutual recall = 3.667; catharsis counseling = 5.333) indicate a decrease in SAS for mutual recall and an increase for the counseling condition, contrary to the predicted direction of change.

One possible reason for this trend stems from the environmental differences in the data collection for each treatment. Data collection in the mutual recall condition involved an audiotaped recording of the 10-minute period of interaction by the couple during which they were being videotaped. The researcher was not present in the room during this time. Audiotaped recordings of the couple's verbal interactions during the counseling condition involved the researcher's presence and interaction with the couple. The reseacher's presence might very well have influenced what was said by the couple, as well as the manner in which it was said. There might have been a tendency to make oneself look good in front of another individual by verbally accepting more responsibility for the conflict than subjects were willing to accept when interacting alone. However, large pretest differences serve as a confounding factor in any interpretation of the results.

Other-Attributional Statements (OAS)

The frequency of other-attributional statements (OAS) was also determined by the frequency counts of two raters. The results of the study indicate that statistically significant differences ($F = 6.743$, $df = 1/23$, $p < .05$) did occur with respect to the frequency of OAS and that the change occurred in the hypothesized direction, in favor of mutual recall.

However, the large pretest differences and the

limit to the maximum number of blame statements that can be made in a 10-minute period make it very difficult to accept the apparent change as resulting solely from the impact of the mutual recall treatment experience. A rival explanation would be statistical regression of extreme pretest scores toward the mean.

The second analysis of variance that was performed on this variable (described in Chapter IV) is depicted in Figure 5.2.

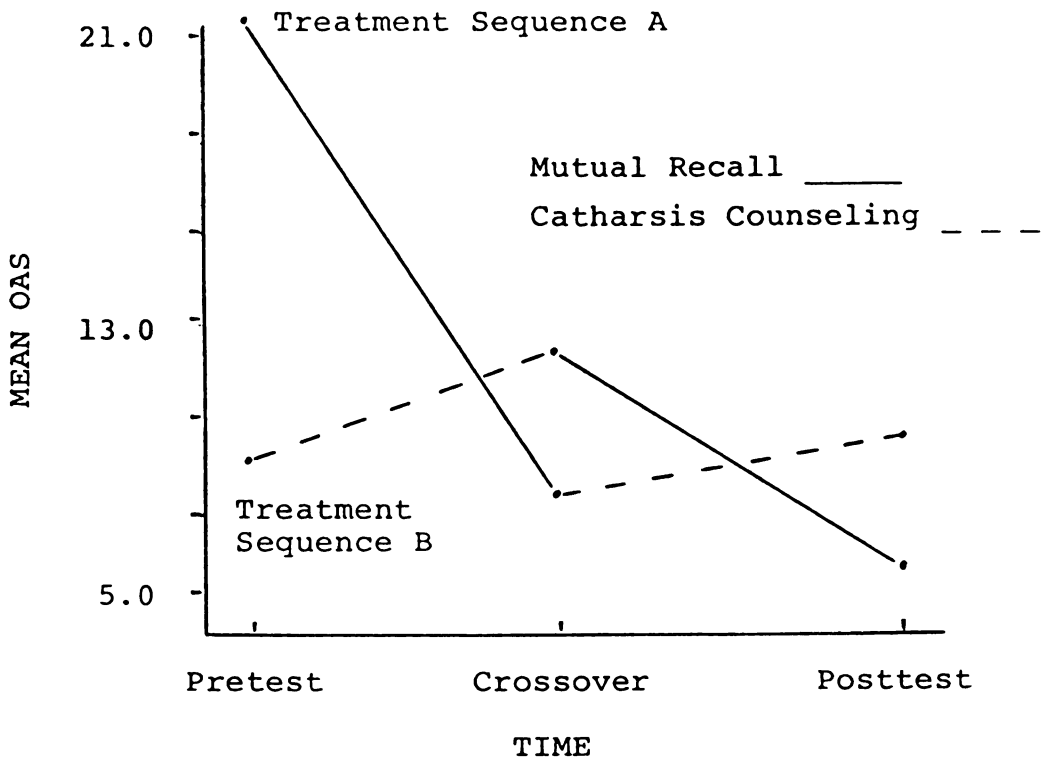

Figure 5.2 Comparison of Pretest, Crossover, and Posttest Scores for Other-Attributional Statements.

