Role profiles: an alternative look at personality in couples therapy

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Role profiles: An alternative look at personality in couples therapy

by

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A dissertation submitted to the graduate faculty
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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As I facilitated the role profiles of forty individuals, I continuously thought about my role system and the roles I play, do not play, and would like to play more. I realized that each role in my role system has counterparts played by precious people who showed me unconditional support and love.

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Finally, I am thankful to myself for not giving up but continuous trying and being happy.
The purpose of this study was twofold. First, it aimed to test the recently developed personality assessment, Role Profiles, for its validity in the form of convergent validity analysis and cross structure analysis guided by role theory in which Role Profiles is grounded. Second, this study explored Role Profiles’ clinical implications by capturing participants’ subjective experiences of this assessment.

Twenty couples recruited from the community completed the assessments, which included the Demographic Information form, the Rosenberg’s Self-Esteem scale, the Dyadic Adjustment scale, and the Role Balance scale. Upon completion of the assessments, participants were asked to complete the Role Profiles by placing seventy one cards of roles in one of four groups that best described how they felt about themselves at that moment. Four groups included “This Is Who I Am”, “This Is Who I Am Not”, “I Am Not Sure If This Is Who I Am”, and “This Is Who I Want To Be”. After the assessments, the couples were asked to answer two sets of open-ended questions about their subjective experiences of the Role Profiles.

Findings of this study were consistent with previous studies on couples similarity and marital satisfaction: couples who shared many identical roles in their roles profiles were more likely to report higher satisfaction in their marriage. Furthermore, this study found a negative relationship between role confusion and self-esteem. Additionally, the results of this study indicated a statistically significant negative relationship between role confusion and marital satisfaction for husbands but not wives. The utility of the Role Profiles as a clinical assessment in couples therapy are discussed and suggestions are made for future research.
INTRODUCTION

Social scientists have investigated contemporary adults’ understanding of their own individuality in modern and postmodern societies by assessing dimensions of “personality.” Most trait-focused personality assessments administered in couples therapy, however, have been criticized for their inadequacy in addressing the kaleidoscopic nature of personality within various contexts (McAdams, 1996). In addition, several concerns of personality assessments have been identified: validity, psychopathology orientation, individual blaming, and difficulty in utilization (Douglass & Douglass, 1993; Philpot, 1999).

The purpose of the present study is twofold. First, it aims to test the recently developed personality-assessing instrument, Role Profiles, for its validity in the form of convergent validity analysis and cross structure analysis guided by role theory in which Role Profiles is grounded. Second, this study intends to explore Role Profiles’ clinical implications by capturing participants’ subjective experiences of this assessment.

This study is preliminary and exploratory, since little research has been conducted on role balance as an alternative way of looking at personality of individuals and couples. To best inform the reader of the existing literature in interdisciplinary areas, the following literature review will first address the research findings regarding the influences of personality on marriage, followed by an overview of various personality assessment concerns along with the introduction of the Role Profiles, and finally role theory will be explored in depth in conjunction with family therapy theories.
CHAPTER 1. LITERATURE REVIEW

Personality and Couples Therapy

Marital distress and instability have been associated with a range of indicators of spouses’ physical and emotional well-being and their children’s maladjustments. Scholars suggest that a chronically stressful marriage may provoke persistent physiological alterations prone to more potent health problems (Kiecolt-Glasser & Newton, 2001) and psychological distress in relation to the symptoms of depression and anxiety (Cano, O’Leary, & Heinz, 2004), and adverse impact on children’s well-being throughout their life span (Amato & Sobolewski, 2001).

In light of these facts, there seems to be a need for research that can shed light on understanding marriage and how to actively promote stronger, more stable adult relationships (Johnson, 2003). Marital happiness, stability, and adjustment have been explored in relation to various factors: family of origin, individual characteristics, social contexts and dyadic interactional processes (Holman, 2001).

Among the variables explored by scholars investigating marriage are individual characteristics such as personality traits, temperament, feelings about oneself, and individually held values, attitudes, and beliefs (Auhagen & Hinde, 1997; Miller, Caughlin, & Huston, 2003). In particular, couples’ conflicts associated with personality differences, which is a commonly represented problem in couple therapy, has been drawing attention from scholars and practitioners. Family therapy approaches, which have roots in systems theory, might seem incompatible with personality psychology since theories of personality traits suggest that traits are stable and transcontextual. However, it is noteworthy that personality psychology has been experiencing a turning point toward a relational individual. Inspired by
Mischel’s (1968) critique of conventional personality research methods and the generalized concept of the personality trait, the personality psychology field has been confronting the need for a more contemporary framework which could encompass a wide variety of cognitive, emotional, and social approaches to persons in an attempt to question the trait approach’s appropriateness in capturing how contemporary adults living in modern and postmodern societies understand their own individuality (Diener, 1996; Gergen, 1999; McAdams, 1996; Quackenbush, 200). According to this relational approach, traits are not viewed as characteristics of individuals, but viewed as a person’s relationship with a particular or generalized other. As Quackenbush (2001) pointed out, “Other people participate in defining the trait” (p. 824). Traits are contextualized because human beings cannot be understood in separation from their contexts. Therefore, the new trend in personality psychology seems consistent with family therapy’s assumption that an individual’s behavior is strongly affected by the most significant others in an individual’s environment and therapy should pay attention to interactions within the network rather than on the individually identified patient (Smith, 1994). This relational approach to personality traits would render a meaningful understanding to the possibility that we may quite literally become different people in the context of different social relationships (Quackenbush, 2001). Consequently, it would be beneficial to explore literature on personality psychology in relation to marriage and its application in marriage therapy settings.

**Personality in Marriage**

Investigation of personality influences on marital relationships has focused on similarities and differences between marital partners. This has been referred to as the homogamy versus complementarity hypotheses. Complementarity associated with mate
selection was hypothesized by Winch, Ktsanes, and Ktsanes (1954), who suggested that individuals select mates to complement their own personality traits or needs. The basic hypothesis of the theory of complementary needs in mate-selection is that in mate-selection each individual seeks within his or her field of eligible for that person who gives the greatest promise of providing him or her with maximum need-gratification…the need pattern of B, the second person or the one to whom the first is attracted, will be complementary rather than similar to the need-pattern of A, the first person. (Winch, Ktsanes, & Ktsanes, 1954, p. 242)

This theory seems plausible, but the evidence is not conclusive. Data obtained by researchers (i.e., Arrindell & Luteijn, 2000; Caspi & Herbener, 1990; Saint, 1994) have suggested a contrary pattern, homogamy hypothesis, which is discussed below.

The homogamy hypothesis has been supported by the results from empirical studies. That is, individuals are expected to select mates whose temperament attributes are similar to their own and measured compatibility between partners’ personalities is a major factor in achieving and maintaining marital satisfaction and subjective well-being (Arrindell & Luteijn, 2000; Botwin, Buss, & Shackelford, 1997; Caspi & Herbener, 1990; Gaunt, 2006; Saint, 1994).

For example, Arrindell and Luteijn (2000) examined the relationships between spousal personality congruence and individual levels of satisfaction with life. The data from a sample of two hundred community volunteers confirmed the hypothesis that high similarity in personality scores of intimate partners would correlate significantly with subjective well-being in both sexes.
Similarly, Bum and Mehrabian (1999) investigated the correlation between temperament similarity and marital happiness. By looking at pleasantness, arousability, and dominance temperament scales of 166 married couples in relation to their marital satisfaction scale, Bum and Mehrabian found that similarity between traits of husbands and wives positively correlates with marital satisfaction. However, trait arousability was unrelated to marital satisfaction, indicating that similarity on specific traits and not on all possible traits constituted the more accurate explanation.

In the same vein, the role of couples similarity was examined in relation to spouses’ marital satisfaction with a sample of 248 married couples (Gaunt, 2006), and as hypothesized, this study found that greater similarity between partners was associated with higher degrees of marital satisfaction and lower degrees of negative affect. Furthermore, the data from this study indicated that similarity on the gendered personality and values domains was more significantly associated with marital satisfaction than similarity on the attitudes and religiosity domains. Findings from this study should be noted for two reasons. First, it provided consistent support for the homogamy hypothesis. Second, more importantly, it addressed the issues that some dimensions of similarity contribute more than others to explaining marital satisfaction; certain traits have more power explaining marital satisfaction than other traits as suggested in the previous study (Bum & Mehrabian, 1999).

Klohnen and Mendelsohn (1998) investigated the homogamy hypothesis by assessing the degree of homogamy in personality as a function of self-liking. Neither similarity nor complementarity is a general principle of selection. These researchers expected that variation in couple similarity would not be random, but rather would be related to self-liking. They hypothesized there would be a positive relationship between congruence and
similarity. In other words, if individuals have high correlations between their actual and ideal self-descriptions, they are more likely to be similar to their partners than individuals with lower correlations between actual and ideal self-descriptions. In their research, Klohnen and Mendelsohn studied 36 heterosexual couples with the California Adult Q-Set personality test of self, ideal self, and partner. As hypothesized, the results indicated that similarity to one’s partner was positively related to the individual’s satisfaction with the self. This study seems to point out the importance of self-liking and self-esteem as factors which need to be taken into consideration in mate selection. In addition, this study expanded a framework for integrating the contending similarity and complementarity theories of mate selection by stating that individuals who were satisfied with themselves had partners who were similar to them, whereas the partners of those dissatisfied with themselves resembled them little or not at all.

Neuroticism is also another trait which has received significant attention from scholars. Bouchard, Lussier, and Sabourin (1999) investigated the contribution of personality traits to marital adjustment. In their sample, 446 couples completed the Dyadic Adjustment Scale and the Five-Factor Inventory, which measures five dimensions of personality: 1) neuroticism, the dimension underlying the chronic experience of distressing emotions; 2) extraversion, measuring energy and sociability; 3) openness, measuring imagination, curiosity, and liberal attitudes; 4) agreeableness, assessing trust, sympathy, and cooperation; and 5) conscientiousness for a sense of competence, a sense of duty, a need for achievement, and organization (McCrae, 1991). Examination of the correlation matrix suggested that correlations between personality scores and marital adjustment for men and women were generally positive, with the exception of neuroticism. Neuroticism was negatively related to
marital adjustment, whereas agreeableness and conscientiousness were positively related. Furthermore, Bouchard and Seaborn found that neuroticism is a significant predictor of self-reported and partner-reported marital adjustment for both men and women.

Another study was conducted to explore the influence of personality on quality of marriage (Russell & Wells, 1994). Ninety-four couples completed a quality of marriage scale and the Eysenck Personality Questionnaire. Results suggested that quality of marriage was found to be influenced negatively by the spouse’s neuroticism. Based on the findings, Russell and Wells inferred that one partner’s neuroticism correlates with that of the other partner, and a neurotic person has an adverse effect on the partner’s marital quality, which, in turn, affects the person. Therefore, the adverse effects of neuroticism on quality of marriage arise not because a person’s neuroticism depresses their relationship quality, but because a person’s neuroticism has an adverse impact on the quality of relationship experienced by the partner.

In summary, there seems to be empirical support suggesting that people are more likely to find mates whose temperament attributes are similar to their own, and when couples have similar traits, they tend to have a more satisfactory marriage and higher level of subjective well-being (Arrindell, 1999; Arrindell & Luteijn, 2000; Caspi & Herbener, 1990; Gaunt, 2006). The exception seems to be negative affect, which has been reported to have adverse effect on the quality of the marriage (Bum & Mehrabian, 1999; Russell & Wells, 1994).

*Personality Assessments in Couples Therapy*

With empirical support that personality matters in marriage, Holman (2001) concluded, after years of study and research on individual characteristics, that “good emotional health and self-esteem increase the likelihood that an individual will not distort or
overreact to negative relationship events which will lead to the likelihood of more flexibility, less impulsivity, more commitment, and more effective stress handling in marriage” (p. 26). Holman (2001) assessed emotional health and self-esteem in couples using a variety of instruments such as NEO personality inventory (Costa & McCrae, 1992), Sixteen Personality Factor Questionnaire (Russell, 1995), and Myers-Briggs Type Indicator (Myers & Myers, 1980) as initial assessments and the MMPI (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and the Beck Depression Inventory (Beck, 1996) as more in-depth assessments.

Researchers and practitioners, who have investigated the contribution of personality traits to marital adjustment, have been in search for personality assessments which could be utilized to open up the conversation for mutual understanding in couples therapy (Bouchard, Lussier, & Sabourin, 1999; Jones, 1976; Williams & Tappan, 1995). However, in administering and utilizing personality assessments in marriage therapy, researchers and practitioners seem to confront several major questions.

The first question is associated with instrument validity. For example, Douglass and Douglass (1993) examined assertions made concerning the Myers-Briggs Type Indicator’s (MBTI) use with couples in marital therapy. The MBTI is an instrument that measures an individual’s personality preferences on four dimensions. The first dimension assesses an individual’s level of introversion or extraversion. The second dimension reflects an individual’s preference for dealing with detailed facts in the here-and-now (sensors) or for looking at the big picture and future possibilities (intuitives). The third is whether an individual’s preference is for making decisions based on principles or logic (thinkers) or for preserving interpersonal harmony (feelers). Finally, the fourth dimension assesses an
individual’s preference for having closure and structure in one’s life (judgers) or keeping things open-ended and spontaneous (perceivers) (Williams & Tappan, 1995). Three assertions made by MBTI include: 1) couples are more likely to have similar preferences than opposite preference, 2) couples who have three or four similar preferences will have fewer marital problems, and 3) opposite preferences can be used to predict specific problem areas. Despite MBTI’s popularity and availability to the public, the study found no evidence to support the assertions. In particular, the findings indicated no evidence that couples with three or four common preferences have fewer marital problems than couples with zero, one, or two common preferences. In addition, having opposite preferences did not predict specific types of problems. Researchers concluded that the MBTI has not been adequately substantiated by empirical research. They suggest that the MBTI should be presented to couples as one of several possible ways to facilitate mutual understanding and open lines of communication. This suggestion seems to be in line with the suggestions of Williams and Tappan (1995) in using the MBTI in order to enhance relationships of the couples.

Another issue associated with assessment concerns consideration of psychopathology. Since some instruments highlight areas of dysfunction, they could be threatening and judgmental (Philpot, 1999). The 16 Personality Factor Questionnaire was designed to look at normal personality variables as opposed to psychopathology; it features a nonblaming, systemic approach (Philpot, 1999). However, when it comes to utilization of the assessment, there seems to be uncertainty as to how such data can be effectively used (Jones, 1976).

The Kinetic Family Drawing (KFD) technique is a nonblaming, systemic measure that focuses on normal personality. Originally introduced by Burns and Kaufman (1970), the
KFD asks clients to draw a picture of everyone in their family, including self, doing something. Thompson and Nurse (1999) suggested that drawing family members doing something can provide important information about family relationships. As a holistic approach, after the drawing session, the KFD encourages therapists to try to physically duplicate the actual postures, and imagine the actions indicated on the KFD. It has been suggested that these kinesthetic experiences can trigger feelings and thoughts for the therapist that may be crucial to the clients (Thompson & Nurse, 1999). Even though it lacks a research base comparable to other psychological instruments, the KFD was included in Nurse’s book (1999), *Family Assessment: Effective Uses of Personality Tests with Couples and Families*, because of its wide use with an attempt to elicit responses for better understanding of the family system from the perception of the drawer. In addition, its present popularity with clinicians, due to the ease of applying this method, has been identified as a merit of this approach.

**The Role Profiles**

The Role Profiles, developed by Robert Landy (2001), seems to hold promise in providing an alternative view of personality with the emphasis on relational aspects of self. Based on the Taxonomy of Roles Landy developed to identify the specific roles from plays throughout history, Role Profiles was constructed as an assessment instrument to measure personality in terms of roles. Landy (2001) suggested that the totality of roles available at any one moment is known as the role system; a container of all roles. Landy suggests the role system would be another way of thinking about personality.

Role is a set of archetypal qualities representing one aspect of a person, an aspect that relates to others and when taken together, provides a meaningful and coherent view of
self. A human personality, in turn, is essentially an amalgamation of the roles a person takes on and plays out (Landy, Luck, Conner, & McMullian, 2003, p. 152).

Within the role system are those roles that are available to consciousness and that can be played out competently. But there are also dormant roles within the role system that have faded from consciousness because of neglect or abuse or lack of need. Roles that are not called out will not be played out, even though they may exist within. They will be activated when given the proper social or environmental circumstance (Landy, 2001, p.37).

