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Marital satisfaction and psychological well-being in clinical and non-clinical samples

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Marital satisfaction and psychological well-being
in clinical and non-clinical samples

by

Jennifer Suzanne Perrin

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

MASTER OF SCIENCE

Major: Human Development and Family Studies

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ABSTRACT

The study examined depression, anxiety, marital satisfaction in individuals from a clinical sample and individuals from a community sample. Gender was also considered in this study. Participants of this study consisted of 268 individuals; this sample was divided between a clinical and non-clinical sample from a community in the Midwest region of the United States. The study used the Brief Symptom Inventory to measure the levels of depression and anxiety, and the Dyadic Adjustment Scale to measure marital satisfaction. The hypotheses were tested using factorial analysis of variance. Overall results suggest that depression and marital satisfaction significantly impact each other and that the clinical sample significantly differs in level of depression from the non-clinical sample.
CHAPTER 1: INTRODUCTION

For decades, researchers and clinicians have examined the relationship between the quality of marital relationships and the quality of an individual’s mental health. There have been countless studies attempting to determine the directionality of this relationship, and although findings exist to support depression both preceding and resulting from low marital quality, it is empirically supported that the linkage between the two exists. Additional studies have investigated gender differences in marital satisfaction, and the differences that may exist in the depressive symptomology and incidence between the genders.

The current study examined the relationship between marital satisfaction and depression as well as gender. Additionally, the majority of previous studies utilized community samples or a combination of community samples and in-patient samples of individuals with depression in their investigations. Because little research examines depression and marital distress from a sample of couples that are seeking therapy, the present study sought to examine the differences between married individuals in a community sample with married individuals who have sought treatment in a clinical setting. Furthermore, there may be significant impacts that participation in a clinical setting may have on levels of depression or marital satisfaction, especially when therapeutic services are attended by both partners. Because a couple’s decision to enter treatment may reflect levels of depression and marital satisfaction or the couple’s tolerance to either, the present study included the analyses of both married couples who have decided to enter treatment and non-clinical married couples.
CHAPTER 2: LITERATURE REVIEW

Role of Marriage

Despite the fact that marriage is a less dominant social structure in the twenty-first century than any other time in United States history, a majority of individuals still become married and a large number of those who marry intend to be stable and satisfied in their marital relationships (Cherlin, 2005). Further, Cherlin (2005) says that as marriage has evolved over the decades, being married has become less about securing one’s role as an adult and more about a milestone representing successful self-development. Furthermore, ingrained in the transition of marriage is the notion that becoming married is an avenue to receive individual rewards such as support and greater financial stability. Thus, if individual rewards are not achieved, a marriage is more likely to end. However, if the institution of marriage has become more individualized, to what extent do spouses still rely on their partner to feel satisfied?

Beach and colleagues (1993) examined the extent to which individuals turn to their spouse for social support and attribute interpersonal stress to their partner. The authors posited that even though a relationship between marital satisfaction and depression exists, it may be moderated by the relationships that individuals have with other family members or co-workers. Further, if satisfaction does not significantly reflect the nature of the support and negative interactions within a marriage, or if a majority of social support and interpersonal stress are found outside of the marital relationship, the strength of the linkage between marital satisfaction and depression may not be as significant as once thought (Beach et al., 1993). The data showed that an individual’s spouse was reported to be the most relevant source of support measured by active listening, confiding, and advice seeking. As expected, spouses were reported to be the
most significant source when interpersonal stress was reported. Specifically, spouses were indicated to be the most significant source of criticism, misunderstanding, and arguments (Beach et al., 1993). Thus, this study conducted by Beach and colleagues (1993) may lend further support to the impact of the spouse on an individual’s psychological well-being.

Link Between Marital Satisfaction and Depression

In studying marital satisfaction, many researchers have established a link between marital satisfaction and psychological well-being. Although there are contrasting findings that attempt to establish the direction of the relationship between depression and marital dissatisfaction, it is well documented that a relationship between the two exists. Renne (1970) established that marital satisfaction was an essential and influential component of emotional and psychological well-being, and it had a positive association with general happiness and perception of overall individual health. Furthermore, higher marital satisfaction was negatively associated with “heavy” drinking of alcoholic beverages and feelings of isolation and depression.

A more recent study demonstrates that individuals with more supportive partners are more likely to report lower levels of depression, and individuals with problematic partner relationships are more likely to report higher levels of depression; in fact, the standardized coefficients for these two measures show that problematic spousal relationships have an association with depression that is almost double that of supportive spousal relationships (Horwitz, McLaughlin, & White, 1998). Further research by Horwitz and colleagues (1998) has demonstrated that the balance between negative interactions and positive interactions with a spouse are the strongest predictor of psychological well-being when compared to either positive or negative interactions alone. In addition, when sex was added to the analysis of interaction,
there was a significant relationship for the linkage between problematic interactions and depression for women (Horwitz et al., 1998). Depression was also stronger for women when the balance of positive and negative interactions was evaluated (Horwitz et al., 1998). In a study conducted by Horwitz and colleagues in 1998, the analysis of levels of depression seven years earlier have a small, direct, and significant relationship to problematic spousal relationships and a negative relationship with spousal support; these findings do not support any gender differences in the extent that men and women report problematic or supportive relationships. However, positive and negative interactions in the marital relationship may have different effects on the psychological well-being of men and women (Rook, 1984).

Horwitz and colleagues (1998) demonstrated that negative marital quality is more strongly associated with depressive symptoms and that relationship quality may have more impact on wives than on husbands. Gove, Hughes, and Style (1983) posit that marital quality is a more significant influence on the mental health of women while marital status is a more important factor in predicting men’s mental well-being. This may reflect a difference in events preceding depressive symptoms between the two genders, as well as differences in representative benefits of marriage.

In an earlier study, Horwitz and colleagues (1996) found that the selection of depressed individuals into distressed marriages does not account for the quality of their relationship. In other words, individuals who report marital distress do not necessarily do so because they entered the marriage with symptoms of depression. Horwitz and colleagues (1996) found that depression and alcohol use decline over time for unmarried individuals, but the rates of depression and alcohol use decline more steeply for individuals who become married. However,
it is important to note that this study does not include a measurement of marital quality or satisfaction, and as suggested by Williams (2003), examining the quality of marriage and the context of interactions may significantly alter the results.

A more recent study conducted by Williams (2003) evaluated the effects of marital status, marital transitions, and marital quality on psychological well-being for men and women and demonstrated that low levels of marital quality and high levels of marital stress are likely to increase depression and decrease overall satisfaction with life for both men and women. As the quality of marriage declines, the advantages—such as social support—associated with being married also decline; in essence, as the level of marital quality declines, the detriment to psychological well-being increases more than marital satisfaction will protect psychological well-being (Williams, 2003). Williams (2003) reports that marital quality is also an important determining factor in an individual’s psychological well-being. Those with poor marital quality experience more psychological distress than their non-married peers. From a clinical perspective, understanding the relationship between marital quality and depression is necessary in order to increase the likelihood of successful outcomes at both the couple and individual levels.

In a study using a community sample of newly married couples, Dehle and Weiss (1998) utilized hierarchal regression modeling to examine the relationship between depression, marital quality, and gender. Data for both depression and marital quality were gathered at two time intervals. The results of this model demonstrated that marital quality at Time 1 was a significant predictor of marital quality measured at Time 2; specifically, 58% of the variance in marital quality at Time 2 was accounted for by Time 1. With respect to the model that included depression, depression at Time 2 significantly accounted for the variance in marital quality at
Time 2 when marital quality at Time 1 was controlled (Dehle & Weiss, 1998). Gender was also included as a moderator in the association between depressed mood and marital quality. The analysis of this model demonstrated that the negative relationship between marital quality and subsequent depression is more significant for women (Dehle & Weiss, 1998). In other words, low marital quality was more predictive of greater increases in depressive symptoms for women than men.

In another study, Heim and Snyder (1991) examined the relationship between marital distress, depression, and attributions. As one of the only studies that analyzed both clinical and non-clinical individuals, the sample consisted of 45 non-clinical couples and 14 clinical couples. The scales utilized by the researchers were the Beck Depression Inventory, the Zung Self-Rating Scale of Depression, the Marital Attitude Survey, and two factors from the Marital Satisfaction Inventory: disaffection and disharmony. Multivariate and univariate analyses showed no difference between genders on all measures. However, when the clinical and non-clinical samples were compared, couples in marital therapy showed a greater score of marital distress and more symptoms of depression (Heim & Snyder, 1991). Additionally, there was a trend, although non-significant, for non-clinical wives to report more depressive symptoms than their non-clinical husbands (Heim & Snyder, 1991).