This figure illustrates that regardless of the order or sequence of treatment, mutual recall was effective in reducing the frequency of blame statements (OAS). The

frequency of OAS increased slightly in the counseling condition regardless of whether it preceded or followed the videotape playback condition. These results, however, must be considered with caution because of the confounding variables of pretest differences and the absence of a "no treatment" control group. In conclusion, the apparently contradictory nature of the results for SAS and OAS needs attention. If blame statements decreased under mutual recall, why did the frequency of self-attributional statements not increase as well? The answer may be found in the explanation that, while they are opposites, SAS and OAS are not directly and inversely related. A decrease in blame statements does not necessarily involve a willingness to verbally accept responsibility. Other factors (e.g., feelings of embarrassment and vulnerability) may mediate this change in behavior.

In summary, the results failed to demonstrate a significant difference between mutual recall and catharsis counseling with respect to three of the four dependent variables. Results of the analysis for the fourth dependent variable (OAS) indicate support for rejecting the hypothesis of no difference, and accepting the research hypothesis that mutual recall is superior to catharsis counseling in decreasing the frequency of blame statements. However, any conclusions drawn from these results must be regarded as tentative and interpreted with caution, in view of weaknesses in the instrumentation (sensitivity of the

research measures and the apparent presence of floor and ceiling effects), reactivity of the treatment (the Hawthorne effect), weaknesses in the methodology, and the small sample size.

Implications

Few clear implications can be drawn from this research. The purpose of the study was to test the effects of mutual recall on couples involved in discussions of conflict or work areas in their marital relationship. The results indicate the effectiveness of mutual recall over catharsis counseling in decreasing the frequency of other-attributional statements among couples involved in the study. However, the nonsignificant differences between the two treatment conditions prevent the drawing of definite conclusions regarding the effectiveness of mutual recall over catharsis counseling. In discussing the nonsignificant results, several possible explanations for the failure to find the hypothesized results were considered.

The results provide limited evidence to confirm Alger and Hogan's (1967, 1969) claims that videotape playback is effective in interrupting blame patterns and facilitating understanding, as well as Paul's (1968) assertion that videotape playback appears to produce greater understanding and empathy. However, the outcomes fail to confirm the results of Thompson (1980), who found that subjects who received videotape playback of pretherapy training showed a

significant increase in the frequency of self-attributional statements. The fact that there were some positive results indicates that under some circumstances mutual recall may be an effective means of initiating change. The substantial lack of significant results, however, indicates that further research should be attempted with certain modifications in design, methodology, and sample size.

Suggestions for Future Research

The results of the research on the effectiveness of videotape recall (i.e., mutual recall), as a means of facilitating changes in interpersonal empathy and causal attributions are, at best, tentative and limited. Therefore, specific changes in design and methodology should be considered before deciding to replicate this particular study or attempting to conduct related research in this area.

Based upon the limitations and findings present in this study, several possibilities for future research are suggested:

1. Since three exposures to almost any intervention constitute a very brief treatment, future attempts to gauge the impact of mutual recall (or other videotape playback techniques) should include a more lengthy exposure to the treatment condition.

2. The inclusion of either a "no treatment" control group or a "no treatment" phase would preclude the

alternative explanation of the Hawthorne effect, if significant results were to be found.

3. An increase in sample size would be a necessary first step in any future research. A larger sample would increase the possibility of finding smaller, yet clinically meaningful, treatment differences. An increase in sample size would also mean that generalizations to the larger population could be made with greater confidence.

4. The employment of someone other than the researcher to conduct the treatment sessions, combined with the use of a set protocol, would be an important step in reducing the possibility of experimenter bias.

5. Data-gathering methods for the frequency of attributional statements could be improved by collecting the audiotapes of couple interaction during a second interaction following the mutual recall and catharsis counseling conditions, rather than during those times. This procedure would also minimize the potential impact of the experimenter's presence and possibly increase the effectiveness of each treatment.

6. Because of the very small sample size, the possibility exists that the extreme scores of just a few subjects prevented the detection of significance. For this reason, future researchers should consider the use of single-subject experimental designs in evaluating the effect of videotape playback techniques upon couples involved in the process of marital therapy.

7. Prior experience and training on the part of the experimenter in the use of particular videotape playback techniques is an essential element in the consideration of any future research. Clearly, the potential impact of any psychotherapy technique is influenced, to a large extent, by the skill and effectiveness of the particular therapist making use of it.