Therefore, personality differences are understood by the quality of roles each individual plays with different levels of competence and the quantity of roles which can be called out depending on the context. Landy turned to theatre as the source of specifying and naming the roles that humans are capable of playing. He looked at the many roles available in theatrical plays from Greek to contemporary drama and identified a repeated pattern of character types that transcended time, genre, and culture. He examined more than 600 plays and discerned 71 discreet archetypal roles and organized these roles into a system, which he called the Taxonomy of Roles (Landy et al., 2003; Personal conversation, 2004). Through various revisions over more than a decade, Landy (2001) finally created a card sorting assessment, Role Profiles 2000 (Appendix D). Role Profiles 2000 was designed as a card sort assessment, which consists of 71 names of roles. Participants are asked to place each card in one of four groups that best describes how they feel about themselves at the moment. Four groups are (1) This Is Who I Am, (2) This Is Who I Am Not, (3) I Am Not Sure If This Is Who I Am, and (4) This Is Who I Want To Be. Upon completion of this assessment, it is
important to determine whether the participant is able to view himself/herself in a balanced way. Landy (2001) postulates role balance would imply a relatively equal distribution of roles between “This Is Who I Am” and “This Is Who I Am Not.” Furthermore, it is postulated that more balanced individuals would select fewer roles for the “I Am Not Sure If This Is Who I Am” group.

**Drama Therapy and Family Therapy**

Throughout history, many attempts have been made to better understand human behaviors. Role theory has been one approach used throughout the twentieth century in the fields of Sociology, Psychology, and Anthropology. It was developed by a number of theorists and practitioners who believed that the dramaturgical metaphor of life as theatre and people as actors could capture the essences in understanding human behaviors within contexts and render a meaningful way of communicating their findings with people in other fields (Goffman, 1959; Landy, 2001; Sarbin & Allen, 1968).

Among the pioneers in the field of role theory was Moreno, a founder of psychodrama whose contributions to the field of mental health have been relatively unappreciated (Blatner, 1996; Garcia & Buchanan, 2000). Compernole (1981) considered Moreno as one of the first family therapists who developed an interactional view of psychotherapy resulting in formulations of a true systems orientation with concrete ideas about marital and family therapy. Moreno considered role theory as a way of understanding the interactional nature of human experience, and used a taxonomy with three main categories of roles; (1) psychosomatic roles such as eating, sleeping, or dying, (2) social roles such as son, daughter, or student, and (3) psychodramatic roles which utilize the dramatic or imaginative context such as the fantasy roles of childhood or creative thinker (Garcia &
Buchanan, 2000). Most social role theory focuses on the social roles and the actors who play those social roles, but Moreno’s role theory is unique in that it called attention to those psychodramatic roles which tend to be marginalized as excessively subjective, but are profoundly important parts of human life (Blatner, 1996).

Moreno’s role theory has been further developed and enriched by various scholars such as Adam Blatner who has systemized Moreno’s approach to role theory and developed role dynamics with the emphasis of “meta-roles” which can “enable people to be more reflective and open to alternatives” (Blatner, 2000, p. 151). Other recent contributions to role theory have come from one of the leaders in the field of drama therapy, Robert Landy (2001). Landy (2001) considered role theory as a way of understanding human personality and developed a different classification system which he named The Taxonomy of Roles in an attempt to reveal the contents of the role system that represent the human personality. “Role Profiles” (2001, 2003) was developed as a personality assessment based on the Taxonomy of Roles. When I speak of role theory in the following pages, I will refer to Robert Landy’s (2001) version. However, before introducing Landy’s Role Theory, it seems vital to address the question, “How does Landy’s Role Profiles contribute to family therapy?”

The definition of drama therapy, provided by the National Association of Drama Therapy, is as follows:

The systematic and intentional use of drama/theatre processes and products to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. Drama therapy is an active, experiential approach that facilitates the client’s ability to tell his/her story, solve problems, set goals, express feelings appropriately, achieve catharsis, extend the depth and breadth of inner experience,
improve interpersonal skills and relationships, and strengthen the ability to perform personal life roles while increasing flexibility between roles. (NADT, 2004)

Given the fact that drama therapy puts more emphasis on the individual and his/her emotional experience rather than the dynamics of interaction, along with its theoretical foundation in psychoanalysis, drama therapy might seem incompatible with family therapy. However, experiential family therapy has incorporated dramaturgical concepts in theory and practice. For example, Virginia Satir was among the pioneers of marriage and family therapists who used an experiential approach that incorporated dramaturgical concepts. Early in her career, she suggested that the influence of different communication patterns among family members contributed to the negative effects associated with stress. She identified four different roles: placating, blaming, computing, and distracting (Satir, 1988). There are other experiential family therapists who have introduced expressive techniques from drama therapy into family therapy. Fred and Bunny Duhl (1973) used nonverbal means of communication, such as spatialization and sculpting, as well as role playing and family puppets. David Kantor, a cofounder of the Boston Family Institute in 1969, also introduced the “family as theatre” metaphor to family therapy (Kantor & Lehr, 1975). The importance of unblocking emotional expression among family members is also demonstrated by a recently developed family therapy model referred to as emotionally focused couple therapy (Greenberg & Johnson, 1985). Role Profiles may enhance family therapy assessment and intervention in an attempt to provide an alternative way of understanding family as a whole and each individual member within the family system.
Landy’s Role Theory

Taking a closer look at role theory’s assumptions and exploring how each assumption of role theory has been influenced by historical theories and how each assumption can be compatible with approaches in family therapy seems vital to an understanding of role theory in family therapy. To this end, three main assumptions of role theory are discussed below.

Assumption 1. Human beings are role-takers and role-players by nature.

This first assumption is consistent with Symbolic Interactionism. Theorists in Symbolic Interactionism suggested that roles are “shared norms applied to the occupants of social positions” (Heiss, 1981, p. 95) and systems of meaning that enable role occupants and others with whom they interact to anticipate future behaviors and to maintain regularity in their social interactions (Turner, 1970). Symbolic interaction includes two key assumptions which are associated with role theory (Rose, 1962). The first is that human behavior is influenced by symbolic interpretations of self, others, and social settings. Role taking is a process of socialization. However, individuals do not passively internalize roles and role expectations, but actively shape and infuse roles with intrinsic, subjective, and self meanings, which can be identified as role making, the second assumption (Rose, 1962; Turner, 1970). Those most associated with its early development include William James (1882), Charles Horton Cooley (1902), and George Herbert Mead (1934).

William James introduced a framework to understand self. He suggested that discriminated aspects of self refer to the self as a known, or the “me” and the self as knower, or the “I” (1982). Cooley introduced the concept of “looking glass self” which refers to a reflected sense of who we are. It conceptualized the part of the self that is capable of
reflecting its own behavior (Landy, 1993). George Herbert Mead distinguished between the “me,” social self and the “I,” a response to the “me.” “The ‘I’ is the response of the organism to the attitudes of the others: the ‘me’ is the organized set of attitudes of others which one himself assumes” (Mead, 1934, p. 175). Mead identified role taking as a way of internalizing the “generalized other” into oneself (1934). Mead primarily emphasized development of self, so attention to roles was minimal (Klein & White, 1996).

In addition to Symbolic Interactionism, social psychology has discussed roles. Theodore Sarbin is a social psychologist who has worked most directly with the concept of role. Sarbin suggested that the concept of role is useful to understand human behaviors (Sarbin & Allen, 1968). In particular, he saw the object of study as the role enactment of persons in social settings and identified three possible factors associated with role enactment: 1) number of roles, 2) organismic involvement (efforts), and 3) preemptiveness (time). The first postulation states, “the more roles in an actor’s repertoire, the better prepared he is to meet the exigencies of social life” (Sarbin & Allen, p. 491). Sarbin contended that the person whose repertory includes a variety of well-practiced, realistic social roles is better equipped to meet new and critical situations than the person whose repertory is meager, relatively unpracticed and socially unrealistic. This assumption heavily influenced many role theory oriented therapists including Landy. Landy (1994, 2001) viewed two ways to define health and illness, and the quantity of roles one internalizes and plays out is considered as one of them. Therefore, healthy persons are able to take on many of the roles in Landy’s role taxonomy. But at the same time, they need to play these roles out in everyday life with some degree of proficiency. While role taking is based on mental, internal activities, role-playing is more related to physical action. According to Landy (1994), there is reciprocity between
taking in and playing out roles through assimilation and accommodation, and when any part of the two relationships is inhibited, an imbalance would occur that would lead to “incomplete representation” (Landy, 1994, p. 110).

**Psychological effects of multiple roles.** In addition to these conceptualizations, Goode (1960) introduced the term “role strain” to emphasize the difficulty of performing multiple roles, due to the high possibility of having role overload and role conflict. Role overload refers to constraints imposed by time: as role obligations increase, the actor will be forced to choose some roles over others. Role conflict refers to discrepant expectations irrespective of time pressures. This untested assumption on role overload and conflicts propose that the more roles one accumulates, the greater the probability of running out of time and confronting role partners whose expectations are contradictory. According to Goode, multiple roles would be a cause of psychological distress, creating more strain than gratification, or more potential for disturbance than potential for stability.

Some researchers (e.g., Sieber, 1974), however, have questioned Goode’s theory. For example, Sieber asserted that researchers and theorists alike have failed to weigh the possible rewards of role accumulation. Sieber suggested rewards of multiple roles might exceed their burdens.

Many studies have been performed to explore the psychological effects of multiple roles based on the quantitative aspects of the multiple roles or on the quality of role experience (Adelmann 1994; Hong & Seltzer, 1995, Reitzes & Mutran, 1994; Marks & Macdermid, 1996). Adelmann (1994) tested the relationship between psychological well-being and multiple roles using the 1986 Americans’ Changing Lives survey ($N = 1,644$) and found that multiple roles were associated with higher life satisfaction, higher self-efficacy,
and lower depressive symptoms. Reitzes and Mutran (1994) used in–depth telephone interviews with full-time working men and women aged 58-64 ($N = 818$) to explore the influence of roles and identities on self-esteem. Findings indicated that occupying multiple roles may increase social integration and the commitments to the roles are positively related to self-esteem for both men and women. Another study (Hong & Seltzer, 1995) also explored the relationship between multiple roles and psychological well-being. Using longitudinal analyses of aging mothers of adult children with mental retardation ($N = 461$), Hong and Seltzer reported that holding multiple roles was significantly and negatively related to depression in this sample and suggested there are positive consequences of multiple roles on psychological well-being.

There seems to be a consensus to support the role accumulation hypothesis: the more roles held, the better an individual’s psychological well-being. It has been proposed that occupying multiple roles provides four rewards: accumulating privileges, status security, status enhancement, and enhancement of self-esteem (Sieber, 1974) and having multiple roles would give purpose, meaning, and direction to one’s life. Therefore, role identities are important sources of psychological well-being (Thoits, 1983).

It should be noted, however, that even though there seems to be a positive impact associated with holding multiple roles on psychological well being, research suggests that age and sex of the role occupant mediate the relationship between multiple roles and psychological well-being (Adelmann, 1994; Menaghan, 1989; Thoits, 1986). For example, Adelmann (1994) explored the psychological effects of holding multiple roles with a sample of elderly people, and found that holding multiple roles was positively related to psychological well-being and physical health. Furthermore, these relationships were stronger
for men than for women. Another example of gender and age differences in the effect of multiple roles came from research reported by Thoits (1986) and Menaghan (1989). In particular, Menaghan (1989) was interested in specific role combinations, not summary role counts, and examined the relationship between multiple social roles and psychological well-being by focusing on specific combinations of the normatively expected social roles. The study used two waves of interview data, collected four years apart (1972 and 1976) from a sample of 1,106 adults, aged 18-65, living in an urbanized area. Results suggested that “psychological distress is more likely, not simply when role counts rise or fall, are high or low, but when one’s role repertoire departs from the normal, expectable situation for one’s age and gender” (Menaghan, 1989, p. 711).

Thoits (1986) also suggested that it is the combination of roles occupied and the gender of the person who holds the roles that have significant consequences for psychological well-being. Thoits (1986) asserted that the same roles might not carry similar meanings for men’s and women’s self-conceptions, and thus, for their psychological well-being. One assumption that was partially proven by the study was that multiple roles seemed to have a positive impact on psychological well-being. Thoits (1986) reported that people who held five role-identities appeared to demonstrate optimal psychological well-being; individuals who held six or more identities increasingly become subject to difficulties that partially offset the benefits of role summation. As such, Thoits (1986) proposed a U-shaped parabolic function between role accumulation and psychological well-being; individuals with very few and very many role identities were more distressed.

Reitzes and Mutran (1994) failed to replicate the role accumulation hypothesis. They investigated the relationship between multiple roles and self-esteem during in-depth
telephone interviews with 818 middle-aged working men and women in a metropolitan area. Investigators hypothesized that the greater the number of roles held by individuals, the greater their self-esteem. They suggested that occupying multiple roles might increase social integration. Results suggested that neither role accumulation nor specific combinations of the roles directly influenced self-esteem or social integration. They speculated that the effects operate only indirectly, through social network or social support patterns. It seems noteworthy that when social background and role accumulation were controlled, women held higher self-esteem than men, which seemed to contradict Adelmann’s (1994) findings with elderly people.

To date, there seems to be mixed findings from the studies, so further study of the relationship between multiple roles and psychological well-being seems to be necessary to identify potential mediating factors. To summarize, gender and age seem to be key factors that shape life experiences so both should be included in research on role accumulation. Also, multiple roles seem to correlate with psychological well-being but specific role combinations should be taken into consideration when considering the individual’s mental health. As Nichols and Schwartz (2001) suggest, family therapists often describe family members in terms of a single role within the context of family, but need to recognize that “...a wife may also be a mother, a friend, a daughter, and a career person. Even roles that aren’t currently being performed are potential and therefore important” (Nichols & Schwartz, 2001, p 18).
Assumption 2. “Human behavior is highly complex and contradictory and any one thought or action in the world can be best understood in the context of its counterpart” (Landy, 2001, p. 31).

Sarbin (1968) asserted there is no place for the isolated individual in role theory. By their nature, roles do not exist independently of each other; every role needs its counterpart. We cannot have a child without a parent and vice versa. Therefore, the second assumption of role theory seems to negate the criticism of arts and drama therapy that those modalities are individually focused and there is no room for the dynamics of interactions. On the contrary, role theory seems congruent with a systems approach because of the belief that human behavior must be understood within the system as a whole and the system cannot be understood by studying its individual parts in isolation from each other (Whitchurch & Constantine, 1993).

Another interesting perspective purveyed in the second assumption is the postmodern self. Through an in-depth qualitative study on the common characteristics of ‘postmodernism’ which are present in family therapy literature, Crane (1999) identified the notion of self in a postmodern sense, which is “multiple, ever-changing, decentered, and continuously being revised” (p. 96). Therefore, individuals are understood in terms of multiple selves.

This postmodern view on self can be found in role theory but Landy (1993) originally postulated that the self was a “problematic, tired term too easily linked to modern, humanistic models,” and believed that “role theory offered a more post-modern understanding of human existence as multi-dimensional” (Landy, 2001, p. 31). Landy (1993) “assassinated the concept of self” and proposed that personality is like an onion: each layer of the onion is
another role and when all roles are peeled away, there is nothing left. Meldrum (1994) criticized Landy’s role theory suggesting that the assassination of the self is reductive and where the self-observer is, the “I” who watches and responds to “me” impersonating another, and continued to express her concern saying that by assassinating the concept of self, Landy has rejected Mead.

Assumption 3. “Human beings strive toward balance and harmony and although they never fully arrive, they have the capacity to accept the consequences of living with ambivalence and paradox” (Landy, 2001, p. 31).

The third assumption is key to understanding Role Theory’s view of health. Influenced by Sarbin’s organismic involvement (effort put in playing roles) and Scheff’s distancing theory, Landy (1993) suggests that the quality of playing roles is crucial. He postulates a distancing model which can be described as a continuum with three points: overdistance, aesthetic distance, and underdistance. Overdistance can be characterized by a minimal degree of affect and a high degree of rational thought. It is a state of rationality at the expense of emotional expression. People who are overdistanced have a difficult time expressing feelings and feeling empathy toward others. Underdistance is explained as overabundance of feeling that floods ones’ objectivity and reflective capacities. Aesthetic distance is being balanced between affect and cognition (Landy, 1994; Scheff, 1981). Scheff (1981) saw modulation of the amount and intensity of the client’s emotional arousal as a task shared by all psychotherapists and believed that therapists would need to help clients move toward optimal distancing, using techniques for increasing distance for underdistanced situations and techniques for decreasing distance for overdistanced situations.
Two performance theories on the continuum of distancing. Drama Therapy has been fortunate to have two performance theorists who profoundly influenced drama therapy’s conceptual development. In particular, these two theorists can be placed on the continuum of distancing, based on their theories: Bertolt Brecht, a German theorist on the overdistanced end and Constantin Stanislavski, a Russian theorist on the underdistanced end. Briefly introducing their theories will provide some understanding about the application of drama therapy to modulate the amount and intensity of clients’ emotional arousals.