*Marital satisfaction and gender.* Historically, the advantages to becoming married have been associated with increased social support, social involvement, economic advantages, and avoidance of the stigma of remaining single (Ross, 1991). However, as societal norms change, remaining unmarried is no longer considered to be as stigmatized (Cherlin, 2005). Although society may be progressing in its acceptance of women who choose to remain single, there are
subcultures to which an individual may belong in which it may not be any more acceptable to
remain unmarried. Individuals, especially women, may still encounter the pressure to be married
from their family, religious community, or ethnic culture.

In early studies, Gove and colleagues (1983) reported that the relationship between
marital quality and psychological well-being was stronger for females than males, and further
posited that the strong relationship exists because women are more likely to be impacted by the
affective quality of the marital relationship. If women are more impacted by the affective quality
of their marriages, it may be the result of the traditional/stereotypic socialization of women.
More specifically, women have long been encouraged to be more emotive and place more
emphasis on their relationships than on their career or outside activities. Although this
expectation may not be as overt as it was once, there are still implicit expectations that exist
today.

Faulkner and colleagues (2005) conducted a study examining the relationship between
gender-related predictors of husbands’ and wives’ marital satisfaction and conflict. The
researchers utilized longitudinal data of couples in first marriages from the National Survey of
Families and Households. Using multiple regression analysis to predict models of change at
Time 2 for marital satisfaction and marital conflict and probability weights to allow for the
generalization to populations, the results of their study demonstrated wives’ self-report of
depression and their husbands’ self-report of depression resulted in increased levels of marital
conflict over time. Additionally, a negative change in the well-being of wives showed an
increase in marital conflict over a five-year period (Faulkner et al., 2005). Wives’ report of
marital conflict also associated with poor psychological well-being of their husbands. Higher
levels of depression for both husbands and wives were indicative of a decrease in husband’s marital satisfaction as measured over time (Faulkner et al., 2005). Wives who reported experiencing depressive symptoms also reported experiencing a decrease in marital satisfaction. On the other hand, when wives reported positive well-being, they also reported an increase in marital satisfaction over time (Faulkner et al., 2005).

Additionally, Faulkner and colleagues (2005) suggest that wives may be socialized to attend not only to their own interpersonal functioning but the functioning of their marital relationship, and their interpretations or evaluations of the relationship may be more predictive of marital quality than their husband’s appraisal of marital quality. Therefore, Faulkner and colleagues recommend that therapists may need to specifically address gender roles to help educate both genders about role differences, expectations, and their relationship to marital satisfaction.

*Psychological Well-Being*

There are a number of factors associated with psychological well-being, and for the purposes of this paper, psychological well-being was primarily defined as depression, anxiety, and the symptomology associated with it. Possible symptoms of depression may include a loss of interest, change in appetite, loneliness, difficulty making decisions, changes in sleep patterns, hopelessness, feeling fearful, or sadness. Individuals may experience one or more of these and other symptoms in order to feel distressed (American Psychological Association, 2007). According to the National Institute of Mental Health (2007), most people with depression or a depressive illness do not seek treatment, and many of those who do not seek treatment for depression or their symptoms related to depression are not aware that it is highly treatable.
Depression has been studied from both individualistic and social contextual models for predicting incidence, symptomology, and treatment (Townsend, Miller, & Guo, 2001). The individualistic model assumes that emotional well-being is independent and unaffected by the characteristics of others, and the social contextual models take into account the influence of complex interpersonal relationships (Townsend et al., 2001).

There has been extensive research on depression and the contributors related to psychological well-being. Because depression has been shown to be linked to marital satisfaction, it may be especially important to assess for depression through the context of the marital relationship in order to better understand the causes, symptoms, barriers, and promoters of successful treatment. Women’s depression has been shown to fluctuate with marital quality more than it does for men (Horwitz et al., 1998). Furthermore, in predicting the likelihood of depression, it has been demonstrated by Horwitz and colleagues (1996) that early measures of depression are strongly linked to later measures of depression. Thus, if a person has shown symptoms of depression previously in his or her marriage, he or she is more likely to have a higher measure of depression when measured at a later time.

Gove and colleagues (1983) reported that marital happiness was strongly predictive of the individual’s mental health, and the strength of this relationship was not influenced by the control variables of marital status, income, education, race, age, and childhood background. Furthermore, it was reported by Renne (1970) that it is not the act of being married that significantly impacts psychological functioning but the quality of marriage.

*Role of relationships and depression.* It has been posited that women have a stronger need for bonding in their close relationships and may therefore require more social support to
maintain their psychological well-being (Piccinelli & Wilkinson, 2000). Expanding this assertion, women may be more affected by circumstances that influence their personal relationships and may be at an increased risk for depression (Piccinelli & Wilkinson, 2000). Ultimately, though, this assertion is controversial; other researchers have presented results that demonstrate that social support is equally important for males and females or that it may be detrimental for either gender (Bebbington, 1996). In addition, research conducted by Williams (2003) found that marital quality was not more important to women’s psychological well-being when compared to men.

In a study investigating the impact of social relationships on psychological well-being for men and women using a national sample of community members, Umberson and colleagues (1996) found that women scored higher on measures that indicated more intimate relationships such as having a confidant and receiving social support from friends and family. In contrast, men reported receiving less social support from friends and family, with the exception of their spouse, but also reported having a greater number of friends available for support and were more likely to have someone monitor their health behaviors (Umberson et al., 1996). Thus, the authors conclude that men are more likely to receive instrumental, practical, or tangible dimensions of relationship while women are more likely to receive intimate dimensions of relationships; additionally, the authors posit that women may be more likely to provide instrumental relationship tasks due to the likelihood of women to serve as caregivers (Umberson et al., 1996).

Furthermore, in a study investigating the roles of gender differences of dating couples when discussing an emotionally easy topic and an emotionally difficult topic, Vogel and colleagues (2003) found that gender differences occurred more frequently when the couples
discussed an emotionally difficult topic. When discussing the emotionally difficult topic, men were more likely to exhibit gender stereotyped behavior; men significantly differed on the measures of emotional responsiveness, withdrawal, and emotional restriction between discussion of an emotionally easy topic and discussion of an emotionally difficult topic (Vogel et al., 2003).

Vogel and colleagues (2003) further posit that response differences in emotional expression, withdrawal, and emotional restriction exhibited by men between the easy and difficult topics may be influenced by social pressures. In other words, men may be as pressured not to reveal emotions as women are pressured to be emotionally expressive.

If the previous study conducted by Vogel and colleagues (2003) is applied to Bogner and Gallo’s (2003) study of gender differences in the incidence and reporting of depression, one must consider the context in which depressive symptoms are being assessed. In the study by Bogner and Gallo (2003), a community sample of adults used self-report measures of depression and they participated in the study as part of ongoing research examining for the Baltimore Epidemiologic Catchment Area Program. If one considers the suggestion by Vogel and colleagues (2003) that men are more likely to exhibit the gender stereotyped emotional restriction during difficult conversations, it is possible that the decision to seek help in a clinical setting may increase the likelihood of men to express emotions due to severity of problems or clinical environment. Furthermore, the study conducted by Bogner and Gallo (2003) utilized interview assessments, and perhaps the completion of the interview created a social context in which male participants were more likely to inhibit emotional responses that may have been related to depressive symptomology.

*Gender differences in depression incidence and expression.* In a study conducted by
Mirowsky and Ross (1995) exploring the sex differences in response to psychological distress, the results indicated that a larger percentage of men (68%) compared to women (50%) agreed or strongly agreed with the statement “I keep my emotions to myself” (p. 454). Contrary to the idea that men report symptoms of depression less often, the findings further indicate that individuals who report keeping emotions to themselves also report more days where they experienced depressed mood (Mirowsky & Ross, 1995). The data suggest that male tendencies to be reserved cannot account for sex differences in depression. Furthermore, the results suggest findings that are contrary to the gendered-response hypothesis. More specifically, anger is present more frequently in women than men, and when compared with people who claim to keep emotions to themselves a direct relationship is found. Therefore, people who report keeping emotions to themselves more often report higher levels of anger (Mirowsky & Ross, 1995). The researchers also used a hierarchal analysis to confirm the hypotheses that women experience more distress than men regardless of the type of depression more specifically, in a measure of frequency, women report experiencing symptoms of distress thirty-percent more than men (Mirowsky & Ross, 1995).