8. The benefits of performing a pilot study prior to conducting a full-scale research investigation cannot be overemphasized. A pilot study prior to this research might have prevented the methodological weaknesses and might also have provided insights concerning how to maximize the effectiveness of the treatments.

9. Future research into the effectiveness of other videotape playback techniques with married couples (e.g., individual spouse recall) should be carried out in order to determine which techniques are most effective with certain clients. In this study, it is possible that separate individual spouse recalls might have been more effective with those couples who were more verbally aggressive and abusive than others.

10. The relationship between the degree of dissatisfaction or conflict in a marriage and the effectiveness of videotape recall techniques should also be explored. One possibility would be to include "degree of marital dissatisfaction" as a design variable. The researcher could compare the effectiveness of mutual recall with the level of

dissatisfaction in the relationship. The presence or absence of any differential effects of the treatment could then be determined.

These suggested changes in design and methodology would be substantial improvements in the present research.

APPENDICES

APPENDIX A

STATEMENT TO POTENTIAL SUBJECTS

Statement to Potential Subjects

This research is designed to find ways to shorten marital therapy and to gain information about perceptions and interactions that occur between spouses. If you choose to participate in this research, you will be expected to attend a total of six sessions. Each session will last for approximately 60 minutes, with the exception of the first, third, and sixth sessions. Those sessions will last approximately 90 minutes each. The total time commitment will be approximately seven hours.

While participating in this research project, you will have the opportunity to discuss any concerns or problem areas in your marriage. It must be understood, however, that the study is not intended to provide marital counseling or therapy. If you and/or your spouse want or need to be seen after these six sessions, you will be assisted in locating the appropriate sources in the community. In any case, you will at all times be working with a competent doctoral student in Counseling.

Potential benefits that may result for you and/or your spouse may be that you will gain some insight into your relationship with your spouse as well as your behavior. At least three of your sessions will be videotaped so you will have the added benefit of observing part or all of these three sessions. These videotapes are confidential and cannot be viewed by anyone other than yourselves, your

researcher, and two trained raters. Videotapes will be erased following the sixth session. All questionnaires and inventories that you complete for this study will also be kept confidential by means of a coding system rather than using your name. In effect, only the project director will know your identity.

Summary results from this project will be provided to you on request following the completion of the project.

Finally, participation in this project is purely voluntary. Should you decide not to participate or to discontinue participation at any time, you will still receive referrals to appropriate services if desired. It is hoped, however, that you will carefully consider the demands of this study before agreeing to participate.

I have read and understand the Statement to Potential Subjects and agree to participate in this research project.

_____ _____

(Signed) (Date)

_____ _____

(Witness) (Date)

APPENDIX B

RATER TRAINING MATERIALS

TRAINING MATERIALS FOR USE OF THE
ATTRIBUTIONAL STATEMENT RATING FORMS

CRITERIA AND EXAMPLES OF STATEMENTS OF CAUSAL ATTRIBUTION

Causal attributions are internal inferences made by one individual (observer) upon observing the behavior of another person (actor) or persons as to the reason, cause, or responsibility of the actor's behavior. People make causal inferences (attributions) in order to make sense of what goes on around them and to predict future events with greater certainty. The terms "causal attribution" and "attribution of responsibility or blame" are considered synonomous for the purposes of this study.

STATEMENTS OF CAUSAL ATTRIBUTION

Statements of causal attribution are verbal expressions of the internal attributions held by one individual toward another or oneself.

SELF-ATTRIBUTIONAL STATEMENTS (SAS): Self-attributional statements are any "here-and-now" statements in which the individual indicates acceptance of blame/responsibility/cause for conflict over relationship concerns, while using the personal pronouns "I," "my," or "me." For example, "You haven't taken much time lately to tell the children what needs to be done when I'm (we're) not here."

OTHER-ATTRIBUTIONAL STATEMENTS (OAS): Other-attributional statements are "here-and-now" statements made by an individual that attribute blame/responsibility/cause for conflict toward their spouse or other sources (e.g., in-laws, job, children, etc.) while using the personal pronouns "you," "he," "she," "they," or "it." For example, "You never take time anymore to do things with me or the children without being critical or complaining."

The criteria for determining whether any statement is an attributional statement is based primarily upon the verbal content, rather than the speaker's tone of voice. However, statements spoken in a clearly sarcastic tone of voice are not to be counted as attributional statements of either kind (SAS or OAS).