For Brecht, characters are molded based on certain social and political circumstances; theatre was viewed as a vehicle to help viewers see injustices in order to critically evaluate injustice (Eddershaw, 1996). Theatre, for Brecht, was a place where people could see things differently that had been taken for granted. Later he referred to this as Epic theatre. Brecht introduced alienation theory in order to emphasize the importance of creating distance so that audiences can question and criticize the social and political injustice situations through the illusion of theatricality (Landy, 1994). In drama therapy, Brecht’s epic theatre and alienation theory have been integrated through the use of such stylized projective devices as masks, puppets, and telling stories in past sentences or in a fictional way rather than directly dramatizing experiences in order to increase distance for the underdistanced (Landy, 1994; Scheff, 1981).

On the opposite side of the distancing continuum is Constantin Stanislavski who developed an acting theory which has become known as a psychological, naturalistic method. The emphasis is on an emotional approach to acting. Stanislavski put great emphasis on improvisation, here and now approaches during rehearsals to uncover motivations, feelings, and the subtext. By helping actors recall past experiences in their lives and transfer the past
emotions to the present, Stanislavski proposed that similar emotions could be provoked and represented as if they were occurring for the first time at that moment (Benedetti, 1993). Stanislavski’s approach to acting has been manifested through role-playing and psychodrama in the drama therapy field as a way to decrease distance for overdistanced situations so that clients can have a more empathetic understanding toward situations.

**Role method toward balance.** Inspired by these two key figures, Landy (1994) introduced methods to modulate distance: psychodramatic techniques and projective techniques. Landy asserted that techniques should be systemically structured in a session and identified eight steps, which he calls the Role Method, as a way to explore the role system and work toward balance. Those steps are as follows:

1. Invoking the role;
2. Naming the role;
3. Playing out/working through the role;
4. Exploring alternative qualities in sub-roles;
5. Reflecting upon the role play;
6. Relating the fictional role to everyday life;
7. Integrating roles to create a functional role system;
8. Social modeling: discovering ways that clients’ behavior in role affects others in their social environments. (Landy, 2001, p. 41)

According to Landy, the first two points occur during warm-up as clients get involved with activities in order to gain access to their role system and choose a prominent role. Points three and four represent the action phase of the process in which clients work with their given roles, explore their qualities, functions, and styles and discover alternative qualities. Points
five through seven are associated with reflection upon role enactments; this represents the insightful phase of the process. Landy (1994) asserts that in working with the role method, clients can move toward an aesthetic distance by opening up possibilities for role expansion.

Meldrum (1994) supported Landy’s role method to get in touch with aspects of the self in therapy settings. In particular, invoking a role or character, naming the character, playing the character in improvisations, and reflecting upon the work were identified as valuable.

The importance of working with a troublesome role with which clients have unfinished business has been emphasized by personality psychologists. For instance, George Kelly emphasized the internal aspect, cognition, and the external world in considering personality development (Allen, 2000). He developed a therapeutic method – referred to as fixed-role therapy—in which clients play the role of an imaginary character who possesses certain personality that are in contrast to his or her actual personality. This process can be summarized as helping clients explore alternative personality through reflective journey in order to gain an insight into what it is like to be on the other side of the role the client normally plays. Through this process, role theory oriented therapists suggest that clients can get balanced distance with the ability to think and to feel not only on the interpersonal level but also the intrapersonal level by developing the reflective stance on “me” in many different roles and one role in relation to another role in the role system.

**Distancing and family therapy models.** The quality of emotional involvement on the interpersonal and intrapsychic level among family members has long been considered a significant aspect of the family process. And the notion of balance and harmony can be found
Table 1

Comparison Table of Three Points of Distancing Model to MFT Models

<table>
<thead>
<tr>
<th>Theory/Therapy</th>
<th>Three Points of Distancing</th>
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<tr>
<td>Landy’s Role Theory</td>
<td>Underdistance</td>
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<td>Bowen’s Systems therapy</td>
<td>Emotional fusion</td>
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<tr>
<td>Psychoanalytic family therapy</td>
<td>Enmeshment</td>
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<td>Structural family therapy</td>
<td>Diffusion</td>
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<td>Balance (Aesthetic)</td>
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<td>Differentiation</td>
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<td>Rigidity</td>
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in various approaches in family therapy such as Bowen family systems therapy, psychoanalytic family therapy, and structural family therapy (see Table 1).

First, differentiation of self, which is the core concept of Bowen Family systems therapy, seems compatible with the concept of distancing. Bowen suggested that differentiation refers to the varying abilities to preserve a degree of autonomy in the face of pressures for togetherness. In Bowen’s differentiation terms, emotional cut off in which individuals attempt to emotionally separate or distance themselves from their families can be interchangeable with overdistance (Bowen, 1978; Nichols, 2003; Papero, 1990). Emotional fusion can be replaced with underdistance since emotionally fused people become so attached to another that their own sense of selves and boundaries become blurred with the other person (Bowen, 1978; Nichols & Schwartz, 2001; Papero, 1990). Bowen suggested that any level on the continuum is both natural and normal as long as a family can maintain a tolerable level of emotional equilibrium (Papero, 1990). However, Bowen suggested that the level of differentiation plays an important role in the abilities of families to absorb and adapt to changing conditions. In particular, he suggested that, due to human beings’ needs for
autonomy and connectedness, achieving balance is impossible and ambivalence is something inevitable. Therefore, therapists need to help clients become accurate observers and control reactivity (Nichols & Schwartz, 2001; Papero, 1990). To Bowen, developing the self-observer, the “I” who watches and responds to “me” in Mead’s terms (1934) is a key to controlling reactivity in order to differentiate the self. Even though Bowen seems to emphasize the intellectual or cognitive system, while simultaneously emphasizing the reactive nature of emotion, it should be noted that Bowen considered neither emotional cutoff or emotional fusion healthy nor functional (Papero, 1990).

Second, psychoanalytic family therapy explains the concept of distancing from the perspective of attachment. Based on object relations theory, attachment theory, and theories of the self, psychoanalytic family therapists suggest that close physical proximity and secure attachment to a single care giving object are necessary preconditions for healthy object relations in childhood. When the individual does not have the secure and loving attachment experience, he/she becomes vulnerable to the failure in achieving separation and individuation, and may become chronically dependent or isolated. The person becomes enmeshed or disengaged (Nicholds & Schwartz, 2001). A number of studies have concluded that insecure attachment, either enmeshed or disengaged, is associated with difficulties in social competence and impaired peer relations in childhood (Shulman, Elicken, & Sroufe, 1994; Sroufe & Fleeson, 1986; Troy & Sroufe, 1987).

Many researchers who were inspired by attachment theory have attempted to conceptualize attachment in couple relationships (Byng-Hall, 1995; Fisher & Crandell, 1997; Hazan & Shaver, 1987; Main, Kaplan, & Cassidy, 1985). Main and her colleagues (1985) explored adult attachment based on the score of the Adult Attachment Interview and
summarized four main classifications: autonomous/free, dismissing, preoccupied/entangled, and unresolved. In particular, the adult, in dismissing classification, is characterized as having difficulty accessing specific childhood memories, devalues the importance of attachments, and is likely to have a child who has an avoidant attachment with emotional distance in general. By contrast, the adult in preoccupied/entangled classification is characterized as having access to specific memories, but abundant negative contents of childhood memories with confusion and anger toward their parents. Adults in entangled classification are assumed more likely to have a child with an ambivalent attachment, which Byng-Hall (1995) suggests to be similar to enmeshed relationships. Based on these four main classifications, various possible pairings were explored (Fisher & Crandell, 1997) and Dismissing-Entangled attachment pairing, which is the combination of the two opposites on the distance continuum, has been suggested to be common in couples seeking help. Fisher and Crandell (1997) postulated that the D-E pairing would be a highly conflictual relationship, where the preoccupied partner feels chronically abandoned, while the dismissing partner is resentful to his or her partner’s constant complaints about the dependency need and, consequently, would fall into a pursuer-distancer pattern.

In particular, complex attachment used by Fisher and Crandell (1997) to capture the dual nature of attachment in the couple seems useful in understanding another key layer of the concept of balance. It was proposed that in adult couple relationships, each partner functions as an attachment figure for the other, which means that “each partner can tolerate the anxieties of being dependent on the other and also being depended on by the other” (Fisher & Crandell, 1997, p. 215). For the complex attachment to occur, each partner should be able to take the position of the ‘infant’ and the ‘attachment figure’ empathically and
flexibly according to the exigencies of the relationship requirement. Therefore, as Scheff (1981) and Landy (1993) suggested, achieving an optimal distance does not imply staying on the balanced spot, but rather being able to shift from the role to the counterrole and vice versa according to the needs.

Third, even though the emphasis placed on the family hierarchy by the leading figures of structural family therapy approach can be different from the concept of balance, interpersonal boundaries seem consistent with the concept of balance. Salvador Minuchin’s (1974) classification of family organization is similar to the way in which Landy classified the three points on the continuum of distance. Minuchin describes family systems as varying in the degree of permeability of the interpersonal boundaries among family members. At one extreme are enmeshed families with diffuse boundaries in which there is little room for differences and autonomy, but a high involvement occurs. At the disengaged end of the continuum are families with rigid boundaries in which family members are isolated, there is a lack of responsiveness and affection (Bell, Ericksen, Cornwell, & Bell, 1991). Healthier families, Minuchin (1974) asserted, are in the middle with clear and permeable boundaries between subsystems. In drama therapy this would be referred to as aesthetic distance between subsystems.

While family therapists were testing their assumptions of distancing in practice, some researchers were interested in testing the balance hypothesis in the research settings. Marks and Macdermid (1996) hypothesized that people who maintain more balance across their entire systems of roles and activities will score lower on measures of role strain and depression, and higher on measures of self esteem, role ease, and other indicators of well-being. They defined positive role balance as “the tendency to become fully engaged in the
performance of every role in one’s total role system, to approach every typical role and role partner with an attitude of attentiveness and care” (p. 421). College students \((N = 333)\) were surveyed and their score on Rosenberg’s self-esteem, Hopkins Symptom Checklist, and the Role Balance Scale were analyzed. Role-balanced students reported significantly lower role overload and depression, and significantly higher role ease and self-esteem than the students with lower scores on role balance.

Landy (2003) also tested the concept of balance using his Role Profiles. For example, in his case studies, Landy (2001, 2003) hypothesized people who maintain more role-balance will have a relatively equal number of roles in the groups, “This Is Who I Am” and “This Is Who I Am Not.” In other words, the number of role differences between two groups will be smaller for people who are more role-balanced. Furthermore, Landy proposed that people who maintain more role-balance will select fewer roles for the “I Am Not Sure If This Is Who I Am” group. In other words, people who are confused about their roles will be less role-balanced. Due to the newly developed assessment’s exploratory nature, it seems premature to make any generalized conclusion on the Role Profiles’ outcome in relation to the construct of balance. However, his case studies indicated that clients with unbalanced role system reported higher role difference and higher role confusion.

**Evaluating Landy’s Role Theory and Role Profiles**

In the book, *Sourcebook of family theories and methods: A contextual approach*, Boss and colleagues (1993) listed seventeen criteria for evaluating social science theories in order to encourage theorists and students of theory to take a broad perspective on what should be involved in creating theory. Among the seventeen criteria, three most relevant criteria were chosen to evaluate Landy’s role theory, which includes clarity of concepts,
acknowledgment of limits and points of breakdown, and sensitivity to pluralistic human experience. Based on these criteria, Landy’s role theory and Role Profiles are evaluated below.

**Clarity of Concepts**

This criterion refers to how well the concepts are defined and distinguished from related concepts (Boss, Doherty, LaRossa, Schumm, & Steinmez, 1993). Clarity of concepts is considered critical for scholars to communicate. The reasons for which clarity of concepts is selected are based on two facts. First, role theory has been one approach used throughout the twentieth century in various fields such as Sociology, Psychology, and Anthropology. Second, role theory has been developed by a number of theories and practitioners. Due to the enriched contexts where role theory has evolved, various key concepts were proposed in accordance to the needs of the fields. However, during the process of theory development, theories and practitioners in the various fields have taken the key concepts for granted and failed to operationally define them, and, thus, empirically test them (Blatner, 1991; LaRossa & Reitzes, 1993). In particular, role balance is one of the concepts which offers rich insight into understanding individuals’ internal and external relationships but lacks a clear and operational definition.

**Acknowledgment of Limits and Points of Breakdown**

This criterion refers to the self-critical stance which points out the theory’s limits and invites open dialogues in the field to move forward. One critical limitation of role theory and the Role Profiles is that it does not provide adequate explanation for human development aspects. According to Landy (2001), if a client has more roles in the group “I Am Not Sure if This Is Who I am” than in any of the other groups upon the completion of the Role Profiles,
then the person is considered to be unhealthy with unbalanced role structures, due to either immaturity or role confusion. However, human developmentalists (Zucker, Ostrove, & Stewart, 2002) might argue that identity clarity increases over the period of middle age. Unlike Erikson’s (1950) theory that a psychosocial crisis of determining who I am can get resolved in late adolescence, or perhaps in early adulthood, Zucker, Ostrove, and Stewart (2002) found that identity continues to grow and strengthen well into older adulthood. Considering the nature of identity clarity in relation to human development, it can be proposed that the role uncertainty measured by the Role Profiles can be a mere reflection of a normal process of human development rather than a representation of the person’s unhealthy status, such as immaturity or role confusion.

**Sensitivity to Pluralistic Human Experience**

This criterion refers to the ability of the theory to capture the complex and unique experiences of different kinds of people and families from diverse backgrounds (Boss et al., 1993). One of the limits of personality psychology, in general, is that it might underestimate the role of social context and role theory seems to be no exception. Landy (2001) proposed that the healthy person is noted by his/her ability to take on many roles and play them out with some degree of proficiency and the unhealthy person is identified with the dormant roles that have faded from consciousness because of neglect, abuse, or lack of need. Sarbin (1968), however, strongly suggested that role enactment is influenced by various factors. He raised the question of how socially constructed role expectations hinder people from adequately preparing for different types of roles. Sarbin’s sensitivity to pluralistic human experiences were empirically investigated by Luttrell (1997). Luttrell studied the adult working class of women, who returned to adult learning programs to obtain their high school diploma.
Through a two-year follow-up ethnographic qualitative study, Luttrell (1997) found “conditions of oppression, abuse, and material deprivation served to fragment the women’s selves, making it difficult for them to achieve a sense of their authentic or best self” (p. 111). In other words, social and cultural conditions limit adult working class women from exploring many different roles which are socially unacceptable or threatening to others. She identified this process as psychological splitting off through which women, in part, disavow and protect themselves from those roles deemed socially less desirable. The women’s stories highlighted harsh conditions under which their social selves were formed, conditions that all too often presented the women with a false sense of self (i.e., being nice) or self-negating choices. Luttrell concluded that the problem of social inequality in gender and social economic status influences the way people develop their identities and personalities. Therefore, it should be crucial to take gender-, race-, and class-based identities into consideration when therapists try to understand their clients’ personalities.

**Purpose of Study**

The purpose of this study was twofold. First, it aimed to test the recently developed personality assessment, Role Profiles, for its validity in the form of convergent validity analysis and cross structure analysis. Second, this study intended to explore Role Profiles’ clinical implications by capturing participants’ subjective experiences of this assessment. To these ends, four hypotheses and two sets of exploratory questions were proposed as follows:

**Hypothesis 1:** There is a significant relationship between role balance scores from the Role Profiles and role balance scores from Marks and MacDermids’ Role Balance Scale.
**Hypothesis 2:** There is a significant relationship between role balance scores from the Role Profiles and self-esteem.

**Hypothesis 3:** There is a significant relationship between role balance scores from the Role Profiles and perceived marital satisfaction.

**Hypothesis 4:** There is a positive relationship between the couples’ role profiles similarity scores and marital satisfaction scores.

**Open-Ended Questions:**

What are the participants’ subjective experiences of the Role Profiles?

What are the missing roles that are crucial to participants but were not included in the assessment?
CHAPTER 2. METHODOLOGY

Participants

The participants for this study were 20 heterosexual couples ($N = 40$) who were predominantly white and living in the Midwest. The demographics of the participants are described here, and depicted in Table 2 and Table 3.

With respect to age, the female participants’ ages ranged from 19 to 59; 70% ($n = 14$) were in the range of 20-29; 15% ($n = 3$) in the range of 30-39, 5% ($n = 1$) in the range of 40-49, 5% ($n = 1$) in the range of 50-59, and 5% ($n = 1$) were under 20 years with a mean age of 28.9. The male participants’ ages range from 20 to 58; 65% ($n = 13$) in the range of 20-29; 25% ($n = 5$) in the range of 30-39; 5% ($n = 1$) in the range of 40-49, and 5% ($n = 1$) in the range of 50-59 with a mean age 29.8.