In a study specifically investigating the gender differences in depressive symptomology, Bogner and Gallo (2003) used a large sample of ethnically diverse individuals from the community. Nine symptom categories from the DSM-IV diagnostic manual for major depression criteria were tested using a model borrowed from educational testing. Testing the model using only the indices testing for the direct effect of gender suggested a good fit of the model, and although the inclusion of other covariates in the model decreased the goodness of fit, the model still provided a reasonable fit to the data (Bogner & Gallo, 2003). Overall results of the study
suggest that men and women do not report significantly different patterns of depressive symptoms; furthermore, even though women report sadness almost twice as often, confidence intervals indicate that women are not more likely to report sadness as a symptom of depression. Thus, the data from the model indicate that the higher incidence rates of depression are not explained by an increased likelihood of women to report depressive symptoms (Bogner & Gallo, 2004). However, it is important to note that the analyses of this study do not examine any gender differences that may occur in the course or length of depression. Both the course and the length of depression may have significant influences on the relationship between depression and marital satisfaction as well as the likelihood to seek treatment for either.

In an earlier study, “epidemiological findings point to a female preponderance in prevalence, incidence, and morbidity risk of depression disorders” (Piccinelli & Wilkinson, 2000, p. 486). Furthermore, it is more likely that females will report more symptoms consistent with depression than males, and therefore, women may be more likely to be diagnosed with a depressive disorder. For example, Silverstein (1999) reports that females twice as frequently as men report somatic symptoms or changes in sleeping patterns, eating patterns, or fatigue. The greater likelihood of females to report these specific symptoms commonly associated with depression may be credited to a difference in attributions between genders, and in combination with the idea that women are socialized to be more outwardly emotional; men may be more likely to attribute feelings of psychological distress to work stress or problems in physical health. In fact, the National Institute of Mental Health (NIMH, 2007) reports that men may be more likely to experience depression as being irritable, angry, and discouraged; the NIMH further reports that men may be less likely to admit that they are experiencing depression. Other studies
indicate that there is little difference between genders in the likelihood to report symptoms of depression. However, most of these studies utilize assessments with questions specifically related to symptoms of depression, and one may be able to identify feelings or behaviors that he or she is experiencing, but not necessarily believe that he or she is depressed even if the measures indicate that he or she is depressed. Furthermore, if psychological distress may be interpreted differently among the individuals who experiencing the symptoms, it is also possible that medical and mental health professionals are making different attributions for men and women.

_Treatment of Depression_

Clinicians have long observed and assessed that mild to moderate depression is relatively common in couples that seek marital therapy (Dehle & Weiss, 1998). Marital distress may operate independently of depression in one spouse; for example, a couple may continue to experience marital distress even when the depressive mood or symptomology ends (Gotlib & Hooley, 1988). This may provide additional support for the treatment of depression in the context of marital therapy; therefore, it may be essential for clinicians who are working with couples experiencing marital distress to assess for depression in both partners. Additionally, it is important to note that the impact of depressed mood may affect an individual’s perception and rating of marital quality (Heene, Buysse, & Van Oost, 2003).

_Purpose_

The purpose of this study was to extend research examining the relationship between marital satisfaction, depression, and gender. The non-clinical sample served as a baseline or control group for comparison to the couples that are seeking treatment because the marital
satisfaction and depression scores for couples in treatment may not be representative of the general population of married individuals. This study also hoped to contribute the understanding of the incidence of depression among men and women, specifically among those in the clinical sample. It is further hoped that this study will contribute to the literature relevant to clinicians who may be working with couples or individuals experiencing depression. Because not all clinicians or agencies utilize written assessments, it was important to understand if any significant differences in marital satisfaction and depression exist between couples that seek treatment and those that do not. Furthermore, if depression was significantly higher in clinical couples, it will be important for clinicians to assess how psychological well-being may contribute to the outcomes of marital therapy. The hypotheses based on previous research were as follows:

• **Hypothesis 1: Depression.** Depression will be higher among clinical individuals compared to non-clinical individuals.

• **Hypothesis 2: Gender.** A) In the non-clinical sample, women will report higher levels of depression than men. B) In the clinical sample, women will report higher levels of depression than men.

• **Hypothesis 3: Marital satisfaction.** A) Marital satisfaction scores will be lower for individuals who have higher scores of depression; this will be true for both the clinical and non-clinical samples. B) It is hypothesized that marital satisfaction scores will be lower for the clinical sample, regardless of their depression scores.
CHAPTER 3: METHODS

Clinical Participants/Sample and Procedure

Participants in this study were seeking services at a clinic providing therapeutic services at a Midwestern university. Although the clinic provides services to individuals, couples, and families, the clinical sample used in this study consists of only persons who are married. Because the clinic is located on a university campus, many clients are affiliated with the university as students or staff.

The clinical data used in the present study were collected through a Midwestern university clinic. All participants in the clinical sample complete paperwork that authorizes their consent for video and audio recording, observation behind a one-way mirror, and use of their assessment data for future research. In addition, assessment packages are completed prior to their participation in the clinic, after their fifth session of receiving services, and as they are terminating from the clinic. Because only pre-intervention data will be utilized, only those procedures associated with pre-intervention assessment will be described.

The first part of the assessment package completed by all clients seeking couples therapy asks each individual to provide important demographic information. Basic information included on this form consists of address, number of years married to his/her spouse, number of children, income, minimal medical information, and employment area or status. The second set of forms completed by each individual includes assessment scales that measure dyadic adjustment, life satisfaction, and psychological characteristics such as depression, anxiety, self-esteem, and internal locus of control. Each member of the couple completes a separate form, answering questions as appropriate for him or herself. Separate scores for each person result after data from
each assessment is entered. For the purposes of this study, only the Dyadic Adjustment Scale, Brief Symptom Inventory, and relevant demographic information were used. It is important to note that although each member of the couple completes his/her own form, the assessments are completed with both partners sitting next to each other in the same room. Because partners sit together in the same room and often partners will comment or discuss their answers, there is the potential for the scores to be influenced by the partner. In addition, couples may have also communicated about topics unrelated to the assessments, which would have likely had little or no influence on their individual responses.

Community Sample/Participants and Procedure

The data for this study were initially collected to examine interaction dynamics related to marital or relational satisfaction. Specifically, the investigators were examining demand-withdraw patterns and interactions involving conflict resolution and their influence on relational satisfaction. Demand-withdraw patterns in couple relationships refer to cycles of interaction in which one partner initiates and continues to initiate communication (pursue) while the other partner attempts to leave or disengage from the interaction (withdraw). Participants were recruited using newspaper advertisements and community bulletin boards and were living in the Midwest. The advertisement for the original study can be found in Appendix III on page 95. Many participants may have been connected to a Midwestern university. Interested participants voluntarily contacted researchers using email or telephone. Questionnaires were completed in a lab setting, and those participants who were videotaped for a ten-minute discussion in an area of conflict were compensated in the amount of sixty dollars. These participants completed their
assessments in separate rooms prior to their ten-minute, videotaped discussion; therefore, the data may not have the problems as the data from the clinical sample.