SPECIFIC DIRECTIONS

Place your name in the space provided. Record the tape segment identification number in the far left hand column. Listen to each taped segment, one full segment at a time. As you listen, record a frequency count (tally marks) of SAS and OAS for each spouse in the appropriate column on the Attributional Statement Rating Form. When completely finished with one taped segment, you may continue with the next in the same manner

described above.

Occasionally a spouse will make a statement that appears to include one SAS and one OAS (e.g., "I know I've been careless in the use of the credit cards, but you never said anything to me about it."). Such statements should be counted as one of each type (SAS and OAS) and recorded on the rating form. At times you may be quite certain that a comment is an attributional statement, but uncertain whether it is a self- or other-attributional statement. In such cases, review the directions and examples, select the most appropriate category, and record it in the correct column.

In conclusion, some of the recorded segments are very difficult to understand. These segments may require more time and effort to rate. Just do the best that you can in these situations. Thank you for your time and effort!

ATTRIBUTIONAL STATEMENT RATING FORM

RATER: _____

TAPE SEGMENT NUMBER	SELF-ATTRIBUTIONAL STATEMENTS (SAS)		OTHER-ATTRIBUTIONAL STATEMENTS (OAS)	
	Husband	Wife	Husband	Wife

APPENDIX C

ENRICH

ENRICH

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

1. My partner and I seem to enjoy the same type of parties and social activities.
2. It is very easy for me to express all my true feelings to my partner.
3. It is hard for me to have complete faith in some of the accepted teachings of my religion.
4. In order to end an argument, I usually give up too quickly.
5. In our family, the father does not spend enough time with our children.

---

6. When we are having a problem, my partner often gives me the silent treatment.
7. Some friends or relatives do things that create tension in our marriage.
8. My partner is too critical or often has a negative outlook.
9. I am completely satisfied with the amount of affection my partner gives me.
10. My partner and I have very different ideas about the best way to solve our disagreements.
11. I believe that religion should have the same meaning for both of us.
12. I believe that the woman's place is basically in the home.
13. Sometimes I am concerned about my partner's temper.
14. I am not pleased with the personality charateristics and personal habits of my partner.
15. We try to find ways to keep our sexual relationship interesting and enjoyable.

---

16. Sometimes I wish my partner was more careful in spending money.

ENRICH

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

17. My partner does not seem to have enough time or energy for recreation with me.
18. I'd rather do almost anything than spend an evening by myself.
19. I am very happy with how we handle role responsibilities in our marriage.
20. We always agree on how to spend our money.

---

21. I am satisfied with how we share the responsibilities of raising our children.
22. Sharing religious values helps our relationship grow.
23. If both of us are working, the husband should do the same amound of household chores as the wife.
24. At times, I am concerned that my partner appears to be unhappy and withdrawn.
25. I am concerned that my partner may not be interested in me sexually.

---

26. We have difficulty deciding on how to handle our finances.
27. We spend the right amount of time with our relatives and friends.
28. I am concerned that my partner does not have enough interests or hobbies.
29. In our family, the wife should not work outside the home unless it is an absolute financial necessity.
30. My partner's smoking and/or drinking habits are a problem.
31. I seldom feel pressured to attend social functions with my partner.
32. I am not happy about our communication and feel my partner does not understand me.
33. I always feel good about where and how we spend our holidays with our families.
34. My partner and I understand each other completely.
35. We agree on how to discipline our children.

ENRICH

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

36. I am very happy about how we make decisions and resolve conflicts.
37. At times my partner is not dependable or does not always follow through on things.
38. I am satisfied with our decisions about how much we should save.
39. When discussing problems, I usually feel that my partner understands me.
40. My partner sometimes makes comments which put me down.

---

41. It is easy and comfortable for me to talk with my partner about sexual issues.
42. My partner completely understands and sympathizes with my every mood.
43. In our marriage, the wife should be more willing to go along with the husband's wishes.
44. When we are with others, I am sometimes upset with my partner's behavior.
45. We are both aware of our major debts and they are not a problem for us.

---

46. My religious beliefs are an important part of the commitment I have to my partner.
47. I sometimes worry that my partner may have thought about having a sexual relationship outside of our marriage (affair).
48. I think my partner is too involved with or influenced by his/her family.
49. Children seem to be a major source of problems in our relationship.
50. We agree on the number of children we would like to have.
51. We keep records of our spending so we can budget our money.