In terms of race/ethnicity, the majority of female and male participants identified themselves as Caucasian (90% and 95% respectively). There were Hispanic ($n = 1$) and Asian ($n = 1$) female participants and one Asian male participant in this study.

With respect to religion, a majority of the participants identified a religious affiliation (89.5% respectively, for female and male participants). For female participants, two were Catholic, six were Protestant, and nine characterized themselves as “Other” such as Christian ($n = 5$), Methodist ($n = 2$), and Evangelical ($n = 2$). Two females identified themselves as Atheist. For male participants, two were Catholic, nine were Protestant, and six characterized themselves as “Other” which included Christian ($n = 1$), Methodist ($n = 1$), and Lutheran ($n = 3$). One male chose “Other” but did not provide a specific answer to the question, and two males identified as Atheist.
In terms of educational background, six female participants (30%) had a high school education, two participants (10%) completed a two-year undergraduate degree, ten participants (50%) completed a four-year undergraduate degree, and two participants (10%) completed a masters degree. For male participants, five participants (25%) completed high school, one participant (5%) had a two-year undergraduate education, nine participants (45%) completed four-years of undergraduate study, four participants (20%) completed a master’s degree, and one participant (5%) completed a doctorate degree.

In terms of job status, 85% of the female participants (n = 17) indicated they were employed full-time or part-time (50 and 35%, respectively) and three participants (15%) held no job at the time of the study. For male participants, 60% (n = 12) were employed full time, 25% (n = 5) were employed part-time, and 15% (n = 3) were self-employed.

With respect to couple’s income level, four couples (20%) earned under $25,000, six couples (30%) earned $25,000 - $40,000, and ten couples (50%) earned more than $40,000 per year.

The longevity of marriage between the participants ranged from 6 months to 37 years; the average length of marriage was slightly over four years with a median of three years. Five couples were married less than one year, four couples were married between one and three years, six couples were married between three and four years, and there was one couple from each range of 4-5, 5-6, and 6-7 years. Additionally, one couple was married more than 37 years.

With respect to divorce, four female participants indicated they had experienced divorce in a previous relationship (20%). There were no male participants who had been divorced.
Table 2

Demographic Information for Individual Participants ($N = 40$)

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<tbody>
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Couple Information on Income and Duration of Marriage (N = 20)

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<td>3-4 years</td>
<td>6</td>
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<td>4-5 years</td>
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<td>6-7 years</td>
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<td>More than 7 years</td>
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<td>$M = 4.37 (SD = 7.95)</td>
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<td>Range = 6 months to 37 years</td>
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**Step-by-Step Procedures of Recruitment**

In order to test the criterion validity of the newly developed personality assessment, Role Profiles 2000, it was proposed that two groups of couples would be recruited: one group of 10 couples recruited from a community setting and the other group of 10 couples from a clinical setting.

**Sample Recruitment and Criteria**

A. Community setting: Participants were recruited by posting advertising fliers in public places around the community (See Appendix B). Each couple was paid $15.00 for participation. The criteria for couples in the community settings were as follows.
1. Couples should be married more than six months.

2. Couples should have no children.

3. Couples must not be in therapy for relational stress.

B. Clinical setting: In order to recruit clinical couples, this researcher used a Marriage and Family Therapy Clinic located in a midwestern university. It was proposed that each couple would get paid $15.00 for participation. The criteria for clinical couples to participate into this study were as follows.

1. Couples should be married more than six months in the current marriage.

2. Couples should have no children.

3. Couples must be in therapy for relational stress.

During the initial period of recruitment, four couples from the community contacted this researcher. All four couples met the recruitment criteria and decided to participate in the study. In terms of clinic couples, however, this researcher had no couples who showed interest in participating in the study. Due to the difficulty recruiting clinic couples, this researcher proposed the first modification in the recruitment procedure.

In the first modification, this study expanded its recruitment method by contacting therapists at various clinics in the community. This researcher identified potential clinics from the phone book and contacted therapists by phone or in person to obtain their permission to post the recruiting fliers at their agencies. Seven community agencies were contacted and five agencies gave permission to post the recruiting fliers on sight. Therefore, recruiting fliers and the Letter of Study Explanation were mailed out to the agencies.

The first modification was unsuccessful at recruiting any maritally distressed couples. This researcher was keenly aware of the possible pressure the clients might receive from the
study when it was introduced by their therapists. In an attempt to avoid any unwanted pressure on the clients’ part, this researcher decided not to ask therapists to introduce the study to their clients but to just post the recruiting fliers at the clinics. However, this less proactive recruiting method was ineffective in recruiting any couples from clinical settings. In this first modification period which lasted for seven months, no clinically distressed couples were recruited. Three community couples contacted this researcher and all of them met the study criteria and agreed to participate in the study. Therefore, a second modification to the recruitment procedure was proposed.

In the second modification, newspaper advertisements were approved to recruit couples from the community (Appendix C). Furthermore, it was proposed that the Dyadic Adjustment Scale (DAS) score be used in identifying maritally distressed couples. Spanier (1976) considers scores of 101 or below to be indicative of a couple being relationally distressed. Thus, this researcher proposed that those couples who scored 101 or below be classified as “Distressed”; whereas, all other scores greater than 101 would be classified as “Non-distressed.” Eight couples contacted this researcher to obtain more information regarding this study and six of them decided to participate in this study (75% response rate). This study proposed to recruit twenty couples, but by the time of the second modification, thirteen couples had participated in the study. In order to recruit more couples, a third modification was proposed.

In the third modification, the recruiting criteria were broadened by allowing couples with and without children to participate in the study as long as they had been married more than 6 months in their current marriage. In addition, an email list of married students, who were enrolled in the College of Human Sciences at the midwestern university, was obtained
and the advertising flyer was sent electronically to them. Interested couples contacted this researcher voluntarily and during the initial contact, the couple’s suitability for the study was determined. Once they were identified as meeting the recruiting criteria, the Letter of Study Explanation was sent to them. A meeting time and place were decided with those couples, who met the study criteria and showed interest in participating in the study. Ten couples contacted this researcher. Seven couples met the study criteria and agreed to participate in the study (70% response rate). Overall, during the recruitment period, 25 couples contacted this researcher showing their initial interest in the study and 20 couples participated in the study with an 80% response rate. A summary of the recruitment process is shown in Table 4.

Table 4
Couple Recruitment Summary by Each Modification

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<th>2\textsuperscript{nd} modification</th>
<th>3\textsuperscript{rd} modification</th>
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<tr>
<td># of couples who participated in the study</td>
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<td>Duration of each period</td>
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<td>5 months</td>
<td>4 months</td>
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</table>

Note. Reason for not participating:

2\textsuperscript{nd} modification period:
- One couple resided one hour driving distance from the research site and decided not to participate in the study.
- Another couple showed the initial interest but did not return this researcher’s follow-up phone calls.

3\textsuperscript{rd} modification period:
- One couple contacted this researcher but, due to the schedule conflicts, was not able to participate in the study.
- This researcher was contacted by a wife who showed interest in the study. However, the husband did not agree to participate in the study and the couple withdrew from the study.
- Finally, one couple did not meet the recruiting criteria and was dropped from the study.
Step-by-Step Procedures of Data Collection

Once prospective couples from the community setting were identified, this researcher contacted them by telephone to make a determination of suitability for this study. Once they were identified as meeting the recruitment criteria, this researcher explained the nature and purpose of the study, and answered any questions they might have regarding the study. This researcher used the Letter of Study Explanation (LSE) (see Appendix D) to cover various components which would be addressed with each prospective participant. The LSE contained the following components: purpose of the study, assurance of confidentiality, statement of counseling resources available in the event the role profiles raise issues or concerns, participants’ rights, and contact number if they had any questions. Prospective participants, who initiated contact with the researcher, were asked to discuss with their spouse whether to participate in the study. In addition, the LSE was sent to the prospective couples’ homes to make sure both members of the couple would gain the same information before finalizing a decision. Within a week from the date the LSE was mailed, this researcher contacted prospective participants to arrange a research time. Depending on their preference, the study took place at the participants’ home or at the university Marriage and Family Therapy Clinic.

On the day of the assessment, the nature of the research was explained one more time, and any questions or concerns were answered. In addition, it was made clear that if the couple needed to process their experiences after the assessment, they could request therapy two times with no charge at the university Marriage and Family Therapy Clinic. All participants signed a consent form and were given the assessments. The assessments included the Demographic Information Form (see Appendix F), the Rosenberg’s Self-Esteem scale (see Appendix G), the Dyadic Adjustment Scale (see Appendix H), the Role Balance Scale
(see Appendix I), and the Role Profiles (see Appendix E). All questionnaires were completed by each participant independently and concurrently within visual range of the researcher. Upon completion of the assessments, the Role Profiles was facilitated by this researcher. This researcher read the instructions for the Role Profiles and asked each participant to complete the role profiles independently and concurrently within visual range of the researcher.

Upon completion of the Role Profiles assessment, this researcher counted the quantity of cards in each grouping and wrote down the roles chosen in each group. This researcher asked each participant to (1) discuss the choices made, (2) discuss the connections among roles, (3) determine if there were any other aspects of the role profiles that seemed significant, (4) identify the most important role in their role profiles, and (5) identify the most challenging role in their role profiles. Furthermore, all participants were asked if there was any surprise in their partners’ role profiles as they listened to their partners’ explanations. The Role Profiles activity took about 45 minutes on average to complete. After the assessment, the couples were asked to answer two open-ended questions about their subjective experiences of the Role Profiles. Those questions were, 1) What was your overall experience of the Role Profiles assessment? and 2) Do you think there are any missing roles that are crucial to you but were not included in the assessment?

**Variables and Instruments**

In this study, the relationship between role balance and well-being was explored. Well-being was operationalized as two dimensions: (1) self-esteem and (2) marital satisfaction.
Self-Esteem

Self-esteem was measured by the Rosenberg’s Self-Esteem Scale, which was developed by Rosenberg (1965) to measure global feelings of self-worth or self-acceptance. This scale has 10 items using a four-point Likert-type response ranging from 1 = “strongly agree” to 4 = “strongly disagree.” Appendix F contains the Rosenberg’s Self-Esteem items. Rosenberg (1965) reported internal consistency reliability ranging from .85 to .88 for college samples. In this study, the reliability of this instrument was .77 and the mean score was 29.88 with the standard deviation of 3.18. Mean item scores for the Rosenberg’s Self-Esteem ranged from 2.75 to 3.6, with standard deviations ranging .50 to .80. (See Table 5.) Items 6 and 8 stand out in the correlation matrix because of their low correlations with other items. Item 8, “I wish I could have more respect for myself.” is the one whose removal from the scale would improve the scale’s estimated reliability (Cronbach’s alpha, which is estimated to be .77 for the scale, would be .792 with the item removed). The item contributing the most to the scale’s reliability is item 7, “I feel that I’m a person of worth.” Removal of this item would reduce the estimated alpha to .732.

Marital Satisfaction

The Dyadic Adjustment Scale (DAS), developed by Spanier (1976) to assess the quality of a dyadic relationship as perceived by married or cohabitating couples, was used to measure participants’ levels of marital satisfaction. The DAS is a 32-item rating instrument, based on the Likert-type format, which can be completed in 5-10 minutes. Appendix G contains the Dyadic Adjustment Scale items. The DAS was normed on a sample of 218 married, and 94 divorced white persons in Pennsylvania and contains four subscales: Dyadic
Table 5

Correlations, Descriptives, and Reliability for Rosenberg’s Self-Esteem

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SD  .579   .638  .506  .552  .554  .797  .503  .808  .545  .516
N     40    40    40    40    40    40    40    40    40   40
Scale alpha* .759  .767  .748  .770  .758  .786  .747  .792  .742  .732

*aScale alpha if item deleted; scale alpha with all items included = .77.
*p < .05. **p < .01.
Consensus, Dyadic Satisfaction, Dyadic Cohesion, and Affectional Expression. The four subscales are defined as follows by Spanier (1976).

**Dyadic Consensus** provides an assessment of the extent of agreement between partners on matters as important to the relationship such as money, household tasks, friends, and time spent together. This subscale has 13 items using a 6-point Likert-type response ranging from 0 = “Always disagree” to 5 = “Always agree.” Spanier’s study (1976) reports its internal consistency reliability as .90 with the subscale mean score 57.9 and the standard deviation, 8.5 (see Table 6). In this study, the reliability of this subscale was .74 and the subscale mean score was 50.12 with the standard deviation of 4.42. Mean item scores ranged from 3.37 to 4.20 with the standard deviation ranging from .572 to .790. Most items contribute equally to the reliability of the scale and item 14 “Leisure time interest and activities” had the greatest positive impact on the subscale’s reliability. If it were removed from the scale, alpha would be .69.

**Dyadic Satisfaction** assesses the amount of tension in the relationship, as well as the extent to which the individual has considered ending the relationship. A high score on this subscale indicates satisfaction with the present state of the relationship and commitment to continuing the relationship. The Dyadic Satisfaction subscale consists of 10 items with a 6-point Likert-type response ranging from 0 = “All the time” to 5 = “Never.” An example question is “How often do you discuss or have you considered divorce, separation, or terminating your relationship?” The reported reliability of this subscale is .94 with the mean score 40.5 and the standard deviation 7.2. In this study, the reliability was .80 and the subscale mean score was 40.92 with the standard deviation of 4.08. Mean item score ranges from 3.25 to 4.58 with standard deviations ranging from .501 to .853 (see Table 7). Item 20
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<th>4.20</th>
<th>3.92</th>
<th>3.70</th>
<th>4.12</th>
<th>3.52</th>
<th>4.10</th>
<th>3.92</th>
<th>4.07</th>
<th>3.37</th>
<th>3.57</th>
<th>4.17</th>
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<tbody>
<tr>
<td></td>
<td>SD</td>
<td>.594</td>
<td>.708</td>
<td>.790</td>
<td>.572</td>
<td>.648</td>
<td>.607</td>
<td>.750</td>
<td>.632</td>
<td>.693</td>
<td>.655</td>
<td>.740</td>
<td>.780</td>
<td>.747</td>
</tr>
</tbody>
</table>

|   | Scale Alpha\(^a\) | .73 | .71 | .74 | .73 | .72 | .70 | .73 | .71 | .71 | .72 | .73 | .69 | .73 |

\(^a\)Cronbach’s Alpha if item deleted (Cronbach’s Alpha with all items included = .74).

\(*p < .05 \quad **p < .01\).
“Do you ever regret that you married (or lived together)?” stands out, with its high correlations to other items. Removal of this item would reduce the estimated alpha to .77; whereas, the removal of item 23, “How often do you kiss your mate?” from the scale would improve the scale’s estimated reliability slightly. Cronbach’s alpha would increase from .80 to .81.

Table 7
Correlations, Descriptives, and Reliability for DAS Satisfaction Subscale

<table>
<thead>
<tr>
<th>Item</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
<th>31</th>
<th>32</th>
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<tbody>
<tr>
<td>16</td>
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</tr>
<tr>
<td>17</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
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<td>.251</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>.350*</td>
<td>.205</td>
<td>.524**</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>.710**</td>
<td>.501**</td>
<td>.429**</td>
<td>.501**</td>
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<td>21</td>
<td>.083</td>
<td>.196</td>
<td>.110</td>
<td>.131</td>
<td>.299</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
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<td>.181</td>
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<td>-.088</td>
<td>-.102</td>
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<tr>
<td>31</td>
<td>.382*</td>
<td>.456**</td>
<td>.385*</td>
<td>.272</td>
<td>.532**</td>
<td>.387*</td>
<td>.443**</td>
<td>-.073</td>
<td></td>
<td></td>
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<tr>
<td>32</td>
<td>.296</td>
<td>.346*</td>
<td>.324*</td>
<td>.574**</td>
<td>.426**</td>
<td>.108</td>
<td>.328*</td>
<td>.214</td>
<td>.504**</td>
<td></td>
</tr>
</tbody>
</table>

Mean  4.58  4.20  4.02  4.20  4.55  3.42  3.25  3.83  4.45  4.42
SD    .636  .790  .619  .853  .814  .594  .630  .501  .597  .712
N     40  40  40  40  40  40  40  40  40  40
Scale Alpha  .77  .78  .77  .77  .74  .80  .79  .81  .76  .76

* Cronbach’s Alpha if item deleted. Scale alpha with all items included = .80.
  *p < .05. **p < .01.
Dyadic Cohesion measures the common interest and activities shared by the couple. This subscale has five items. One item has a 5-point Likert-style response ranging from 0 = “None of them” to 4 = “All of them” and the other four items have a 6-point Likert-type response ranging from 0 = “Never” to 5 = “More often.” An example question is “How many outside interests do you and your partner engage in together?” The reported reliability of the Dyadic Cohesion subscale is .86 with the mean score 13.4 and the standard deviation 4.2. In this study, the reliability was .60 and the mean subscale score was 17.42 with a standard deviation of 2.59. Mean item scores range from 2.58 to 4.60 with the standard deviation ranging from .549 to 1.09 (see Table 8). Item 25, which asks how often the respondents think they would have a stimulating exchange of ideas with their partners, contributes the most to the scale’s reliability; removal of it would reduce the lower bound of the estimate of the true alpha to .47.