**Measures**

*Dyadic Adjustment Scale.* One of the most frequently used measures of the self-report of marital adjustment is Spanier’s (1976) Dyadic Adjustment Scale (DAS; Glenn, 1990). The DAS is a 32-item inventory that examines the dimensions of affection, cohesion, satisfaction, and consensus in couple relationships. Although the complete 32-item DAS is often used for therapeutic and research purposes, one critique of the scale is its length (Hunsley, Pinsent, Lefebvre, James-Tanner, & Vito, 1995). It has been suggested by Schumm and colleagues (1986) that a shorter version of the DAS may be relevant for clinicians and researchers. Therefore, research exploring the validity and reliability of shorter versions of the DAS has been proliferated in recent years. Hunsley and colleagues (1995) reported that reliability for the 10-item satisfaction subscale (items 16-23, 31, 32) was .82 for females, .81 for males, and .82 total. Reliability for the full 32-item DAS is .92 for females, .92 for males, and .92 total. In addition, the construct validity of the full 32-item DAS when correlated with the Locke-Wallace Marital Adjustment Scale was .82 (Spanier, 1976). Examples of questions included on the DAS (Spanier, 1976) satisfaction subscale include “how often do you discuss or have you considered divorce, separation, or terminating your relationship?” (item 16), “do you ever confide in your mate?” (item 19), and “how often do you and your partner quarrel?” (item 21). Items are answered using a scale of 0 to 5 in which 0 represents “always disagree” and 5 represents “always agree” (Spanier, 1976). Individuals from both the clinical and the non-clinical sample completed the satisfaction subscale of the Dyadic Adjustment Scale.
Brief Symptom Inventory. The Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983) is a 53-item scale used to assess psychiatric symptoms that may have occurred up to two weeks prior to completion of the BSI. The subscales included in the BSI are depression, anxiety, neuroticism, obsessive-compulsiveness, hostility, paranoid ideation, interpersonal sensitivity, and psychoticism. For the purposes of this study, only the items specifically related to depression and anxiety subscales were used. Respondents in both samples answered each item using a Likert-type scale that relates to the frequency of symptoms. For example, the first item on the BSI asked how frequently “nervousness or shakiness inside” was experienced; 0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit, 4 = extremely. Derogatis and Melisaratos (1983) analyzed the internal consistency of the entire scale as well as the nine subscales, which comprise the inventory. The results of the global indices of the BSI, specifically the General Severity Index (GSI), measure a one-dimensional construct of general psychological distress with high reliability (α = .90). The Cronbach’s alpha coefficients of the subscales demonstrate that the internal reliability were high; they ranged from .71 on the psychoticism dimension to .85 on the depression subscale (Derogatis & Melisaratos, 1983). Peterson and colleagues (1981) have reported the BSI to have significant predictive validity of mental status or distress in a counseling/clinical setting. When compared to the professionally administered Brief Psychiatric Rating Scale, the self-report measures of depression and anxiety for the BSI proved to significantly correlated with the BPRS at .69 and .46 respectively (Morlan & Tan, 1998).

Data Analysis

In preparing the data from the non-clinical sample, only those married individuals were selected from the data set. After selecting for marital status, the sample size included 106
married individuals. Once all non-married individuals had been deleted from the data, frequencies were run for income and race. Because only 1 individual in the sample did not report his/her income, mean substitution was used to fill the 1 missing case. Race was missing from one individual’s data, and therefore, this case was eliminated from the study.

Because the clinical data was divided into two different data sets, clinical demographic data and couple assessment data, it was first necessary to merge the clinical demographic data with the clinical assessment data. In addition, the clinical assessment data contained data from first, fifth, and final sessions with clients of the clinic. For the purposes of this study, only the first session assessment data were being utilized, and therefore, all other data were eliminated from the data set. In cleaning the clinical data it was also necessary to select only those individuals that were married. The variable containing marital status, MaritalStatus, in which married individuals were coded as 1 was used to select only those individuals in the clinical data who were married. The clinical sample size after selecting for those whose marital status was married was 284 individuals.

In preparing to match the samples for data analysis, the scales for variables income and race were re-coded into different variables so that the scales for each variable in each sample matched each other. The income for the clinical sample utilized five ranges categories, and the non-clinical data utilized eight income ranges. For example, the maximum income that could be reported in the clinical sample was $40,000 and above while the maximum income that could be report in the non-clinical sample was $70,000 and above. Therefore, those individuals who reported making more than $40,000 were included in the same income category. More specifically, after the recoding, an individual in the non-clinical data set that reported his or her
income to be $70,000 or more would be grouped into the new category of $40,000 or more. Because the maximum income category was lower than that of the original non-clinical sample, some information about the range of incomes was lost. Each data set was then sorted by income and race, and the frequencies for each both variables in each data set were run. Matching the two samples on income would significantly reduce the sample size because the non-clinical sample had significantly fewer individuals in the lowest income bracket than the clinical sample where the largest number of individuals reported incomes in the lowest bracket. The final sample from each of the datasets included 104 Caucasian individuals, one Hispanic, and one African American individual. The resulting sample size was 268 individuals; there were a total of 162 individuals for the clinical sample and 106 individuals for the non-clinical sample. These samples consisted of dyads in which 2 individuals were married to each other. In other words, the clinical sample consisted of 81 married couples, and the non-clinical sample consisted of 53 married couples.

After a final sample size was determined for both samples, new variables in each data set were created for the sum score of marital satisfaction (SatisTotal) as measured by the DAS items 16-23, 31, 32), the sum score of depression (DepresTotal), and the sum score for anxiety (AnxietyTotal) as measured by BSI items 9, 16, 17, 18, 35, 50, and items 1, 12, 19, 38, 45, 49 respectively. The values for marital satisfaction in both the clinical and non-clinical sample were normally distributed according to skewness and kurtosis values and no transformations were necessary. However, the normality values for DepresTotal and Anxiety Total were not in the acceptable rage for skewness and kurtosis. More specifically, the data was positively skewed and had a positive kurtosis, and therefore, square root transformations were performed on these two
variables. Completion of the square root transformations resulted in skewness and kurtosis falling within acceptable ranges for the assumption of normally distributed data. In addition, because anxiety was added to the hypotheses regarding its relationship to marital satisfaction, correlations were run on depression and anxiety to explore their relationship to one another.
CHAPTER 4: RESULTS

Summary Statistics

The demographic statistics for the clinical and the non-clinical samples are reported in Table 1.

Table 1. Demographic and Descriptive Statistics for the Clinical and Non-Clinical Sample (N = 268)

<table>
<thead>
<tr>
<th>Demographic Variables*</th>
<th>Number</th>
<th>Percent</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>81</td>
<td>50.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>81</td>
<td>50.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Higher scores of depression and anxiety indicate more depression and anxiety; higher scores for marital satisfaction indicate more satisfaction in marriage. **The numbers in parentheses indicate the means after transformation.
Levels of Depression and Anxiety

The first hypothesis stated that the level of depression would be higher among members of the clinical sample as compared to the non-clinical sample. A factorial ANOVA was performed on the transformed scores for depression and anxiety in both the clinical and non-clinical samples. Transformed data was utilized in the factorial ANOVA. The results of the analysis showed that there were no differences between the clinical and non-clinical samples on the mean depression scores. More specifically, the main effect of group membership on depression was $F (1, 268) = 29.88, p < .001$. In other words, the clinical sample was significantly more likely to be depressed than the non-clinical sample. The effect size for group membership on depression was .12 indicating that the effect of group membership on depression had a medium effect. The cutoff for a medium effect according to Cohen (1988) is .09. The results of further analysis indicated a significant main effect for group membership on anxiety. The main effect of group membership for anxiety was $F (1, 268) = 9.84, p < .001$. The effect size for group membership on depression had an effect size of .04 indicating that it was a small effect; the cutoff for a small effect is .01 (Cohen, 1988). The results of this analysis are presented in Table 3.

Level of Depression by Gender

The second hypothesis stated that women in the clinical sample would report higher levels of depression than the men. To test hypothesis 2A, a factorial ANOVA was performed on the sum scores of depression for men and the sum scores of depression for women. The results of the analysis proved to be nonsignificant. The main effect of gender on scores for depression was $F (1, 268) = .34, p = .72$ and the main effect for gender on anxiety was $F (1, 268) = .07, p = .93$. 
In other words, gender did not have a significant effect on the level of depression or anxiety for either the clinical or non-clinical sample. Table 3 presents the sample statistics for the factorial ANOVA testing the effects of gender on depression and anxiety.