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

52. I am unhappy about our financial position and the way we make financial decisions.

53. I am very happy with how we manage our leisure activities and the time we spend together.

54. I am sometimes afraid to ask my partner for what I want.

55. Even if the wife works outside the home, she should still be responsible for running the household.

---

56. My partner and I disagree on how to practice our religious beliefs.

57. I do not enjoy spending time with some of our relatives or in-laws.

58. When we are having a problem, I can always tell my partner what is bothering me.

59. It bothers me that my partner seems to place more importance on the children than on our marriage.

60. I feel good about the trips and vacations we take.

---

61. In our marriage, the husband is the leader of our family.

62. Our sexual relationship is satisfying and fulfilling to me.

63. Sometimes my partner is too stubborn.

64. Our relationship is a perfect success.

65. It is important for me to pray with my partner.

---

66. I wish my partner was more willing to share his/her feelings with me.

67. Having children has brought us closer together as a couple.

68. My partner likes all of my friends.

69. I am reluctant to be affectionate with my partner because it is often misinterpreted as a sexual advance.

ENRICH

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

70. I have some needs that are not being met by our relationship.

71. Sometimes we have serious disputes over unimportant issues.

72. I am concerned that my partner and I do not spend enough of our leisure time together.

73. Sometimes I have trouble believing everything my partner tells me.

74. I would do anything to avoid conflict with my partner.

75. For us, the huband's occupation is always regarded as more important than the wife's.

---

76. I believe that our marriage includes active religious involvements.

77. Use of credit cards and charge accounts has been a problem for us.

78. It bothers me that my partner is often late.

79. I sometimes feel our arguments go on and on and never seem to get resolved.

80. If there are (were) young children, the wife should not work outside the home.

---

81. I often do not tell my partner what I am feeling because he/she should already know.

82. I am very pleased about how we express affection and relate sexually.

83. When we have a disagreement, we openly share our feelings and decide how to resolve our differences.

84. I seldom have fun unless I am with my partner.

85. Deciding what is most important to spend our money on is a concern for us.

---

86. Sometimes my partner spends too much time with friends.

ENRICH

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

87. My partner and I have different views on the religious education for our children.

88. I am not satisfied with the way we each handle our responsibilities as parents.

89. In loving my partner, I feel that I am able to better understand the concept that God is love.

90. I feel that our parents expect too much attention or assistance from us.

91. I am very satisfied with how my partner and I talk with each other.

92. I feel that our parents create problems in our marriage.

93. It bothers me that I cannot spend money without my partner's approval.

94. Since having our children, we seldom have time together as a couple.

95. Sometimes I have difficulty dealing with my partner's moodiness.

---

96. I usually feel that my partner does not take our disagreements seriously.

97. The husband should have the final word in most of the important decisions in our family.

98. I do not always share negative feelings I have about my partner because I am afraid he/she will get angry.

99. I am dissatisfied about our relationship with my parents, in-laws and/or friends.

100. My partner and I disagree on some of the teachings of my religion.

---

101. I have never regretted my relationship with my partner, not even for a moment.

102. Conflicts about how much we should do for our children is a problem for us.

103. I really enjoy being with all of my partner's friends.

104. My partner and I feel closer because of our religious beliefs.

ENRICH

RESPONSE CHOICES				
1	2	3	4	5
Strongly Agree	Moderately Agree	Neither Agree nor Disagree	Moderately Disagree	Strongly Disagree

105. The wife should trust and accept the husband's judgments on important decisions.

---

106. Sometimes I am concerned that my partner's interest in sex is not the same as mine.

107. I am satisfied with our decisions regarding family planning or birth control.

108. It does not bother me when my partner spends time with friends of the opposite sex.

109. My partner is always a good listener.

110. I am concerned about who is responsible for the money.

111. It bothers me that my partner uses or refuses sex in an unfair way.

112. When we argue, I usually end up feeling that the problem was all my fault.

113. I feel very good about how we each practice our religious beliefs and values.

114. My partner and I have a good balance of leisure time together and separately.

115. At times I think my partner is too domineering.

---

116. What kind of leadership is there in your marriage?

1	2	3	4
one person usually leads	leadership sometimes shared	leadership often shared	no clear leader

117. How close do you feel to your partner?

1	2	3	4
seldom close	generally close	very close	extremely close

ENRICH

118. How often do you and your partner change or switch chores around the house?

1	2	3	4
seldom change chores	sometimes change chores	often change chores	very often change chores