Affectional Expression provides a measurement of the respondent’s satisfaction with the expression of affection and sex in the relationship. This scale consists of four items and asks the respondent to indicate the perceived level of agreement or disagreement on demonstrations of affection and sex relations. The first two questions have a 6-point Likert-style response ranging from 0 = “Always disagree” to 5 = ”Always agree” and the other two questions have two answer choices of “Yes” or “No.” The reported reliability of the Affectional Expression subscale is .73, which is the lowest among other subscales with the mean score of 9.0 and the standard deviation of 2.3 (see Table 9). In this study, the reliability of the scale was .189 with the mean scale score of 12.37 and the standard deviation of 3.72.
Table 8

Correlations, Descriptives, and Reliability for DAS Cohesion

<table>
<thead>
<tr>
<th>Item</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
<th>28</th>
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</thead>
<tbody>
<tr>
<td>24</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>.335*</td>
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</tr>
<tr>
<td>26</td>
<td>.016</td>
<td>.246</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>.125</td>
<td>.316*</td>
<td>.384*</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>.427**</td>
<td>.346*</td>
<td>.095</td>
<td>.140</td>
<td>–</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Scale Alpha&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.58</td>
<td>.549</td>
<td>40</td>
<td>.556</td>
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<tr>
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<td>3.48</td>
<td>.987</td>
<td>40</td>
<td>.472</td>
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<td></td>
<td>4.60</td>
<td>.590</td>
<td>40</td>
<td>.591</td>
</tr>
<tr>
<td></td>
<td>4.12</td>
<td>.790</td>
<td>40</td>
<td>.560</td>
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<tr>
<td></td>
<td>2.65</td>
<td>1.09</td>
<td>40</td>
<td>.559</td>
</tr>
</tbody>
</table>

<sup>a</sup>Cronbach’s Alpha if item deleted; scale alpha with all item included = .60.

*<i>p < .05</i>. **<i>p < .01</i>.

Table 9

Correlations, Descriptives, and Reliability for DAS Affectional Expression Subscale

<table>
<thead>
<tr>
<th>Items</th>
<th>4</th>
<th>6</th>
<th>29</th>
<th>30</th>
</tr>
</thead>
<tbody>
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<td>4</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>.144</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>-.051</td>
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<tr>
<td>30</td>
<td>.137</td>
<td>-.245</td>
<td>-.046</td>
<td>–</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Scale Alpha</th>
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<tbody>
<tr>
<td></td>
<td>3.75</td>
<td>.776</td>
<td>40</td>
<td>.068</td>
</tr>
<tr>
<td></td>
<td>3.80</td>
<td>.686</td>
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<td>.111</td>
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<tr>
<td></td>
<td>.63</td>
<td>.490</td>
<td>40</td>
<td>.294</td>
</tr>
<tr>
<td></td>
<td>.78</td>
<td>.423</td>
<td>40</td>
<td>.046</td>
</tr>
</tbody>
</table>
Total DAS scores are the sum of all items with possible scores ranging from 0 to 151. Higher scores reflect a better relationship. The reported reliability of DAS from Spanier’s study (1976) was .96 and the mean total DAS score was 114.8 with a standard deviation of 17.8. In this study, the reliability of DAS was .80 and the mean total DAS score was 120.85 with scores ranging from 103 to 136. All participating couples’ total DAS scores were greater than 101. When each subscale of DAS was examined by gender, depicted in Table 10, there were no significant gender differences in the perceived level of Consensus, Satisfaction, Cohesion, and Affectional Expression in their current relationships with their partners. The female participants’ mean total DAS score was higher than their counterparts by 3.30 points but was not statistically significantly higher.

This study tested four hypotheses. Three of the hypotheses explored the relationship between role balance and individual well-being, and the last hypothesis looked at the relationship between couples homogamy and marital satisfaction. For three hypotheses, which employed the individual as the unit of analysis, each respondent’s DAS score was

Table 10

Descriptives of DAS Subscales by Gender

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Male Mean</th>
<th>Male SD</th>
<th>Female Mean</th>
<th>Female SD</th>
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</thead>
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<td>Consensus</td>
<td>49.05</td>
<td>4.09</td>
<td>51.20</td>
<td>4.57</td>
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<tr>
<td>Satisfaction</td>
<td>40.95</td>
<td>4.31</td>
<td>40.90</td>
<td>3.95</td>
</tr>
<tr>
<td>Cohesion</td>
<td>17.00</td>
<td>2.77</td>
<td>17.85</td>
<td>2.39</td>
</tr>
<tr>
<td>Affectional expression</td>
<td>12.20</td>
<td>1.36</td>
<td>12.55</td>
<td>1.73</td>
</tr>
<tr>
<td>DAS</td>
<td>119.20</td>
<td>8.83</td>
<td>122.50</td>
<td>8.50</td>
</tr>
</tbody>
</table>
used, and for the last hypothesis, which employed the couple as the unit of analysis, the
couple’s marital satisfaction score was used. The couple’s marital satisfaction score was
created by adding the husband’s total DAS score to the wife’s total DAS score and then
averaging them to obtain the mean score (see Table 11).

Table 11

Frequencies of DAS Couple Scores ($N = 20$)

<table>
<thead>
<tr>
<th>Couple DAS score</th>
<th>Frequency</th>
<th>Cumulative percent</th>
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</thead>
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<td>104.50</td>
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<td>5</td>
</tr>
<tr>
<td>109.50</td>
<td>1</td>
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<tr>
<td>111.50</td>
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<td>15</td>
</tr>
<tr>
<td>114.00</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>114.50</td>
<td>2</td>
<td>30</td>
</tr>
<tr>
<td>115.50</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>118.50</td>
<td>1</td>
<td>40</td>
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<tr>
<td>119.50</td>
<td>1</td>
<td>45</td>
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<td>121.00</td>
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<td>124.50</td>
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<td>125.50</td>
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<td>1</td>
<td>70</td>
</tr>
<tr>
<td>127.50</td>
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<td>75</td>
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<tr>
<td>128.00</td>
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<td>80</td>
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<td>128.50</td>
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<td>95</td>
</tr>
<tr>
<td>133.00</td>
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<td>100</td>
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</table>

Mean DAS Couple Score = 120.85

$SD = 7.89$
Role Balance

The individual’s role balance scores were measured using two measurements: Marks and MacDermid’s Role Balance Scale (1996) and Landy’s Role Profiles (2001).

Marks and MacDermid’s Role Balance Scale was originally developed by Marks (1977) to measure role balance, defined as “the tendency to become fully engaged in the performance of every role in one’s total role system” (p. 421). The Role Balance scale was developed as a single item scale, scored on a 5-point Likert-type scale. Due to the single-item measure’s inadequacy in assessing any construct, however, Marks and MacDermid (1996) continued to develop a more reliable instrument and proposed the Role Balance Scale with a Cronbach’s alpha of .68, considered as “ideal for this kind of complex, composite construct” (Marks & MacDermid, 1996, p. 426). The scale has eight items and responses were scored on a 5-point Likert-type scale ranging from 1 = “Strongly disagree” to 5 = “Strongly agree.” Possible total scores range from 8 to 40 (see Appendix H). Higher scores indicate higher levels of role balance. Marks and MacDermid (1996) stated that role balanced students who scored higher on the Role Balance Scale reported significantly lower depression and significantly higher self-esteem than the students with lower scores on the Role Balance Scale. Marks and MacDermid reported Role Balance mean scores of 22.2 for their college student participants with a standard deviation of 4.7. In this study, reliability of this instrument was .61 with the mean score of 24.57 and the standard deviation of 3.82 (see Table 12). Item 7, “I try to put a lot of myself in everything I do” stands out in the correlation matrix, due to its lower inter-item correlations. Item 2, “I am pretty good at keeping the different parts of my life in balance; I generally don’t let things slide” is the one item
Table 12

Correlations, Descriptives, and Reliability for Role Balance Scale

<table>
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<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<tr>
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<td>.321*</td>
<td>.381*</td>
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<td></td>
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<tr>
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<td>.149*</td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>.369*</td>
<td>.413**</td>
<td>.046</td>
<td>.229</td>
<td>.022</td>
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<tr>
<td>7</td>
<td>.075</td>
<td>.185</td>
<td>.042</td>
<td>.089</td>
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<td>-.067</td>
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<td></td>
</tr>
<tr>
<td>8</td>
<td>-.175</td>
<td>.220</td>
<td>.217</td>
<td>-.059</td>
<td>.380*</td>
<td>-.085</td>
<td>.039</td>
<td>–</td>
</tr>
</tbody>
</table>

Mean 3.23 3.32 3.02 2.40 2.57 3.40 3.90 2.72
SD 1.025 .944 1.049 .744 1.106 .841 .632 .933
N 40 40 40 40 40 40 40 40
Scale Alpha^  .58 .50 .56 .55 .56 .59 .61 .61

^Alpha Scale if item deleted; scale alpha with all items included = .61.
*p < .05. **p < .01.

contributing the most to the scale’s reliability; removal of it would reduce the lower bound of the estimate of the true alpha to .50.

*The Role Profiles 2000* (Appendix D) was developed by Landy (2001) as an assessment instrument to measure role balance grounded in role theory. According to Landy’s role theory, role balance is defined as the ability to play a variety of roles and counter-roles within their role systems in cognitively and emotionally competent ways. Role Profiles 2000 was designed as a card sort assessment, which consists of 71 names of roles,
which are provided in Table 13. Participants were asked to place each card in one of four groups that best describes how they feel about themselves at the moment.

The four groups are (1) This Is Who I Am, (2) This Is Who I Am Not, (3) I Am Not Sure If This Is Who I Am, and (4) This Is Who I Want To Be. Upon completion of this assessment, it is important to determine whether the participant is able to view himself/herself in a balanced way. Landy (2001) postulates balance would imply a relatively equal distribution of roles between “This Is Who I Am” and “This Is Who I Am Not.” Furthermore, it is postulated that more balanced individuals would select fewer roles for the “I Am Not Sure If This Is Who I Am” group.

In this present study, two scores were created to measure role balance. First, the role confusion score was calculated to measure role balance by counting the number of role cards that were placed in the group “I Am Not Sure If This Is Who I Am.” For example, if a female participant placed five cards in the group “I Am Not Sure If I Am This” to describe how she felt about herself, five was entered as her role confusion score.

Second, the role difference score was created to measure role balance by subtracting the number of cards in “This Is Who I Am” from the number of cards in “This Is Who I Am Not.” The absolute value of the difference score was used for each participant. A lower score represented more balance and a higher score represented less balance. Although the Role Profiles still requires substantial research to test its validity and reliability, several case studies indicated the Role Profiles’ validity in discerning psychological well-being (Landy et al., 2003). For example, in the case study conducted by Landy (2001), the role profiles of a client with high mental stress had a drastically unequal distribution of roles in “This Is Who I Am” and “This Is Who I Am Not” (22 differences between two groups); whereas, the one
Table 13
Role Profiles 2000

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<table>
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<tr>
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<th></th>
<th></th>
</tr>
</thead>
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<td>1.</td>
<td>CHILD</td>
<td>2. ADOLESCENT</td>
</tr>
<tr>
<td>4.</td>
<td>ELDER</td>
<td>5. ASEXUAL</td>
</tr>
<tr>
<td>7.</td>
<td>HETEROSEXUAL</td>
<td>8. BISEXUAL</td>
</tr>
<tr>
<td>10.</td>
<td>BEAST</td>
<td>11. AVERAGE PERSON</td>
</tr>
<tr>
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<td>HEALER</td>
<td>14. SIMPLETON</td>
</tr>
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<td>CRITIC</td>
<td>17. WISE PERSON</td>
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<td>20. VICTIM</td>
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<td>AVENGER</td>
<td>23. HELPER</td>
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<td>25.</td>
<td>COWARD</td>
<td>26. SURVIVOR</td>
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<td>28.</td>
<td>LOST ONE</td>
<td>29. PESSIMIST</td>
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<td>31.</td>
<td>OPTIMIST</td>
<td>32. ANGRY PERSON</td>
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<td>LOVER</td>
<td>35. EGOTIST</td>
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<td>38. WIFE</td>
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<td>DAUGHTER</td>
<td>41. SON</td>
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<td>BROTHER</td>
<td>44. ORPHAN</td>
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<td>47. OUTCAST</td>
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<tr>
<td>49.</td>
<td>WITNESS</td>
<td>50. HOMELESS PERSON</td>
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<td>RICH PERSON</td>
<td>53. WARRIOR</td>
</tr>
<tr>
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<td>SLAVE</td>
<td>56. POLICE</td>
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<td>SUICIDE</td>
<td>59. HERO</td>
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<tr>
<td>61.</td>
<td>SINNER</td>
<td>62. PERSON OF FAITH</td>
</tr>
<tr>
<td>64.</td>
<td>SPIRITUAL LEADER</td>
<td>65. GOD</td>
</tr>
<tr>
<td>67.</td>
<td>DEMON</td>
<td>68. MAGICIAN</td>
</tr>
<tr>
<td>70.</td>
<td>DREAMER</td>
<td>71. FRIEND</td>
</tr>
</tbody>
</table>
completed by a participant with normal mental stress had only 10 differences in the quantity of roles placed in two groups.

The numbers of cards placed in each group were examined by gender which is depicted in Table 14. There were no significant gender differences in the numbers of roles placed in four categories at a statistically significant level.

Table 14

Mean Numbers of Cards in Each Group by Gender

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>This Is Who I Am</td>
<td>16.35</td>
<td>4.95</td>
</tr>
<tr>
<td>This Is Who I Am Not</td>
<td>36</td>
<td>9.65</td>
</tr>
<tr>
<td>I Am Not Sure If This Is Who I Am</td>
<td>10</td>
<td>7.48</td>
</tr>
<tr>
<td>This Is Who I Want To Be</td>
<td>4.7</td>
<td>2.07</td>
</tr>
</tbody>
</table>

Measure of Couple’s Role Profiles Similarity

The couple’s role profiles similarity was measured by counting the number of shared roles husband and wife chose to describe themselves in the categories of “This Is Who I Am” and “This Is Who I Want To Be.” For example, if both husband and wife placed the role of “clown” under “I Am This,” this researcher counted the role “clown” as part of the couple’s similarity score. Each shared role was counted to create a couple’s role profile similarity score. The couples’ role similarity scores in this study ranged from 3 to 15 with a mean of 10.35 and standard deviation of 2.95 (Table 15). Therefore, on average, couples chose 10 identical roles to describe themselves either in the category of “This Is Who I Am.” or in the category of “This Is Who I Want To Be” (Tables 16 and 17).
<table>
<thead>
<tr>
<th>Shared Roles</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>10.0</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>11</td>
<td>3</td>
<td>15.0</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>14</td>
<td>1</td>
<td>5.0</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>10.0</td>
</tr>
</tbody>
</table>

Mean Shared Roles = 10.35

$SD = 2.95$
Table 16
Shared Roles by Each Couple in the Category of “This Is Who I Am”