Marital Satisfaction and Depression

The third hypothesis stated that levels of marital satisfaction would decrease as levels of depression increased. It was also hypothesized that this would be true for both the clinical and non-clinical sample. To gain further understanding of the impact gender, the correlation matrices in Table 2 were organized by gender in both the clinical and non-clinical samples. The data for depression and anxiety in this analysis was transformed using square root transformation. As mentioned previously, a square root transformation was used because the data was positively skewed. The results for the women in the clinical sample indicate that there is a significant negative correlation between marital satisfaction and depression ($r = -.23, p < .05$). In other words, higher scores of depression are linked to less marital satisfaction. When the bivariate correlation was run to examine the relationship between anxiety and marital satisfaction for women in the clinical sample, the correlation proved to be significant ($r = -.26, p < .05$). More specifically, increased anxiety is likely to be associated with less marital satisfaction. The results of the analysis of men in the clinical sample indicated that there was no statistically significant correlation between marital satisfaction and depression ($r = -.13, p = .23$). When the correlation between marital satisfaction and anxiety for men was completed, there was no statistically significant relationship ($r = -.08, p = .50$). In other words, although there was a general trend for men to have lower marital satisfaction when their scores of depression and anxiety were higher, this result is not statistically significant.
With respect to the non-clinical sample, the correlation between marital satisfaction and depression for women demonstrated a significant negative relationship ($r = -.20, p < .05$), or when women had higher scores of depression, they were less materially satisfied. When examining the relationship between marital satisfaction and anxiety in women, a significant negative relationship was found ($r = -.40, p < .001$), or when women were more anxious, their marital satisfaction was lower. When the bivariate correlation was run for marital satisfaction and depression for men, a significant negative relationship was found ($r = -.42, p < .001$). In other words, higher scores of depression for men were associated with lower marital satisfaction. The relationship between marital satisfaction and anxiety for men in the non-clinical sample resulted in a statistically nonsignificant relationship ($r = -.25, p = .07$). In other words, although there was a general trend for men to have lower marital satisfaction when their scores of anxiety were higher, this result is not statistically significant. Table 2 presents the correlations between marital satisfaction, anxiety, and depression for the clinical sample and the non-clinical sample.
Table 2. Correlations for Depression, Anxiety, and Marital Satisfaction Clinical and Non-Clinical Samples

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical (n = 162)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Marital Satisfaction</td>
<td>–</td>
<td>-.26*</td>
<td>-.23*</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>–</td>
<td></td>
<td>.54**</td>
</tr>
<tr>
<td>3. Depression</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Marital Satisfaction</td>
<td>–</td>
<td>-.08</td>
<td>-.13</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>–</td>
<td></td>
<td>.62**</td>
</tr>
<tr>
<td>3. Depression</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-clinical (n = 106)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Marital Satisfaction</td>
<td>–</td>
<td>-.40**</td>
<td>-.28*</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>–</td>
<td></td>
<td>.46**</td>
</tr>
<tr>
<td>3. Depression</td>
<td>–</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Marital Satisfaction</td>
<td>–</td>
<td>-.25</td>
<td>.42**</td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>–</td>
<td></td>
<td>.53**</td>
</tr>
<tr>
<td>3. Depression</td>
<td>–</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* p < .05, ** p < .001. Higher numbers for depression and anxiety indicate more depression and anxiety in individuals.

**Analysis of Variance**

After the above hypotheses were tested, a factorial analysis of variance was conducted to test the interactions between gender and group membership—clinical or non-clinical—and the resulting effects of the interactions on marital satisfaction. Table 3 presents the results of the factorial analysis of variance for marital satisfaction with group membership. The results of the
analysis of variance showed that the group membership does significantly affect the level of marital satisfaction. Additionally, the results of the factorial ANOVA for marital satisfaction demonstrated that gender did not influence the level of marital satisfaction. The effect size for the group effect on marital satisfaction was over .48 indicating that group membership had a large effect on the variance in marital satisfaction (Cohen, 1988). The interaction effect between group and gender was nonsignificant. Table 3 presents the results of the factorial analysis of variance for marital satisfaction with gender and group membership as factors.

Table 3. Analysis of Variance for Depression, Anxiety, and Marital Satisfaction

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>F</th>
<th>p</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (G)</td>
<td>1</td>
<td>29.88**</td>
<td>.00</td>
<td>.12</td>
</tr>
<tr>
<td>Gender (Gd)</td>
<td>1</td>
<td>.34</td>
<td>.72</td>
<td>.003</td>
</tr>
<tr>
<td>G X Gd</td>
<td>1</td>
<td>.80</td>
<td>.37</td>
<td>.003</td>
</tr>
<tr>
<td>Error</td>
<td>264</td>
<td>(1.21)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (G)</td>
<td>1</td>
<td>9.84**</td>
<td>.00</td>
<td>.04</td>
</tr>
<tr>
<td>Gender (Gd)</td>
<td>1</td>
<td>.07</td>
<td>.93</td>
<td>.001</td>
</tr>
<tr>
<td>G X Gd</td>
<td>1</td>
<td>.04</td>
<td>.85</td>
<td>.000</td>
</tr>
<tr>
<td>Error</td>
<td>264</td>
<td>(0.92)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (G)</td>
<td>1</td>
<td>244.86**</td>
<td>.00</td>
<td>.48</td>
</tr>
<tr>
<td>Gender (Gd)</td>
<td>1</td>
<td>.55</td>
<td>.58</td>
<td>.004</td>
</tr>
<tr>
<td>G X Gd</td>
<td>1</td>
<td>.01</td>
<td>.94</td>
<td>.000</td>
</tr>
<tr>
<td>Error</td>
<td>264</td>
<td>(32.07)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 5: DISCUSSION

Major Findings

One of the major findings of this study is that there are significant differences in the reported levels of depression and anxiety for both the clinical and non-clinical samples. More specifically, the clinical sample showed significantly higher levels of depression and anxiety than the non-clinical sample. Because there are few studies that compare clinical and non-clinical samples, the results provide some insight into the differences in anxiety and depression for those who seek treatment and members of the community who are not seeking any treatment for marital distress, depression, or anxiety.

Gender differences. In this study, I hypothesized that women in the clinical sample would report significantly higher levels of depression than men in the clinical sample. However, contrary to the prediction, there was no significant difference in mean levels of depression between men and women in the clinical sample. This finding does not support other empirical research that states women more frequently report higher levels of depression. Furthermore, hypothesis 2B predicted that women of the non-clinical sample would report higher levels of depression. The results of this hypothesis also proved to be insignificant; women in the non-clinical sample did not report higher levels of depression than men. This is consistent with the findings from a study by Heim and Snyder (1991) that also examined the relationship between gender, depression, and marital satisfaction in a non-clinical sample. The results of their study found that there was no significant difference in levels of depression between men and women. However, it is important to note that although there were no statistically significant differences between the level of depression and anxiety between genders, there was a general trend for
depression and anxiety to be more negatively correlated to marital satisfaction for women. In other words, depression and anxiety appear to have a stronger relationship to marital satisfaction for women than men.

Although Piccinelli and Wilkinson (2000) report that epidemiological studies indicate that there are higher rates of depression for women when compared to men, the statistically significant findings of this study do not support previous research. Furthermore, Piccinelli and Wilkinson (2000) report that women are also more likely to report symptoms associated with depression. However, other studies such as Bogner and Gallo (2004) report that gender differences in the likelihood to report symptoms of depression do not account for higher incidence rates of depression in women. Although some studies, such as Gove, Hughes, and Style (1983), report that marital satisfaction is more important to the psychological well-being of women and that marital status is more important to the psychological well-being of men, perhaps the findings of this study suggest that marital satisfaction has become more equal in its importance to men and women. For example, historically, marriage was a requirement in the development of adulthood, but in current society many individuals tend to view becoming married as part of successful adulthood. If some of the societal expectations and reasons for marriage have changed in the twentieth century, it is possible that marital satisfaction is becoming increasingly more important to both men and women, and therefore, the level of psychological distress in response to marital distress may be more similar for men and women than it once was.

Marital satisfaction and depression. The results of the third hypothesis indicate that there is a significant negative relationship between marital satisfaction and depression. In other words,
as levels of depression increase, the sum score of marital satisfaction decreases. This finding is consistent with current empirical research stating that marital satisfaction and depression are correlated. As early as 1970, Renne concluded that marital satisfaction was an essential and influential element of psychological well-being. Furthermore, Renne (1970) reported marital satisfaction has a positive association with overall happiness and perception of overall health, and in 1993, Beach and colleagues established that one’s spouse was the most relevant person for obtaining support and when experiencing interpersonal stress. A more recent study by Horwitz, McLaughlin, and White (1998) supports the findings of this study and reports that individuals with more supportive partners are more likely to report lower levels of depression, and individuals with problematic partner relationships are more likely to report higher levels of depression; in other words, individuals experiencing marital distress report higher levels of depression. Additionally, in a longitudinal study by Faulkner and colleagues (2005), a negative change in the well-being of wives showed an increase in marital conflict over a five-year period. Wives’ report of marital conflict also influenced their husbands’ poor psychological well-being, and higher levels of depression for both husbands and wives was indicative of a decrease in husband’s marital satisfaction as measured over time (Faulkner et al., 2005). Furthermore, it is important to note that Horwitz and colleagues (1996) found that the selection of depressed individuals into distressed marriages does not account for the quality of their relationship lending further support to the link between marital satisfaction and depression.