119. How often do you and your partner make your own decisions?

1	2	3	4
always	very often	often	sometimes

120. What are the rules like in your marriage?

1	2	3	4
very clear very stable	clear and stable	clear and flexible	unclear and/ or change often

121. How often do you and your partner spend time having fun together?

1	2	3	4
seldom	sometimes	often	very often

122. How much has your marriage changed over time?

1	2	3	4
very little change	some change	much change	very much change

123. How often do you depend on each other?

1	2	3	4
seldom	sometimes	often	very often

124. How do you and your partner settle agreements?

1	2	3	4
little discussion, one person decides	some discussion, one person decides	some discussion, both decide	much discussion, no clear decision

125. How often do you and your partner do things together?

1	2	3	4
seldom	sometimes	often	very often

We sincerely wish you a successful and happy life together!

APPENDIX D

MARITAL ATTRIBUTION QUESTIONNAIRE

Marital Attribution Questionnaire

Name:_____

Length of Time Married:_____

Previous Marital Therapy: Yes:_____ No:_____

Instructions: Please read the directions carefully and answer each question. Your answers to Part (a) of each question will provide a source of information that may be used for topics of discussion between you and your spouse in the following sessions. This information will be kept strictly confidential. However, it should be information that you would be willing to discuss with your spouse. In answering Part (b), please draw a circle around the appropriate percentage in each question. This information will not be shared with your spouse unless you choose to do so.

1. (a) In your opinion, what is the most important work area in your marriage?

(b) In your opinion, what percentage of this work area can be blamed on yourself, your spouse, and/or other factors?

Self
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Spouse
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Others
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

TOTAL 100%

2. (a) In your opinion, what is the second most important work area in your marriage?

(b) In your opinion, what percentage of this work area can be blamed on yourself, your spouse, and/or other factors?

Self
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Spouse
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Others
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

TOTAL 100%

3. (a) In your opinion, what is the <u>third</u> most important work area in your marriage?

(b) In your opinion, what percentage of this work area can be blamed on yourself, your spouse, and/or other factors?

<u>Self</u>
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

<u>Spouse</u>
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

<u>Others</u>
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

TOTAL 100%

APPENDIX E

SEMANTIC DIFFERENTIAL

Appendix E

Semantic Differential Directions and Form

The purpose of this scale is to measure the meanings of certain things to various people by having them judge them against a series of descriptive word pairs. In taking this test, please make your judgments on the basis of what these things mean to you. On the next page you will find a concept to be judged and beneath it a set of scales in order. You are to rate the concept on each of the scales in order.

Here is how you are to use these scales:

If you feel that the concept at the top of the page is very closely related to one end of the scale, you should place your check-mark as follows:

fair _X_ : ___ : ___ : ___ : ___ : ___ : ___ unfair

OR

fair ___ : ___ : ___ : ___ : ___ : ___ : _X_ unfair

If you feel that the concept at the top of the page is quite closely related to one or the other end of the scale (but not extremely), you should place your check-mark as follows:

strong ___ : _X_ : ___ : ___ : ___ : ___ : ___ weak

OR

strong ___ : ___ : ___ : ___ : ___ : _X_ : ___ weak

If the concept seems only slightly related to one side as opposed to the other side (but is not really neutral), then you should check as follows:

nice ___ : ___ : _X_ : ___ : ___ : ___ : ___ awful

OR

nice ___ : ___ : ___ : ___ : _X_ : ___ : ___ awful

The direction toward which you check, of course, depends upon which of the two ends of the scale seems most characteristic of the concept you are judging.

If you consider the concept to be neutral on the scale, both sides of the scale equally associated with the concept, or if the scale is completely irrelevant, unrelated to the concept, then you should place your check-mark in the middle space.

safe ___ : ___ : ___ : _X_ : ___ : ___ : ___ dangerous

PLEASE:

1. Be sure you check every scale for every concept--do not omit any!
2. Place your check-marks in the middle of the spaces, not on the boundaries.
3. Never put more than one check-mark on a single scale.