<table>
<thead>
<tr>
<th>Couple ID</th>
<th>Names of shared roles in the “I Am This” group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couple 1</td>
<td>Adult, Friend, Lover, Heterosexual, Optimist, Wise person</td>
</tr>
<tr>
<td>Couple 2</td>
<td>Critic, Clown, Dreamer, Friend, Heterosexual, Conservative, Sinner, Lover, Person of Faith, Adult, Child</td>
</tr>
<tr>
<td>Couple 3</td>
<td>Friend, Dreamer, Lover, Clown, Rich person, Person of Faith, Heterosexual, Adult, Optimist, Sinner, Survivor, Helper</td>
</tr>
<tr>
<td>Couple 4</td>
<td>Dreamer, Lover, Person of Faith, Friend, Survivor, Helper, Child, Critic, Adult, Heterosexual, Witness</td>
</tr>
<tr>
<td>Couple 5</td>
<td>Friend, Lover, Witness, Adult, Conservative, Sinner, Heterosexual, Helper</td>
</tr>
<tr>
<td>Couple 6</td>
<td>Lover, Helper, Heterosexual, Adult, Friend, Dreamer, Optimist</td>
</tr>
<tr>
<td>Couple 7</td>
<td>Friend, Sinner, Helper, Optimist, Survivor, Lover, Conservative, Critic, Worrier, Adult, Judge, Dreamer, Average person, Heterosexual</td>
</tr>
<tr>
<td>Couple 8</td>
<td>Adult, Lover, Heterosexual</td>
</tr>
<tr>
<td>Couple 9</td>
<td>Lover, Worrier, Average person, Heterosexual</td>
</tr>
<tr>
<td>Couple 10</td>
<td>Dreamer, Sinner, Helper, Lover, Friend, Adult, Optimist, Wise person, Heterosexual, Healer</td>
</tr>
<tr>
<td>Couple 11</td>
<td>Lover, Heterosexual, Average person, Sinner, Friend, Person of Faith, Conservative, Adult, Elder, Helper</td>
</tr>
<tr>
<td>Couple 12</td>
<td>Dreamer, Friend, Witness, Person of Faith, Wise person, Clown, Lover, Helper, Sinner, Heterosexual, Conservative, Child, Adult, Radical</td>
</tr>
<tr>
<td>Couple 13</td>
<td>Dreamer, Adult, Friend</td>
</tr>
<tr>
<td>Couple 14</td>
<td>Adult, Lover, Dreamer, Helper, Friend</td>
</tr>
<tr>
<td>Couple 15</td>
<td>Sinner, Heterosexual, Survivor, Critic, Adult, Dreamer, Friend, Victim, Warrior</td>
</tr>
<tr>
<td>Couple 16</td>
<td>Lover, Heterosexual, Adult, Person of Faith, Helper, Conservative, Sinner</td>
</tr>
<tr>
<td>Couple 17</td>
<td>Beauty, Heterosexual, Average person, Helper, Avenger, Lover, Friend, Dreamer</td>
</tr>
<tr>
<td>Couple 18</td>
<td>Adult, Helper, Lover, Friend, Witness, Judge, Sinner, Person of faith, Heterosexual</td>
</tr>
<tr>
<td>Couple 19</td>
<td>Adult, Critic, Survivor, Lover, Dreamer, Person of faith, Optimist, Witness, Friend</td>
</tr>
<tr>
<td>Couple 20</td>
<td>Adult, Survivor, Lover, Friend, Clown, Helper</td>
</tr>
<tr>
<td>Couple ID</td>
<td>Names of shared roles</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Couple 1</td>
<td>Rich person, Hero</td>
</tr>
<tr>
<td>Couple 2</td>
<td>Wise person</td>
</tr>
<tr>
<td>Couple 3</td>
<td>Hero, Visionary, Warrior</td>
</tr>
<tr>
<td>Couple 4</td>
<td>No shared roles</td>
</tr>
<tr>
<td>Couple 5</td>
<td>Wise person, Hero, Elder, Rich person</td>
</tr>
<tr>
<td>Couple 6</td>
<td>Healer, Rich person</td>
</tr>
<tr>
<td>Couple 7</td>
<td>Rich person</td>
</tr>
<tr>
<td>Couple 8</td>
<td>Visionary, Wise person</td>
</tr>
<tr>
<td>Couple 9</td>
<td>Hero, Visionary, Wise person</td>
</tr>
<tr>
<td>Couple 10</td>
<td>-Female had no cards in this category-</td>
</tr>
<tr>
<td>Couple 11</td>
<td>No Shared roles</td>
</tr>
<tr>
<td>Couple 12</td>
<td>No Shared roles</td>
</tr>
<tr>
<td>Couple 13</td>
<td>-Female had no cards in this category-</td>
</tr>
<tr>
<td>Couple 14</td>
<td>No Shared roles</td>
</tr>
<tr>
<td>Couple 15</td>
<td>Artist, Optimist, Wise person</td>
</tr>
<tr>
<td>Couple 16</td>
<td>Hero, Survivor, Spiritual leader</td>
</tr>
<tr>
<td>Couple 17</td>
<td>Hero, Rich person, Visionary</td>
</tr>
<tr>
<td>Couple 18</td>
<td>Visionary, Optimist</td>
</tr>
<tr>
<td>Couple 19</td>
<td>Rich person</td>
</tr>
<tr>
<td>Couple 20</td>
<td>Hero, Optimist, Wise person, Rich person</td>
</tr>
</tbody>
</table>
CHAPTER 3. RESULTS

This chapter represents the testing of each hypothesis and method of data analysis.

Preliminary Analysis

A 2 (gender) X 2 (group) analysis of variance was planned to replicate previous studies on the assumptions, “couples in therapy have less satisfactory marriages than community couples and husbands experience higher levels of marital satisfaction than wives.” However, due to modifications in recruitment, the group differences on marital satisfaction, role balance, and self esteem were explored by gender only. A paired samples t-test was conducted to examine the significance of difference between husbands and wives on five variables (See Table 18). No group differences were found on self-esteem, marital satisfaction, role difference, and role confusion but wives reported significantly higher role balance in comparison to their counterparts (t = 2.87, p = .01).

Table 18
Paired Samples t-test

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>t</th>
<th>df</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosenberg</td>
<td>-.22</td>
<td>-.242</td>
<td>19</td>
<td>.811</td>
</tr>
<tr>
<td>DAS</td>
<td>3.30</td>
<td>2.018</td>
<td>19</td>
<td>.058</td>
</tr>
<tr>
<td>Role Balance</td>
<td>2.95</td>
<td>2.872</td>
<td>19</td>
<td><strong>.013</strong>*</td>
</tr>
<tr>
<td>Role Difference</td>
<td>-1.95</td>
<td>-.764</td>
<td>19</td>
<td>.454</td>
</tr>
<tr>
<td>Role Confusion</td>
<td>-1.80</td>
<td>-1.207</td>
<td>19</td>
<td>.242</td>
</tr>
</tbody>
</table>

* p < .05.
Data Analysis with the Individual as Unit of Analysis

**Hypothesis 1**

This hypothesis tested Role Profiles’ construct validity with two tests. The first test explored the correspondence between Marks and MacDermid’s Role Balance Scale scores and Role Profiles’ role difference scores. It was expected that people who scored higher in the Role Balance Scale (Marks & MacDermid, 1996) would have a smaller number of differences in the quantity of roles placed in the two groups, “This Is Who I Am” and “This Is Who I Am Not.”

The second test explored the correspondence between Marks and MacDermid’s Role Balance scores and Role Profiles’ role confusion scores. It was expected that people with the higher role balance scores would have a fewer number of roles placed in the group “I Am Not Sure If This Is Who I Am.” In other words, there would be a negative relation between those two scores.

**Hypothesis 2**

This hypothesis includes two tests. First, based on the literature review, it was expected there would be a significant negative relation between the role difference scores from the Role Profiles and Rosenberg’s Self-Esteem scale scores.

Second, there would be a significant negative relationship between role confusion scores and Rosenberg’s Self-Esteem scale scores.

**Hypothesis 3**

This hypothesis includes two tests. First, it was expected that there would be a significant negative relationship between role difference and perceived marital satisfaction.
Second, there would be a significant negative relation between role confusion and perceived marital satisfaction.

**Results**

The size of a correlation can be strongly affected by one or more extreme scores, called outliers. In order to detect any significant outliers in the data, a scatterplot was created (see Figure 1). Figure 1 did not reveal any significant outliers with consistent patterns.

![Figure 1. Scatterplots of variables](image-url)
A correlation matrix was created which included each individual’s self-esteem score, total DAS score, role balance score and two Role Profiles’ scores: (1) role difference and (2) role confusion (see Table 19). As indicated in Table 19, Hypothesis 1 and 3 were not supported. However, Hypothesis 2 had mixed results. The first test of Hypothesis 2, which proposed a significant negative relationship between role difference scores and Rosenberg’s Self-Esteem, was not supported. The second test of the Hypothesis 2, which proposed a significant negative relation between the role confusion and Rosenberg’s Self-Esteem, was supported. In other words, the data revealed that participants with higher self-esteem had fewer number of roles in “I Am Not Sure If This Is Who I Am.” category ($r = -.387, p < .05$), indicating that individuals with higher self-esteem tend to have less confusion and to have clearer ideas about the roles they play and do not play.

Table 19
A Correlation Matrix

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Role Difference</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Role Confusion</td>
<td>-.165</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-Esteem</td>
<td>.145</td>
<td>-.387*</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. DAS</td>
<td>-.032</td>
<td>-.172</td>
<td>.381*</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>5. Role Balance</td>
<td>-.016</td>
<td>-.207</td>
<td>.112</td>
<td>-.016</td>
<td>–</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01.
To explore any gender differences, two tests in each Hypothesis 1, 2, and 3 were conducted (see Table 20). Interestingly, the significant negative relationship between role confusion and self-esteem was found only for husbands \((r = -.499, p < .05)\), but not for wives \((r = -.373)\). Furthermore, when the relationship between role confusion and marital satisfaction was explored for husbands, the data revealed a significant negative relationship \((r = -.473, p < .05)\). In a contrast, there was a positive relationship between role confusion and marital satisfaction for wives \((r = .421)\), but it was not statistically significant.

**Table 20**

Intercorrelations for Husbands and Wives

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Husbands ((N = 20))</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Role Difference</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Confusion</td>
<td>-.250</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-Esteem</td>
<td>-.183</td>
<td>-.499*</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. DAS</td>
<td>-.127</td>
<td>-.473*</td>
<td>.640**</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>5. Role Balance</td>
<td>.103</td>
<td>-.193</td>
<td>.231</td>
<td>.017</td>
<td>–</td>
</tr>
<tr>
<td><strong>Wives ((N = 20))</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Difference</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Confusion</td>
<td>-.162</td>
<td>–</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Self-Esteem</td>
<td>.352</td>
<td>-.373</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. DAS</td>
<td>.091</td>
<td>.421</td>
<td>.215</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>5. Role Balance</td>
<td>-.032</td>
<td>-.007</td>
<td>.072</td>
<td>-.213</td>
<td>–</td>
</tr>
</tbody>
</table>

*\(p < .05\). **\(p < .01\).*
Data Analysis with the Couple as Unit of Analysis

Hypothesis 4

There will be a positive relationship between the couples’ role profiles similarity and marital satisfaction.

Results

A simple linear regression was conducted to determine whether couples’ role profiles similarity scores can predict their marital satisfaction score. The data failed to demonstrate significance in predicting marital satisfaction (see Table 21). Due to the experimental nature of this study, however, this researcher used a median split on the couples’ similarity scores as an independent variable to explore if there is a statistically significant mean difference between one group of couples with higher similarity scores and the other group of couples with lower similarity scores. An analysis of variance was conducted (see Table 22). The results indicated that there was a statistically significant mean difference between the two groups ($p = .05$). In other words, couples with higher similarity scores reported higher marital satisfaction than the couples with lower similarity scores at a statistically significant level ($F(1, 18) = 4.40, p = .05$). This finding is consistent with previous studies’ findings on couples similarity and marital satisfaction (Arrindell & Luteijn, 2000; Bum & Mehrabian, 1999; Gaunt, 2006).

Data Analysis for Open-Ended Questions

To understand the participants’ subjective experiences of the Role Profiles assessment, participants were asked to answer two broad open-ended questions in writing at the end of the study. The researcher’s goal was to understand how participants make meaning of the Role Profiles activity with their partners, utilizing inductive strategies with a
Table 21

Summary of Regression Analysis for Couple Similarity Predicting Marital Satisfaction (N = 20)

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE B</th>
<th>B</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couples’ similarity</td>
<td>.657</td>
<td>.599</td>
<td>.250</td>
<td>.286</td>
</tr>
</tbody>
</table>

Note. $R^2 = .06$.

Table 22

Analysis of Variance for a Median Split of Couple Similarity on Marital Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>1</td>
<td>231.20</td>
<td>4.40</td>
<td>.05*</td>
</tr>
<tr>
<td>Within groups</td>
<td>18</td>
<td>52.43</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p = .05

descriptive outcome. Therefore, the responses given by participants were analyzed based on a basic interpretive qualitative study (Merriam, 2002). Their answers were inductively analyzed to identify recurring or common themes that cut across the data. To ensure internal validity of the findings, a peer review process was utilized (Merriam, 2002). In this study, two independent investigators were asked to validate the coding process and emerged themes as a way of guarding against inadvertently projecting this researchers’ own bias onto the participants’ answers. One independent investigator was a doctoral student from the Marriage and Family Therapy program, who was not familiar with the Role Profiles 2000 assessment. The other investigator was a researcher with a doctoral degree in Housing and had previous experiences in analyzing qualitative data. Those independent investigators
participated in discussions with this researcher regarding the process of study, the
congruency of emerging themes with the raw data, and tentative interpretations.

First, this researcher analyzed participants’ answers and coded those that appeared to
address the research questions. This is considered open coding according to Corbin and
Strauss’s (1990) stages of coding. In this stage, this researcher broke down the data word by
word to come up with potential themes or categories to capture the participants’ subjective
experiences of the Role Profiles. Second, in the axial coding stage, common themes were
compared across answers until a consensus among the researcher and two independent
investigators was reached. During the axial coding process, initial codes were collapsed into
codes of higher complexity (Corbin & Strauss, 1990). Selective coding is the second
common step in the stages of coding in qualitative study because it establishes connections
between subcategories capturing the core concepts/experiences of participants. This
researcher, however, decided not to proceed to selective coding because the responses to
questions provided an insufficient amount of information for thick description of the
participants’ experiences.

**The First Set of Open-Ended Questions**

What was your overall experience of the Role Profiles assessment? Are there any
discoveries and interesting findings about yourself and your spouse?

**Results**

Through the open coding process, six themes were identified and later on grouped
into four higher categories: 1) individually oriented experiences, 2) couple-oriented
experiences, 3) discomfort/frustration, and 4) suggestions.

*Individually oriented experiences*. Participants reported their experiences as
being positive and fun because the Role Profiles activity provided them a chance to remind themselves of who they are and who they are not. One respondent wrote, “It was very good. It makes me to think about many roles I play.” Another respondent mentioned, “The assessment is very good because it makes me aware of some personalities which are important to me, such as healer, friend, helper as an international student.” The Role Profiles activity provided them an opportunity to think about their role systems and prioritize roles according to the level of importance and commitment. Some respondents described this activity as a chance to redefine themselves. “It reminded me of all of these things to become the man I want to be.” One person responded that she was surprised at how she described or looked at herself through the activity, since she found herself putting roles under categories that she was not expecting. However, a majority of the participants whose answers coded in this category indicated they appreciated the opportunity the Role Profiles activity provided in reminding them of who they are and what they would like to be.

**Couple-oriented experiences.** Couple-oriented answers were coded into three subcategories: reaffirming experiences, providing a chance to hear their spouses, and new discoveries. The first subcategory was reaffirming experiences. Participants reported their experiences were very interesting and fun because the Role Profiles activity was helpful to reaffirm their similarity in various areas: similar desires, similar future plans, and similar views on various roles. One participant stated, “It was a fun activity. My husband and I have a lot of the same goals. Who we want to be is very similar.” Another participant stated that the whole process reaffirmed that her spouse and she are both spiritual people with a strong desire for a family. Another participant indicated that she and her husband, for the most part, had similar responses, which reinforced their connection.
The second theme captured in this analysis was participants’ appreciation of the chance to hear their spouse. Participants considered this activity interesting because it provided them a chance to better understand their spouses. One wrote, “It was insightful to see where my wife placed the role profile cards.” Other participants wrote that it was interesting to see what roles their spouses put down and to hear why they chose those roles. “I liked the Role Profiles assessment because I got to hear why my spouse values the things he does.”

The last subcategory was new discoveries. Couples indicated their surprise in discovering new aspects in their spouses and their marriage. One response was “I was surprised to see that my husband put ‘spiritual leader’ in the category of who I want to be….he is in many ways my spiritual leader.” Also, one respondent talked about her surprise when she heard her husband talking about the role of Father as his most challenging role. She stated that because her husband rarely sees his son, she had different ideas about him playing the role of Father. Another discovery reported by couples was that they had more similarities than they had anticipated. They indicated positive experiences because they realized that they have similar outlooks on life, roles, etc.

**Discomfort/frustration.** One participant shared her positive experiences with the Role Profiles, describing it as “fun and enjoyable” but continued to say,

I wasn’t sure if I liked talking about family things. It has taken me quite a while to be comfortable with it. I discovered that the word, ‘Victim’ really bothers me. I don’t want to play the role of a victim, but in some ways I still feel victimized by my family’s past actions.
Another person indicated his mild frustration emerging from the rigidity of the Role Profiles. He commented,

A lot of the roles could change depending on your present frame of mind…only certain answers could be given. After 38 years of marriage, we have gone through each of the answers. Some seemed to need more explanation behind our answer.”