When measuring the relationship between marital satisfaction and anxiety, the results demonstrated that there was no significant relationship between the two. However, for non-clinical couples, there was a significant negative relationship between anxiety and marital
satisfaction for women. Although the relationship between marital satisfaction and anxiety for men in the non-clinical sample was not statistically significant, the results indicated that higher anxiety was correlated with decreased marital satisfaction. A significant, negative relationship was also found for marital satisfaction and depression in non-clinical couples. Interestingly, the results demonstrated a trend that depression in men was more highly correlated to marital satisfaction than it was for women. This finding may lend support to the idea that the expectations of marriage for men (and women) are shifting. As marriage and individuals’ expectations of marriage evolve, it is necessary for more research to continue to explore gender differences in depression and marital satisfaction. Although there are few studies that examine the relationship between marital satisfaction and depression in community samples, Williams (2003) reports that as the quality of marriage declines, the advantages associated with being married also decline. This may help explain why even those who are not seeking treatment report levels of depression and marital satisfaction that are consistent with those who are seeking treatment. In other words, marital quality is also an important determining factor in an individual’s psychological well-being (Williams, 2003).

Limitations and Directions for Future Research

There are several limitations of this study. First, the sample size was small, and because the individuals in this study were primarily white and living in a Midwest community, it might be helpful to gather information from a more diverse sample with a broader range of backgrounds, and races. As reported earlier, the vast majority of individuals reported their race to be white. If this study were replicated in other states or communities, a more diverse demographic sample may be recruited. In addition, it may be helpful to examine any cultural
differences in reports of depression and marital satisfaction. Because different cultural groups may apply different meanings to marital satisfaction and depressed mood, it would also be essential to utilize scales that have the ability to be reflective of cultural differences. Additionally, this study did not take into account the length of marriage or presence or absence of children. Some studies suggest that the length of marriage and the presence and age of children can have a significant impact on marital satisfaction. It would be interesting to see how these variables may impact levels of depression, anxiety, and marital satisfaction. Although this study intended to match the clinical and non-clinical samples on levels of income, it was not possible because it would have significantly reduced the total sample size. However, in future studies, it would be interesting to see how income may influence marital satisfaction or depression. More specifically, because the non-clinical sample has a higher average income, individuals in this sample may have more access to resources and fewer stressors associated with finances. Therefore, a higher level of income may be associated with lower levels of depression and greater marital satisfaction.

Furthermore, it was suggested by Faulkner and colleagues (2005) that wives may be socialized to attend not only to their own interpersonal functioning but the functioning of their marital relationship. Therefore, their interpretations or evaluations of the relationship may be more predictive of marital quality than their husband’s appraisal of marital quality. It would be interesting for future studies to look further at any gender differences that may be present in the interpretations and evaluations of overall marital quality.
Implications and Conclusions

Given that there are significantly higher levels of depression and anxiety in those individuals who initiated clinical services, and because the correlation between marital satisfaction and depression is significant, there are several implications for therapeutic practice. Clinicians who are working with couples, particularly those who indicate marital distress as a presenting problem, should assess for levels of depression. Additionally, because the results of the study demonstrate that there is no significant difference in the levels of depression between men and women, clinicians should address and assess for symptoms of depression in both partners. The literature further indicates that the relationship between marital satisfaction and depression is likely bidirectional (Horwitz et al., 1996; Williams, 2003), and therefore, clinicians working with both individuals and couples should utilize a systemic approach where mental health, relational, and other contextual factors are assessed and integrated into the treatment model.
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838.

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APPENDIX I

ANNOTATED BIBLIOGRAPHY


**Topics: Interpersonal processes in marriage, micro and macro contexts in marriage, measuring marital satisfaction**

**Literature review:**

- There was a strong focus on marital cognitions in the 1980’s where longitudinal studies examined the negative interpretations or maladaptive behaviors related to their partner’s behaviors (Bradbury & Fincham, 1987).
- Questions were also raised about the relationship of attributions to emotional expressions and further implications to marital satisfaction (Bradbury, Fincham, & Beach, 2000).
- Affect is also considered to be an integral component in the discussion regarding marital quality (Matthews, Wickrama & Conger, 1996; Johnson & Greenberg, 1994).
- There has also been considerable research done examining the relationship between physiological arousal, marital interaction, and marital satisfaction (Levenson & Gottman, 1985).
  - Thomsen and Gilbert (1988) found great physiological synchronization in couples who were more satisfied in their marriages.
- Research regarding the occurrence of supportive behaviors has also been conducted to increase understanding related to their linkage to marital and health functioning (Coyne & Smith, 1994; Coyne & DeLongis, 1986).
- Determinants for marital satisfaction micro-context:
  - Children
  - Spousal background’s and personality
  - Life stressors and transitions
- Determinants for marital satisfaction macro-context:
  - Societal/cultural attitudes
• It is important to recognize that there has been a transition in measuring marital satisfaction as more than the absence of dissatisfaction; furthermore, there may be more dimensions of marital satisfaction that are significant areas of measurement (Bradbury, Fincham, & Beach, 2000).


**Topics:** Distress, marital quality, resources, social support, social structure

**Literature review:**

• Reasons that marriage may be associated with better health include increase social support and the increased coping strategies provided by marriage (Kessler & McRae, 1982; Umberson, 1987).

• Historically, chronic stress is associated with a decrease in physical and mental health (Avison & Turner, 1988; House, Wells, Landerman, McMichael, & Kaplan, 1979; Wu & DeMaris, 1996).

• According to Thoits (1983, 1999) individuals are likely to experience better psychological functioning when they are invested in their social roles.

• It is also important to consider the role of negative interactions in marriage and the negative effect those interactions may have on psychological functioning (Horwitz, McLaughlin, White, 1998).

• Horwitz et al. (1998) demonstrated that negative marital quality is more strongly associated with depressive symptoms and that relationship quality may have more impact on wives than on husbands.

• It was reported by Barnett (1994) that marital role quality was negatively and significantly correlated with decrease psychological quality for men and women.

• Women often report higher levels of perceived social support (Cotten, 1997; Mirowsky & Ross, 1989; Turner & Marino, 1994), except when compared to married men who perceive more spousal support than married women (Cotton, 1997).
• Women’s social roles, including home and work, integrate them into social structure which provides opportunities for support; however, the interaction of work and home roles also creates the potential for increased distress (Aneshensel, Frerichs, & Clark, 1981; Simon, 1995).
• Research has also posited that employment is positive for both men and women (Coleman, Antonucci, & Adelman, 1987).
• In addition, low relationship quality may exacerbate the relationship between job stress and psychological distress (Barnett & Marshall, 1992).
• It has been hypothesized that may and women develop levels of self-esteem through different mechanisms (Gore & Colten, 1991).

Measures:
• Data: First wave of Americans Changing Lives Survey, multi-stage stratified sampling of non-institutionalized adults over the age of 25 years.
• Instruments:
  o Psychological distress: 11-item Iowa version of the Center for Epidemiologic Studies Depression Scale (CES-D)
  o Demographics: age, gender, SES, race
  o Marital relationship quality: love and satisfaction (alpha = .77), harmony (alpha = .74), dependency on spouse (alpha = .76), negative spousal behavior (alpha = .44)
  o Rosenberg’s (1965) self-esteem scale
  o Social support and social integration
• Method:
  o Univariate, bivariate, multivariate analyses

Results:
• Women report lower levels of marital satisfaction and harmony and higher levels of negative spouse behavior than do men and also report higher levels of most types of support when compared to men.
• The results demonstrated that men report more self-esteem, mastery, and spousal support than women, and women report higher levels of depression.
• Psychosocial resources mediate the effects of relationship distress and risk factors for psychological distress.
• Sex, race, and SES are directly related to psychological distress; for example, being female, non-White, and low SES increase the likelihood of increased psychological distress.
• When multivariate analyses were conducted no significant gender differences were found.


**Topics: Marital quality, depressed mood, sex differences**

**Review of Literature:**

• A continuing interest in understand the relationship between marital distress and depressive symptomology led to the development of the marital discord model that purposes the dimensions of the marital relationship may be influential in the development and stability of depression and an individual’s recovery from depressive symptoms (Beach, Sandeen, & O’Leary, 1990).
• Approximately fifty-percent of clinical married clients who sought therapy for depression also reported marital distress (Rounasville, Weissman, Prusoff, & Herceg-Baron, 1979), and fifty percent of clients presenting marital distress included at least one partner who reported mild to moderate depressive symptoms (Beach, Jouriles, & O’Leary, 1985).
• One study suggests that the link between marital quality and depression indicated that female’s depressive symptoms at first measurement predicted their marital quality at the second measurement, twelve months later. Furthermore, the marital quality of males at first measurement predicted their depressive symptomology at the second measurement, also twelve months later (Fincham & Bradbury, 1993).
• In a study conducted by Heim and Snyder (1991), relationship characteristics accounted for fifty-five percent of the variance in wife’s depressive symptoms, but only thirty-two
percent of the variance in the husbands depressive symptoms was explained by relationship characteristics.