SELF

Reserved	:___:___:___:___:___:___:___:	Outspoken
Sensitive	:___:___:___:___:___:___:___:	Unfeeling
Ineffective	:___:___:___:___:___:___:___:	Effective
Confident	:___:___:___:___:___:___:___:	Unsure
Cold	:___:___:___:___:___:___:___:	Warm
Powerless	:___:___:___:___:___:___:___:	Powerful
Humorous	:___:___:___:___:___:___:___:	Serious
Awkward	:___:___:___:___:___:___:___:	Poised
Rigid	:___:___:___:___:___:___:___:	Flexible
Calm	:___:___:___:___:___:___:___:	Restless
Competitive	:___:___:___:___:___:___:___:	Cooperative
Happy	:___:___:___:___:___:___:___:	Unhappy
Considerate	:___:___:___:___:___:___:___:	Inconsiderate
Ambitious	:___:___:___:___:___:___:___:	Lazy
Relaxed	:___:___:___:___:___:___:___:	Tense
Responsible	:___:___:___:___:___:___:___:	Irresponsible
Worried	:___:___:___:___:___:___:___:	Carefree
Timid	:___:___:___:___:___:___:___:	Bold
Careless	:___:___:___:___:___:___:___:	Careful
Friendly	:___:___:___:___:___:___:___:	Unfriendly
Kind	:___:___:___:___:___:___:___:	Cruel
Rugged	:___:___:___:___:___:___:___:	Delicate
Leader	:___:___:___:___:___:___:___:	Follower
Patient	:___:___:___:___:___:___:___:	Impatient
Good	:___:___:___:___:___:___:___:	Bad

SPOUSE

Reserved	:___:___:___:___:___:___:___:	Outspoken
Sensitive	:___:___:___:___:___:___:___:	Unfeeling
Ineffective	:___:___:___:___:___:___:___:	Effective
Confident	:___:___:___:___:___:___:___:	Unsure
Cold	:___:___:___:___:___:___:___:	Warm
Powerless	:___:___:___:___:___:___:___:	Powerful
Humorous	:___:___:___:___:___:___:___:	Serious
Awkward	:___:___:___:___:___:___:___:	Poised
Rigid	:___:___:___:___:___:___:___:	Flexible
Calm	:___:___:___:___:___:___:___:	Restless
Competitive	:___:___:___:___:___:___:___:	Cooperative
Happy	:___:___:___:___:___:___:___:	Unhappy
Considerate	:___:___:___:___:___:___:___:	Inconsiderate
Ambitious	:___:___:___:___:___:___:___:	Lazy
Relaxed	:___:___:___:___:___:___:___:	Tense
Responsible	:___:___:___:___:___:___:___:	Irresponsible
Worried	:___:___:___:___:___:___:___:	Carefree
Timid	:___:___:___:___:___:___:___:	Bold
Careless	:___:___:___:___:___:___:___:	Careful
Friendly	:___:___:___:___:___:___:___:	Unfriendly
Kind	:___:___:___:___:___:___:___:	Cruel
Rugged	:___:___:___:___:___:___:___:	Delicate
Leader	:___:___:___:___:___:___:___:	Follower
Patient	:___:___:___:___:___:___:___:	Impatient
Good	:___:___:___:___:___:___:___:	Bad

APPENDIX F

MARITAL STATUS INVENTORY

Appendix F

Name _____

Male _____ Female _____

Marital Status Inventory

We would like to get an idea of how your marriage stands right now. Please answer the following questions by checking true or false for each item.

True	False		
____	____	1.	I have not made any specific plans to discuss separation or divorce with my spouse. I have not considered what I would say, etc.
____	____	2.	I have set up an independent bank account in my name as a measure of protecting my own interests.
____	____	3.	Thoughts of divorce occur to me very frequently, as often as once a week or more.
____	____	4.	I have not suggested to my spouse that I wished to be divorced, separated, or rid of him/her.
____	____	5.	I have thought specifically about divorce or separation; I have considered who would get the kids, how things would be divided, pros and cons of such actions, etc.
____	____	6.	My spouse and I have separated. This is: a trial separation( )OR a permanent separation( ).(Check one).
____	____	7.	I have discussed the question of my divorce or separation with someone other than my spouse (trusted friend, psychologist, minister, etc.).
____	____	8.	I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident.

True	False		
____	____	9.	I have not discussed the issue of divorce seriously or at length with my spouse.
____	____	10.	I have filed for divorce or we are divorced.
____	____	11.	I have made no inquiries from non-professionals as to how long it takes to get a divorce, grounds for divorce, costs involved in such action, etc.
____	____	12.	I have not contacted a lawyer to make preliminary plans for a divorce.
____	____	13.	I have not consulted a lawyer or other legal aid about the matter.
____	____	14.	I have considered a divorce or separation a few times other than during or shortly after a fight, although only in vague terms.

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