**Suggestions.** One participant suggested trying to do the same sorting activity for his wife instead of for himself before he sees what his wife has done.

**The Second Set of Open-Ended Questions**

Do you think there are any missing roles that are crucial to you but were not included in the assessment? Would you talk about the role?

**Results**

Thirteen people responded to this question. Since the participants were recruited from a college town, three people indicated that the role of Student played a crucial part in who they are as a person. Several other roles were suggested with explanation. The entire list of missing roles is provided in Table 23 along with participants’ comments.
Table 23

Suggested Missing Roles

<table>
<thead>
<tr>
<th>Missing roles (#)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student (3)</td>
<td>Student role is a major time commitment and a heavy financial undertaking.</td>
</tr>
<tr>
<td></td>
<td>Student is one of my biggest roles and challenging roles next to being a</td>
</tr>
<tr>
<td></td>
<td>wife.</td>
</tr>
<tr>
<td>Hard worker</td>
<td>I feel that I have worked hard in many different areas at my life.</td>
</tr>
<tr>
<td>Employee, Employer, Worker</td>
<td></td>
</tr>
<tr>
<td>Leader</td>
<td></td>
</tr>
<tr>
<td>Risk taker</td>
<td>Adventurer really describes me. Adding “risk taker” would be good. My</td>
</tr>
<tr>
<td></td>
<td>wife and I actually were just recently talking about our different levels</td>
</tr>
<tr>
<td></td>
<td>of “riskiness”</td>
</tr>
<tr>
<td>Aggravating person</td>
<td></td>
</tr>
<tr>
<td>Spontaneous person (2)</td>
<td></td>
</tr>
<tr>
<td>Sensitive/insensitive</td>
<td>Sometimes a spouse feels they are sensitive to the other’s feelings but</td>
</tr>
<tr>
<td></td>
<td>the other one does not feel they are.</td>
</tr>
<tr>
<td>Family person</td>
<td></td>
</tr>
<tr>
<td>Scientist</td>
<td>I am a scientist and I believe very strongly in the world of science.</td>
</tr>
<tr>
<td>Independent woman</td>
<td></td>
</tr>
<tr>
<td>Planner</td>
<td></td>
</tr>
<tr>
<td>Stubborn</td>
<td></td>
</tr>
<tr>
<td>Charismatic</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 4. SUMMARY AND DISCUSSION

The purpose of this chapter is to present an interpretation of the findings in this study, to explore the newly developed personality assessment, the Role Profiles’ clinical implications in couples therapy, and to recommend ideas for additional research.

Does the Role Profiles Measure Role Balance?

This study was intended to test the Role Profiles’ validity as an alternative personality assessment for individuals and couples. To this end, the convergent validity was explored by correlating the Role Profiles’ two scores with Marks and MacDermid’s (1996) Role Balance scores. Convergent validity refers to a convergence among different methods designed to measure the same construct (Pedhazur & Schmelkin, 1991). The data failed to demonstrate any significant relations between these two instruments. Three explanations can be suggested to understand these findings. First, the construct that Marks and MacDermid’s Role Balance claims to measure may be different from what Landy’s Role Profiles claims to measure. In other words, the jingle and jangle fallacies might be helpful to understand these results. The jingle fallacy refers to the belief that, “because different things are called by the same name, they are the same thing”; whereas, the jangle fallacy refers to the belief that things are different from each other, because they are called by different names (Pedhazur & Schmelkin, 1991, p. 74). Jingle fallacies are often encountered in the form of low correlations among instruments which claim to measure the same construct. Two measurements were developed based on the construct of role balance. According to Marks and MacDermid (1996), role balance is defined as “the tendency to become fully engaged in the performance of every role in one’s total role system, to approach every typical role and role partner with an attitude of attentiveness and care” (p.421); whereas Landy (1996, 2001) defines role balance as the
ability to play a variety of roles and counterroles within their role systems with cognitive and emotional competence. Two definitions appear to claim role balance as an individual’s tendency/ability to engage in a variety of roles in his/her total role system with competence and positive affects. Thus, two definitions appear to refer to the same construct. However, Marks and MacDermid’s role balance was proposed in an attempt to explain how people juggle the problems of multiple social roles and social identities such as Mom, Employer, Daughter, and Father. In contrast, the roles in Landy’s Role Profiles are more than social roles and identities. The roles also includes spiritual roles (i.e., God, Magician, and Hero), affective roles (i.e., Bigot, Innocent, and Coward), and cognitive roles (i.e., Critic, Simpleton, and Wise Person). Therefore, there seems to be parts which overlap by these two definitions and two instruments, but there seems to be unique parts which are more pertaining to drama and arts. Role theory has been utilized in various fields, due to its practicality in understanding human behavior by rendering a meaningful way of communicating findings but it has also created confusion. As Blatner (1991) stated, the term “role” and “role balance” seem to challenge researchers due to its elusiveness, and requires further definitional clarification.

Second, the outcomes might result from the inadequate validity of the Role Balance instrument. In this study, individuals’ role balance and self-esteem were measured by the same instruments which Marks and MacDermid (1996) used in their original study. Role balance was measured by the Role Balance scale and self-esteem by the Rosenberg’s Self-Esteem scale. Findings from this study, however, showed a non-significant relationship between the Role Balance scores and the Rosenberg’s Self-Esteem scores, which is inconsistent with Marks and MacDermid’s findings. Studies conducted by Marks and
MacDermid (1996, 2001) stated role-balanced students reported significantly higher self-esteem than students with lower scores on role balance. These discrepant findings can be explained, in part, by the different characteristics of the sample in each study (i.e., age, level of education, and different level of self-esteem). Marks and MacDermid’s sample was college students with a mean Rosenberg’s Self-Esteem score of 33.3 and a mean Role Balance of 22 whereas this study’s sample consisted of college students and adults from the community and had the mean Rosenberg’s Self-Esteem score of 29.88 and the mean Role Balance of 24.57. Another possible explanation for these discrepant findings could be the validity problem of the Role Balance scale. As Marks and MacDermid (1996) stated, the Role Balance scale has been proposed as a first attempt to explore role balance. Although the Role Balance scale was tested three times with similar outcomes (Marks & MacDermid, 1996, 2001), given the fact that all the studies on the Role Balance scale’s reliability and validity have been conducted by researchers who had developed the measure, it can be argued that the Role Balance scale requires more replication studies conducted by independent investigators to support its validity and reliability.

Finally, Landy (2001) proposed that role balance would imply a relatively equal distribution of roles between “This Is Who I Am” and “This Is Who I Am Not.” Landy (2001) supported his proposal with the case study where mentally stressed clients had a higher number of role differences (22 differences) than less stressed clients (10 differences). The results of this study, however, failed to lend support to Landy’s findings. Landy suggested 22 role difference scores as an indicator of mental stress and role unbalance. In contrast, the mean role difference score in this study was 21.33, similar to 22 role difference scores. Although this present study did not measure participants’ level of mental distress, the
participants can be characterized as having positive views toward themselves and martially being satisfied, based on the scores measured by Rosenberg’s Self-Esteem Scale and DAS. Furthermore, the results of this study showed no significant relationship between the role difference scores of the Role Profiles and Rosenberg’s Self-Esteem. As Landy proposed, the role difference score was created by subtracting the number of cards in “This Is Who I Am” from the number of cards in “This Is Who I Am Not” in each participant’s role profiles as an indicator of role balance. However, one caution should be taken into consideration when interpreting the difference scores in this study. The role difference scores were the absolute values of the differences between the number of cards placed in “This Is Who I Am” and the number of cards placed in “This Is Who I Am Not.” This measurement method is limited in capturing any group differences, if any, between people who have more role cards in “This Is Who I Am” versus people who have more role cards in “This Is Who I Am Not.” In this study, all participants placed more role cards in “This Is Who I Am Not” by twelve role cards on the average. Therefore, any further analysis on the group differences in terms of the role difference scores and well-being were beyond the scope of this study. Due to the methodological limitations of this study, any final conclusions regarding the validity of the role difference scores as an indicator of role balance cannot be made. However, the findings of this study seem to suggest that the role difference scores obtained by merely subtracting the numbers of cards from two groups might not be as a valid method to measure a person’s role balance and, therefore, should be used in conjunction with other subjective well-being instruments.
Role Confusion and Subjective Well-Being for Husbands and Wives

The contribution this study makes pertains to the relationship between role confusion and subjective well-being. Findings of this study indicate that individuals with a fewer number of roles placed in “I Am Not Sure If This Is Who I Am” are more likely to report higher self-esteem. In other words, individuals who have clear views of the roles they are playing, not playing, or wanting to play, are more likely to feel good about themselves. The negative relationship between role confusion and self-esteem was stronger for male participants ($r = -.499, p < .05$) than for the female participants ($r = -.373$). Furthermore, the results of this study indicated a statistically significant negative relationship between role confusion and marital satisfaction for husbands, $r = -.473, p < .05$. However, this was found to hold only for husbands, but not for their wives. Higher role confusion appears to have a negative influence on husbands’ perceived level of marital satisfaction. These finding suggest that the psychological influence role confusion has on subjective well-being is different by gender. Husbands are more likely to suffer more from role confusion than females. This asymmetry across the genders would be, in part, explained by the consequences of gender socialization, which reflect cultural conceptions of “masculinity” and “femininity” (Schafer, Wickrama, & Keith, 1996). Culturally, masculinity emphasizes self agency, assertiveness, and rational ability to discern right from wrong whereas femininity emphasizes conformity, dependence, and emotions (Bray & Brawley, 2002; Schafer et al., 1996). In this gender dualistic view within the patriarchic society, men are more likely to be viewed as the head of the households and decision-makers who have high rationality and certainty on who they are and what they do. Thus, men with uncertain and ambiguous identity are viewed as weak or
even less desirable, which consequently leaves males more vulnerable to the detrimental influence of role confusion on self-esteem and marital satisfaction.

**Homogamy Hypothesis**

Another contribution this study makes deals with lending support to the homogamy hypothesis. The results from the median split ANOVA indicated that the mean DAS scores of the couples in the high couple similarity group were higher than the mean DAS scores of the couples in the low couple similarity group at a statistically significant level ($F(1,18) = 4.40, p = .05$). This finding supported the homogamy hypothesis which proposes that individuals are expected to select mates whose temperament attributes are similar to their own and measured similarity between partners’ personalities is a major factor in achieving and maintaining marital satisfaction. Furthermore, these findings were consistent with previous studies on couples similarity and marital satisfaction (Arrindell & Luteijn, 2000; Bum & Mehrabian, 1999; Gaunt, 2006). In other words, couples who shared many identical roles in their roles profiles are more likely to report higher satisfaction in their marriage. These results appear to suggest the potential of the Role Profiles as an assessment in distinguishing maritaly satisfied couples from less or non-satisfied couples. It should be noted, however, that the previous studies have shown that some dimensions of similarity contribute more than others to explaining marital satisfaction, like certain traits have more power explaining marital satisfaction than other traits (Bum & Mehrabian, 1999; Gaunt, 2006) and some traits such as neurotiscism were negatively related to marital satisfaction (Bouchard, Lussier, & Sabourin, 1999). Therefore, it can be speculated that some shared roles the couples have contribute more than other shared roles to explaining marital satisfaction. For example, Person of Faith as a shared role might contribute to the couple’s perceived level of marital
satisfaction more than Critic as a shared role (See Tables 16 and 17 for shared roles by each couple). In particular, the majority of the participants identified religious affiliations in this study. Therefore, the roles of Sinner, Person of Faith, Witness, and Spiritual Leader might carry more meaning to their marriage than the roles of Adult, Heterosexual, or Average person.

Clinical Implications

Role Profiles as a Personality Assessment for Individuals and Couples

The contribution of this research is a focus on the Role Profiles’ validity testing as a personality assessment in relations with subjective well-being. The results suggest that the Role Profiles would hold promise in exploring the role system of people in relation to their self-esteem and marital satisfaction. First, by facilitating Role Profiles, clinicians can tap into various crucial questions such as how the clients view themselves, what are the charged/troubling roles that may evoke some emotional response, how the couple clients are similar or dissimilar in their role profiles, and how their similarity/dissimilarity influences their marriage. By exploring those crucial questions, therapists can assist clients to reflect on the roles they are currently playing, the roles they have trouble playing, and the roles they want to play. Furthermore, therapists can guide clients to explore how their taking a specific role would influence their partners’ role taking and vice versa. In particular, Fisher and Crandell (1997) proposed complex attachment to capture the dual nature of attachment in the couple; each partner functions as an attachment figure for the other, which means that “each partner can tolerate the anxieties of being dependent on the other and also being depended on by the other” (p. 215). Complex attachment suggests the importance of flexibility in role taking rather than staying rigid in playing certain types of roles. Therapists can explore
couples’ complex attachment through the couple’s role profiles with the questions such as how comfortable the wife is to take the role of Leader in their marriage, what would be the occasions husband/wife would feel most/least comfortable taking the role of Mom/Child in his/her marriage, or how the husband would accept influence from his wife? In particular, the last question would be worth exploring in couples therapy. According to Gottman (1999), men’s willingness to accept influence from women is one of the factors that predicts divorce. Thus, assessing each spouse’s perceived level of willingness to accept influence from each other and assessing the wife’s view of the husband’s willingness and the husband’s view of the wife’s willingness would be important for couples therapists in planning a more tailored treatment plan.

Second, Role Profiles can be utilized as an intervention through which clinicians can observe couples’ interactions. During this study, this researcher observed many couples checking on their partners for confirmation, support, or assurance when they talked about the roles they thought they played or did not play. In addition, when the respondents talked about the roles which present challenges to their marriage such as Critic, Pessimistic, and Victim, their interactions with the partners were different from those when they talked about other roles. Although Role Profiles lacks the extensive empirical and experimental data that would provide it validity, this study’s findings indicates that this assessment holds promise as a useful clinical method. Utilizing Role Profiles in couple therapy would provide a window to various topics and complex dynamics in marriage. Furthermore, its simplicity of administration would enhance its merits as a personality assessment in therapy.
Role Profiles as a Tool to Open up Conversation/Enhancing Understanding

According to the analysis of two-open ended questions, a majority of the participants experienced the Role Profiles assessment as being positive and interesting. Participants explained that as they completed their role profiles and discussed them with their partners, they had a chance to redefine who they were, reaffirm their relationship, hear their spouses, and make new discoveries about themselves and their marriage. The Role Profiles seems to contribute to expanding mutual understanding and to helping couples hear their spouses, which are critical components in couples therapy. In therapy, opening up conversation by developing a safe and trustful therapeutic relationship would be crucial and therapeutic by itself (Sprenkle & Blow, 2004). At times, however, it could be challenging for a therapist to decide where to start and where to explore to have an accurate understanding of the clients without paying too much attention to their problems inadvertently. Additionally, this would bring more concerns for beginning couples therapists. The Role Profiles could be facilitated as a practical and useful intervention to open up conversation, based on the roles the clients claim to play, not play, or want to play from their perspectives. For example, during the study, this researcher observed one participant chose a role of Daughter under “This Is Who I Want To Be” and the role of Orphan under “This Is Who I Am.” When mentioned during the discussion time, the respondent stated that it was interesting to her that she had placed the Daughter role under “This Is Who I Want To Be” and the Orphan under “This Is Who I Am.” Due to the nature of the meeting, further discussion was not pursued. However, the respondent briefly talked about her family of origin conflict and how much she wanted to be a true daughter to her father. The participant was able to identify her discharged roles and her role profiles appeared to be guiding the process. Landy (2001) emphasized the importance of
naming the discharged roles to explore alternative qualities in other roles and, later on, to integrate various roles to create a functional role system. For this participant, she was able to identify her discharged roles and her role profiles appeared to facilitate the conversation.

Another clinical implication which pertains to the Role Profiles is that it has potential to enhance couple’s mutual understanding. For example, one husband revealed there was a history of divorce in his family and he went through many trials. He stated that he would not want to live like his parents and this was the reason for why he chose the role of Victim and Survivor under “This Is Who I Am.” Experiencing his parents’ divorce in his childhood appeared to have influenced his views of marriage and his identity, which would have influenced his marital relationship. Although his wife was aware of his childhood experiences, she never had a chance to hear her husband defining himself as a survivor before. Considering that it is not the actual facts which happened that matter as much as the meanings we assign to them, addressing her husband’s perspectives on past experiences and exploring their influences on the current relationship appeared to have clinical potential to increase mutual understandings.