Method:

• DAS and BDI assessments were complete by spouses separately, second assessments of the DAS and BDI were mailed to couples 12 weeks later and were instructed to complete assessment individually, 96% of the sample complete both the first and second assessments

• Participants: community sample of 47 married couples (94 individuals) who had been married from one to three years

• Instruments:
  o Dyadic Adjustment Scale, a 32 item questionnaire with four subscales (affection, cohesion, consensus,….) and a total adjustment score. Internal consistency is .96 and test-retest reliability is .96.
  o Beck Depression Inventory, a 21 item scale with a mean internal consistency of .81 and correlating highly with clinical ratings and other measures of depression (Beck, Steer, & Garbin, 1988).

• Analysis:
  o Hierarchical regression models were used to test for temporal associations between depressed mood and marital quality
  o To test and control for “the variance attributed to the dyad, all prospective analyses and tests of sex moderation were conducted on both the full sample and a reduced sample of randomly chosen men and women who were not married to each other” (p. 1006).

• Results:
  o As hypothesized, there was a significant relation between marital quality and depressed mood, “an effect moderated by sex” (p. 1008).
  o When dyadic variance was controlled, the measure of marital quality predicted depressed mood for both men and women beyond beginning levels of depressive symptomatology.
The moderating effect of sex on the association between initial marital quality and subsequent symptoms of depression supports Heim and Snyder’s (1991) contention that relationship concerns, measured by marital quality, play a larger role in women’s affective state than in men’s” (p. 1008).

For both husband’s and wife’s depression at first assessment predicted marital quality measured twelve weeks later even after initial level of marital had been controlled. This association was not significant in the reduced sample of unmarried men and women.


**Topics: Social anxiety, interpersonal competence, marital adjustment**

**Literature review:**

- Researchers have been becoming increasingly interested in how social competence may be related to the quality of marriage (Gottmann, 1979; Guerney, 1977; Miller, Nunnally, & Wackman, 1975, Weiss, 1981).
- Cole, Cole, and Dean (1980) suggested that more emotional maturity may lead to higher self-esteem, and therefore, it would be more likely that individuals would develop better coping strategies within the marriage relationship.

**Measures:**

- Sample: 179 couples from the southwest United States, contacted through Protestant churches.
- Instruments: Dyadic Adjustment Scale (Spanier, 1979), Watson and Friend’s (1969) Social Avoidance and Distress Scale
- Analysis were completed at the individual and couple level

**Results:**

- The social anxiety of both husbands and wives was negatively associated with their own marital adjustment.
- Social anxiety was “relatively” independent of affection (p. 516).
Increased social anxiety for both husbands and wives seems to be associated with lower scores on all domains except affection of the Dyadic Adjustment Scale.

The higher additive score the couple received on social anxiety the farther apart their perceptions of marital adjustment were likely to be.


Topics: Age, psychological distress, gender

Literature review:

- Research regarding the relationship of age and depression has been contradictory. Levitt, et al., (1983) proposes that persons of older age are at an increased risk for depression; however, other research indications that old age is protective for depression (Henderson, 1994; Ernst & Angst, 1995).
- Two potential causes for the inconsistency in finding were identified by Jorm (2000) to be age bias and different exposures to risk factors across different age groups.

Method:

- Participants were part of the PATH Through Life Project and three age groups were selected from the first wave of data and utilized for analysis; the age groups included 20-24 years, 40-44 years, and 60-64 years.
- Measures: Goldberg’s depression and anxiety scale was used to measure psychological distress (Goldberg et al, 1988).
- Sociodemographic factors, negative life events, social support, personal coping styles, childhood adversity, and physical health were also included as measures.
- Analysis:
  - Structural equation modeling was used to produce a model of anxiety and depression items.
  - In order to keep the measure of psychological distress consistent among age groups, a factor analysis was utilized in measuring weak invariance (Hofer et al,
Multiple linear regression and analysis for covariance were used to adjust risk factors, potential mediators or moderators (Kraemer et al., 2001).

Results:

• Results demonstrated that psychological distress decreases with age; post-hoc tests (Tukey’s HSD) showed age group means were significant different from one another.
• Females showed significantly higher levels of distress than males while showing a consistent decrease as age increased. Males, however, remained stable in the first two age groups and then decreased.
• For males, 5 of the 8 negative life events were associated with a positive, significant relationship to psychological distress. Higher levels of mastery, education, and social support were associated with lower levels of distress.
• For females, 6 of the 8 negative life events were associated with an increase in distress; education and mastery were shown to be protective against distress.
• Negative interactions or crises with family, friends, and at work were responsible for significant amounts of the effect of age on distress for males and females.


Topics: Transitions into marriage, psychological well-being, marital quality

Literature review:

• Past longitudinal studies suggest that the transition into marriage leads to a decrease in alcohol use and abuse among men and a decrease in depression among women (Williams 2003; Simon 2002; Simon & Marcussen 1999; Marks 7 Lambert 1998; Waite 1995).
• Other studies demonstrate that entering into marriage offers little benefit to psychological well-being especially for younger adults (Horwitz & White, 1991).
• Williams (2003) reports that marital quality is also an important determining factor in an individual’s psychological well-being; those with poor marital quality experience more psychological distress than their non-married peers.
Depressed persons may be more likely to have poor marital communication and negative perceptions of intimate relationships (Segrin et al. 2003; Johnson & Jacob, 1997; Moffit et al. 1986); they may then receive fewer psychological benefits from marriage (Katz & Beach, 1997).

Women’s depression fluctuates with marital quality more than it does for men (Horwitz et al., 1997).

**Measures:**
- Sample: 3066 adults from the first two waves of the National Survey of Families and Households
- Independent variables:
  - Psychological well-being
  - Marital transitions
  - Marital quality
- Control variables
  - Age
  - Children
  - Length of marriage employment
- Analysis of data using least squares regression, data was not weighted

**Results:**
- Psychological benefits at the transition into marriage were greatest for those who were depressed at the time of marriage; however, marital quality may be worse than those who are not depressed.
- Those who experience greater marital happiness will also experience a greater increase in psychological well-being; this does not differ for depressed and non-depressed persons.

Topics: Depression, couple therapy, individual therapy

Literature Review:

- Much of the literature suggests that marital distress is a predictor of depression; however, some studies also suggest that depression may be a risk factor or predictor of marital distress (Denton, Golden, & Walsh, 2003; Whisman & Uebelacker, 1999).
- Most treatment and outcome studies have demonstrated that symptoms of depression seem to improve equally between individual and couple therapy (Beach & O’Leary, 1992; Emanuels-Zuurveen & Emmelkamp, 1996; Jacobsen et al., 1991; Beach & O’Leary, 1990; Teichman, Bar-El, Shor, & Elizur, 1998).
- As demonstrated by several researchers, couple therapy appears to improve the marital relationship from the perspective both the depressed and non-depressed partner more than individual therapy (Beach & O’Leary, 1992; Emanuels-Zuurveen & Emmelkamp, 1996; Jacobsen et al., 1991; Beach & O’Leary, 1990).
- Emanuels-Zuurveen and Emmelkamp (1996) demonstrated that both marital therapy and individual therapy provided improvements for the depressed partner as well as the marital relationship.
- Beach and O’Leary found that women who reported more marital distress but had less “cognitive errors” benefited more from couple therapy (p. 267).


Topics: Marital status, mental health

Literature Review:

- Research indicates that there is a relationship between mental illness, marital status, and sex.
- Social selection suggests that those individuals who are emotionally or mentally unstable are less likely to be able to marry or remain in long-term marriages (Garland & Sunland, 1966; Malzberg, 1964; Martin, 1976; Gegaard, 1946, 1960; Rushing, 1979); however,
Gove et al. (1981) and Brocki (1979) posit that social selection is not a primary factor in the relationship between mental health and marital status.

**Method:**
- Data gathered from a national probability sample originally assessing sex and marital satisfaction.
- Four predictors of mental well-being were used:
  - Overall life satisfaction
  - Overall happiness
  - Balance between positive interactions and psychiatric symptoms
  - Home life satisfaction
- Multiple Classification Analysis system was used in data analysis (Andrews et al, 1967).