**Limitations of the Study**

This study has several limitations. First, the sample size of this study was small. Therefore, it was unclear whether the findings were accurate demonstrations of the constructs’ relationships or mainly due to the small sample size. Furthermore, the small sample size and the characteristics of the sample (i.e., age, level of education, and ethnicity) pose some difficulty in generalizing the findings of the study.

In addition, all data collection including facilitating the Role Profiles was conducted by the same researcher. Although a peer review was employed to analyze the two sets of
open-ended questions, it can be assumed that the researcher’s possible influence on data is constant since it was facilitated by the same researcher. This study does not have systematic methods to tease out the researcher’s effect on the data.

Another limitation concerns social desirability. Social desirability refers to the tendency to present oneself in a good light to the researcher or interviewer (Krathwohl, 1998). This study took place in a setting where participants were asked to describe themselves through various roles to the researcher. Participants might decide not to choose those roles which they thought would present themselves in less favorable ways such as Bully, Villain, Simpleton, or Bigot, resulting in a less accurate data set.

Finally, Role Profiles has 71 names of roles, some are commonly heard in our daily lives, but others are not so familiar to some people. Those unfamiliar names seem to create comprehension artifacts problems (Pedhazur & Schmelkin, 1991). Participants in this study had an average of 2.5 years college education. However, some of them had a difficult time remembering or defining meanings of the several roles. Several participants, who were unsure of the definitions, appeared to feel embarrassed and placed those cards under either “This Is Who I Am Not.” or “I Am Not Sure If This Is Who I Am.” To best safeguard against comprehension artifacts, Role Profiles will need to make the necessary revisions by replacing those unfamiliar role names with more easily understandable ones. For example, the role Simpleton appeared to cause some confusion among participants. It might be necessary to replace it with other equivalent roles or a more common term.

**Future Research Suggestions**

As Landy (2001) suggested, Role Profiles needs further clinical trials and research to test its validity and efficacy. This study reported role confusion’s negative relationships with
self-esteem and marital satisfaction for husbands. However, it would be important to test if these findings can be replicated with larger samples of different ages, cultures, level of stress, and socio economic status. To this end, it might be necessary to develop a computerized Role Profiles assessment, which would be a cost effective way to promote more research on the Role Profiles. During the data collection process, this researcher met with each couple and administered Role Profiles assessment for each participant which lasted 40 minutes on average. Although this researcher had an opportunity to observe the couple’s interactions and to obtain valuable verbal and non-verbal information, which can be well used in clinical settings, the entire process required great time commitment. With a computerized Role Profiles assessment, participants can click each card to drag it to a proper group to complete their role profiles. With a large data set, many valuable research questions can be further explored.

In addition to replicating research, the construct of role balance should be further explored and redefined. To date, role balance is more a conceptual term than an operationalized term. Future research should make a continuous endeavor to develop systematic methods to accurately measure role balance. This study indicates that merely subtracting the number of roles in the category of “This Is Who I Am” from the number of roles in the category of “This Is Who I Am Not” is not a valid way of measuring role balance. Although the number of cards placed in the category of “I Am Not Sure If This Is Who I Am” can be a more valid indicator of the participant’s role balance, it provides incomplete answers to the complex concept of role balance.

Another area worth exploring would be the positive relationship between role confusion and marital satisfaction for wives in this study. Contrary to this researcher’s
expectations, more role confused wives in this study reported higher marital satisfaction. This finding might be, in part, explained by the unique characteristics of the sample. Wives in this study were more role balanced than their husbands at a statistically significant level. Therefore, it can be speculated that role balance influenced the relationship between role confusion and marital satisfaction in their predicted direction. Another plausible explanation for this result would be the moderating effects of gender on the relationship between role confusion and marital satisfaction. Role confusion has negative connotations. Thus, role confusion has been considered as an indication of immaturity or uncertainty (Landy, 2001). However, this consideration might be influenced by the masculinity views which regard confusion as problematic. Wives who placed many roles under “I Am Not Sure If This Is Who I Am” might not consider confusion in a negative way. They might consider playing various roles, depending on the circumstances, or even playing contradictory roles simultaneously as the ability of being flexible. The ability to be flexible is an indication of their capacity to accept ambivalence, which role theory considers as an indication of role balanced individuals. Therefore, future research would need to examine the moderating effects of gender on the relationship between role confusion and marital satisfaction with the function of role balance.

Finally, this study demonstrated the relationship between couples’ similarity and marital satisfaction but did not tap into the mechanism through which how taking similar roles/personality influence marriage quality. Therefore, future research should explore the processes responsible for the connection between couple similarity and marital satisfaction. For example, exploring how couples having similar roles of Helper, Conservative, Lover, and Friend would influence their way of dealing with conflict, managing stress, and ultimately
affecting the level of marital satisfaction would be a valuable topic for future research to enhance the body of knowledge of couple similarity and marital satisfaction.
REFERENCES


TO: Hee-Sun Cheon
FROM: Human Subject Research Compliance Office

PROJECT TITLE: What is the relationship between role balance and well-being in a marriage: A test of the "Role Profiles" across community couples and clinic couples

RE: IRB ID No.: 05-232
APPROVAL DATE: May 10, 2005 REVIEW DATE: April 30, 2005
LENGTH OF APPROVAL: One year CONTINUING REVIEW DATE: May 9, 2006
TYPE OF APPLICATION: ☑ New Project ☐ Continuing Review

Your human subjects research project application, as indicated above, has been approved by the Iowa State University IRB #1 for recruitment of subjects not to exceed the number indicated on the application form. All research for this study must be conducted according to the proposal that was approved by the IRB. If written informed consent is required, the IRB-stamped and dated Informed Consent Document(s), approved by the IRB for this project only are attached. Please make copies from the attached "masters" for subjects to sign upon agreeing to participate. The original signed Informed Consent Document should be placed in your study files. A copy of the Informed Consent Document should be given to the subject.

The IRB must conduct continuing review of research at intervals appropriate to the degree of risk, but not less than once per year. Renewal is the PI's responsibility, but as a reminder, you will receive notices at least 60 days and 30 days prior to the next review. Please note the continuing review date for your study.

Any modification of this research project must be submitted to the IRB for review and approval, prior to implementation. Modifications include but are not limited to: changing the protocol or study procedures, changing investigators or sponsors (funding sources), including additional key personnel, changing the Informed Consent Document, an increase in the total number of subjects anticipated, or adding new materials (e.g., letters, advertisements, questionnaires). Any future correspondence should include the IRB identification number provided and the study title.
Approval letter
Page 2
HS Cheon

You must promptly report any of the following to the IRB: (1) all serious and/or unexpected adverse experiences involving risks to subjects or others; and (2) any other unanticipated problems involving risks to subjects or others.

Your research records may be audited at any time during or after the implementation of your study. Federal and University policy require that all research records be maintained for a period of three (3) years following the close of the research protocol. If the principal investigator terminates association with the University before that time, the signed informed consent documents should be given to the Departmental Executive Officer to be maintained.

Research investigators are expected to comply with the University’s Federal Wide Assurance, the Belmont Report, 45 CFR 46 and other applicable regulations prior to conducting the research. These documents are on the Human Subjects Research Office website or are available by calling (515) 294-4566.

Upon completion of the project, a Project Closure Form will need to be submitted to the Human Subjects Research Office to officially close the project.

C:  HDFS
    Ronald Werner-Wilson
APPENDIX B: RECRUITING ADVERTISEMENT FOR COMMUNITY COUPLES

When it comes to marriage, people may say,
“Birds of a feather flock together” or “Opposites attract”.
If you think your similar/dissimilar personality to your spouse influences your marriage and
want to know more about yourself as well as your spouse, here is a study you might be
interested in.

In attempt to learn more about how personality matters in marriages, I am conducting a study
of married couples.
Eligible couples include those who have been married more than 6 months and who do not
have children.
There will be $15.00 compensation for participating in this study.

If you would like to participate in this research or have any questions or concerns regarding
this study, please contact the researcher, Hee-Sun Cheon, to heesun@iastate.edu
APPENDIX C: RECRUITING ADVERTISEMENT FOR NEWSPAPER

ADVERTISEMENTS

Couples Needed:
Couples living together more than 6 months w/o children needed for study on marriage and personality.
Contact for more info. heesun@iastate.edu or 451-1828
There is a monetary compensation.
APPENDIX D: LETTER OF STUDY EXPLANATION

Thank you for your interest in the study, “An alternative look at personality in marriage.”

I am Hee-Sun Cheon, a graduate student at Iowa State University in Marriage and Family Therapy, currently conducting a research project for my dissertation.

I am interested in two aspects. First, I am curious to determine how personality influences marriage. Second, I want to explore the usefulness of a newly developed personality assessment, Role Profiles. It is a card-sorting activity and I anticipate that it will be a fun and positive experience for you to get a chance to think about yourself and your spouse from various roles played in everyday life.

Your participation in this research, as well as your spouse’s, will be confidential. I will not use your name in my research work and will keep any notes in a safe place.

Also, if you and your spouse feel the need to process your experiences after the study, you can request couple/individual therapy for two times with no charge.

The study will probably last 30-40 minutes and there will be $15.00 compensation for participating in this study.

If you decide to participate in this research, please indicate your several available times on the enclosed form and return it in the self-addressed envelope provided. Upon receipt of the letter from you, I will further contact you to confirm the research time. Depending on your preference, the study will take place at your home or the Marriage and Family Therapy Clinic at Iowa State University.

If you have any questions about this study, please contact me by phone 292-5583, or email heesun@iastate.edu. My supervisor for this study is Dr. Ron Werner-Wilson. You may also contact him at 294-8671, or rwwilson@iastate.edu.

I look forward to working with you.
Thank you for your time and consideration.

Sincerely,

Hee-Sun Cheon, M. A.
(515) 292-5583
heesun@iastate.edu
APPENDIX E: ROLE PROFILES

Instructions to subject: This experience is intended to explore your personality as if it were made up characters commonly found in plays, movies, and stories. You will be given a stack of cards. On each card is the name of a role, which is a type of character you have probably seen in movies and plays or read about in stories. Please shuffle the cards thoroughly. Place each card in one of four groups that best describes how you feel about yourself right now. Each group is labeled by a large card which says; This is who I am, This is who I am not, I’m not sure if this is who I am, and This is who I want to be. Try to group the cards as quickly as possible. Be sure to place each card in one group only.

Role Types (Each one will appear on a separate index card)

1. CHILD
2. ADOLESCENT
3. ADULT
4. ELDER
5. ASEXUAL
6. HOMOSEXUAL
7. HETEROSEXUAL
8. BISEXUAL
9. BEAUTY
10. BEAST
11. AVERAGE PERSON
12. SICK PERSON
13. HEALER
14. SIMPLETON
15. CLOWN
16. CRITIC
17. WISE PERSON
18. INNOCENT
19. VILLAIN
20. VICTIM
21. BIGOT
22. AVENGER
23. HELPER
24. MISER
25. COWARD
26. SURVIVOR
27. ZOMBIE
28. LOST ONE
29. PESSIMIST
30. WORRIER
31. OPTIMIST
32. ANGRY PERSON
33. REBEL
34. LOVER
35. EGOTIST
36. MOTHER
37. FATHER
38. WIFE
39. HUSBAND
40. DAUGHTER
41. SON
42. SISTER
43. BROTHER
44. ORPHAN
45. CONSERVATIVE
46. RADICAL
47. OUTCAST
48. JUDGE
49. WITNESS
50. HOMELESS PERSON
51. POOR PERSON
52. RICH PERSON
53. WARRIOR
54. BULLY
55. SLAVE
56. POLICE
57. KILLER
58. SUICIDE
59. HERO
60. VISIONARY
61. SINNER
62. PERSON OF FAITH
63. ATHEIST
64. SPIRITUAL LEADER
65. GOD
66. SAINT
67. DEMON
68. MAGICIAN
69. ARTIST
70. DREAMER
71. FRIEND

(Landy, 2001, p. 150; Landy added the 71st role, friend recently).
APPENDIX F: DEMOGRAPHIC INFORMATION FORM

Please complete the following information about yourself. If you have any questions, please feel free to ask the researcher.

1. Age: ______ 2. Gender: ____F  ____M

3. Race/ Ethnicity:
   _____Caucasian
   _____African-American
   _____Hispanic
   _____Asian, Asian American
   _____Other:  ______

4. Religious Affiliation:
   _____Catholic
   _____Protestant
   _____Jewish
   _____Other (Specify)
   _____Atheist

5. Indicate your highest degree of education:
   _____1-12
   _____Undergraduate
   _____Graduate M.S./M.A.
   _____Post Graduate Ph.D.
   _____Other (please specify)_____n

6. Please indicate your job status
   _____Full-time employed
   _____Half-time employed
   _____Self-employed
   _____Unemployed
   _____Other (please specify)

7. Please indicate your couple’s income level
   _____1-10,000
   _____10,001-15,000
   _____15,001-20,000
   _____20,001-25,000
   _____25,001-30,000
   _____30,001-35,000
   _____35,001-40,000
   _____Above 40,000

8. How long have you been married to your spouse?

9. Have you ever been divorced? ______Yes____No
APPENDIX G: ROSENBERG’S SELF-ESTEEM

Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly agree
2 = Agree
3 = Disagree
4 = Strongly disagree

1. On the whole, I am satisfied with myself.
2. At times I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I’m a person of worth.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to think that I am a failure.
10. I take a positive attitude toward myself.
APPENDIX H: DYADIC ADJUSTMENT SCALE

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item based on the following scale:

5 = Always agree
4 = Almost always agree
3 = Occasionally disagree
2 = Frequently disagree
1 = Almost always disagree
0 = Always disagree

____ 1. Handling family finances
____ 2. Matters of recreation
____ 3. Religious matters
____ 4. Demonstrations of affection
____ 5. Friends
____ 6. Sex relations
____ 7. Conventionality (Correct or proper behavior)
____ 8. Philosophy of life
____ 9. Ways of dealing with parents or in-laws
____ 10. Aims, goals, and things believed important
____ 11. Amount of time spent together
____ 12. Making major decisions
____ 13. Household tasks
____ 14. Leisure time interest and activities
____ 15. Career decisions

The following questions have different answers. Please read the questions and answers carefully. Now, please indicate below approximately how often the following items occur between you and your partner based on this scale:

0 = All the time
1 = Most of the time
2 = More often than not
3 = Occasionally
4 = Rarely
5 = Never

____ 16. How often do you discuss or have you considered divorce, separation or terminating your relationship?
____ 17. How often do you or your partner leave the house after a fight?
18. In general, how often do you think that things between you and your partner are going well?

19. Do you confide in your mate?

20. Do you ever regret that you married (or lived together)?

21. How often do you and your partner quarrel?

22. How often do you and your partner "get on each other's nerves?"

How often would you say the following events occur between you and your partner?

23. How often do you kiss your mate? (Circle your response)
   0 = Never
   1 = Rarely
   2 = Occasionally
   3 = Almost Every Day
   4 = Every Day

24. How many outside interests do you and your partner engage in together? (Circle your response)
   0 = None of them
   1 = Very few of them
   2 = Some of them
   3 = Most of them
   4 = All of them

How often would you say the following events occur between you and your partner, based on the following scale:

0 = Never
1 = Less than once a month
2 = Once or twice a month
3 = Once or twice a week
4 = Once a day
5 = More often

25. Have a stimulating exchange of ideas
26. Laugh together
27. Calmly discuss something
28. Work together on a project

There are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (circle the number under yes or no)

Yes No
29. Being too tired for sex.

30. Not showing love.

31. The numbers on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>Fairly Unhappy</td>
<td>A Little Unhappy</td>
<td>Happy</td>
<td>Very Happy</td>
<td>Extremely Happy</td>
<td>Perfect</td>
</tr>
</tbody>
</table>

32. Which of the following statements best describes how you feel about the future of your relationship?

- 5 I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- 4 I want very much for my relationship to succeed, and will do all I can to see that it does.
- 3 I want very much for my relationship to succeed, and will do my fair share to see that it does.
- 2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
- 1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- 0 My relationship can never succeed, and there is no more that I can do to keep the relationship going.
APPENDIX I: ROLE BALANCE QUESTIONNAIRE

Please record the appropriate answer for each item, depending on whether you strongly agree, agree, disagree, or strongly disagree with it.

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

1. Nowadays, I seem to enjoy every part of my life equally well.
2. I am pretty good at keeping the different parts of my life in balance; I generally don’t let things “slide.”
3. Some things I do seem very important, but other things I do are a waste of my time.
4. Everything I do feels special to me; nothing stands out as more important or more valuable than anything else.
5. There are some parts of my life that I don’t care much about, and there are other parts I care deeply about.
6. Work time, classes and study time, partner time, friend time, family time, leisure time—I find satisfaction in everything I do.
7. I try to put a lot of myself into everything I do.
8. There are some things I like to do so much that I often neglect other things I also care about.