**Results:**
- Of the variables measured in this study, marital status was one of the biggest predictors of psychological distress.
- Married individuals showed the least amount of psychological distress with never-married individuals showing the next least amounts of distress. There were insignificant differences in the psychological health of never married males and never married females.
- Widowed males have significantly more distress on average than widowed females and have lower scores on overall life satisfaction and happiness, and the inverse is true for divorced females.


**Topics: Long-term, low-quality marriages, psychological health**

**Literature review:**
- It is well documented that individuals who are married have higher levels of positive well-being (Horowitz, McLaughlin, and White, 1997).
- Marriage may serve to increase psychological well-being by creating meaning and
allowing individuals fulfillment in more social roles (Burton, 1998).

- According to Mark and Lamber (1998), an individual’s emotional well-being is improved upon entering marriage.
- Some research has indicated that marital dissatistaction may influence overall life satisfaction (Booth & Amato, 1997).
- Waite et al. (2002) found that recently divorced individuals did not experience a significant increase in their happiness and self-esteem; in addition, a significant decrease in depression was not found.

**Measures:**

- Participants: married individuals under the age of 55 years who were living with their spouse; sample was generated using random digit dialing, and the spouse chosen was determined by an additional random procedure.
- Representative of the United States with regard to age, number of children, household size, and region, according to the 1980 census data.
- Data was collected in four waves with the last wave being conducted in 1992.

**Results:**

- Individuals who remain married and divorce and remarry have greater overall happiness.
- Divorced, unmarried individuals do not show a significant difference in overall happiness as related to unhappily married individuals.
- Married and divorce, unmarried individuals are significantly more satisfied with life when compared to unhappily married individuals.
- Married individuals and divorced, unmarried individuals have higher self-esteem scores when compared to unhappily married individuals.
- Divorced, remarried individuals and divorced, unmarried individuals do not show significantly scores as compared to unhappily married individuals.

Topics: Marital quality, balance of positive and negative relationships, mental health, sex differences

Literature Review:

• Multiple studies demonstrate that individuals who are married have less “morbidity, mortality, mental illness, substance abuse, and distress” (e.g., Bloom, Asher, and White 1978; Gove 1972; Umberson 1987; Ross, Mirowsky, and Goldsteen 1990; Waite, 1995).

• Longitudinal studies also suggest that the health advantages associated with marriage are not attributable to the selection of healthier individuals into marriage (Horwitz, White, and Howell, 1996a).

• Although mental health is positively influenced by marriage, it is important to examine the potential negative effects of interpersonal relationships, namely marriage, on mental health (Rook, 1984).

• Negative effects may be related to anger, criticism, and moodiness which are highly prevalent in a representative sample of married couples (Amato & Rogers, 1997).

Method:

• Measures:
  
o Self-report questionnaires where administered by trained interviewers
  o SCL-90-R (Derogatis, 1977) measured depression, the dependent variable; internal consistency of the item is .92.
  o Independent variables are supportive relationship, problematic relationships, relational balance, premarital states of mental health, structural strain which included the areas of financial need, children, and stressful life events

• Analysis:
  
o Factor analysis was utilized to determine if positive and problematic relationships could be measures as separate measures; they were included as distinct dimensions.
  o Multiple regression modeling was used to predict the determinants of negative, positive, and the balance of negative and positive partner relationships, respectively.
Results:

- Financial need and couples with children are associated with more problematic relationships and less support received from partner.
- An increase in stressful life events can decrease the positive social support perceived as well as the balance between problematic and supportive relationships.
- The selection of depressed individuals into distressed marriages does not account for the quality of their relationship.
- After controlling for the balance of problematic and supportive relationships, neither support nor marital distress was shown to predict depression.
- When analyzing relational quality, data report that problems in a relationship affect depression levels more strongly in women than men.


Topics: Marital status, mental health, pre-marital levels of distress, gender

Literature review:

- One review of literature indicates that marriage is the most significant social variable related to psychological health (Bloom et al., 1978).
- Without examining or controlling for an individual’s measure of psychological well-being, the possibility that those who are healthier are more likely to be married can not be ruled out as a possible reason that well-being appears to improve with marriage (Mastekaasa, 1992).
- When a variety of unmarried statuses are included as a comparison to married people, the advantages of married versus never-married often decline (Fox, 1980; Horwitz & White, 1991; Lennon, 1987; Williams et al, 1992).
- Historically, the advantages to becoming married have been associated with increased social support, social involvement, economic advantages, and avoidance of the stigma of remaining single (Pearlin & Johnson, 1977; Ross, 1995; Waite, 1995). However, as
societal norms change, remaining unmarried is no longer considered to be as “deviant” (Cherlin, 1992).

Method:

- Participants: 482 never-married individuals at the age of 25, 28, or 31 years and 347 married individuals where women were an average age of 23.3, and the average age for men was 25.1 years
- Trained interviewers administered self-report questionnaires.
- Instruments:
  - Johns Hopkins Symptoms Checklist (SCL-90-R) for female participants, internal consistency of overall scale is .85.
  - Rutgers Alcohol Problems Index (RAPI, White & Labouvie, 1989) assess problem drinking behaviors and negative consequences as a result of drinking alcohol. Cronbach’s alpha is greater than .8 in clinical and non-clinical samples of adolescents
  - Social support is measured with a 22 item scales; intra-item reliability is .80. (Scale is not named)
  - Income was measure on 10 category scales of individual income (Scale not named)
  - Marital quality was measured through a 20-item Likert-type scale and was only administered to individuals who were married. Cronbach’s alpha was reported to be .92 (Scale is not named)
- Analysis:
  - Analysis of variance was completed to test for the relationship between marital status and gender with depression and alcohol problems.
  - Hierarchical regression was used to measure the impact of becoming and remaining married to remaining single and the incidence of alcohol problems and depression.

Results:

- Individuals who are married show few symptoms of depression and behaviors associated
with alcohol problems; these results are consistent for both men and women.

- At the first measure, women who had more behaviors associated with alcohol abuse were more likely to remain unmarried. However, at the second measure, women who show more depressive symptoms are less likely to be married; neither of these findings hold true for men.
- When comparing single and married individuals, those who marry are more likely to be women, older, have higher incomes, and greater social support from individuals who were not their spouses.
- The relationship between marital status and depression indicates that people who relationship is small but significant.
- Early measure of depression have the most significant impact on later measure of depression.
- Marriage has a strong relationship to fewer behaviors associated with alcohol problems for women but not for men.
- Married and single women have similar rates of depression. Men who marry and stay married have low rates of depression than single men.
- “Both married men and women who report good relationships with their spouses have less depression and fewer alcohol problems” (p. 903).


**Topics: Demographics, marital quality, gender, married and remarried**

**Literature review:**

- The absence of children seemed to have a positive impact on marital happiness (White & Edwards, 1990).
- Factors influencing marital satisfaction will be influenced by cultural and societal norms

**Measures:**

- Sample: 787 Belgian heterosexual adults, 424 were from first marriages, 363 were remarried. Mean age was 44.8 and 47.3 for women and men respectively.
• Variables: age, length of marriage, educational attainment, number of children, employment status, first marriage, remarriage, gender
• Primary method of analysis was ANOVA, Pearson’s Product Moment Correlation Coefficient

Results:
• First marriages have an increase in marital adjustment and a decrease in marital satisfaction when compared with remarried adults.
• Age has a significant negative effect on sexual adjustment and marital adjustment of first married adults.
• With the exception of sexual adjustment, middle-aged adults seem to have greater adjustment problems than young or elderly adults.
• Educational attainment had a positive correlation with general life adjustment.
• Number of children and length of marriage had a positive correlation with marital adjustment.
• Age was negatively correlated with general-life adjustment


Topics: Equity theory, depression, intimate relationships

Literature review:
• Individuals who experience exchanges that are inequitable feel more distressed than individuals who participate in exchanges that are perceived as more equitable; negative emotions that may be experienced in inequitable relationships are anger when less benefit is perceived and guilt when perceives he or she has over benefited (Homans, 1974).

Method:
• Data taken from the first wave of the National Survey of Families and Households (Sweet, Bumpass, & Call, 1988).
• Participants: 5320 heterosexual individuals (2722 females, 2598 males)
• Measures:
  o Depression was the dependent variable measured with a 12 item version of the center for Epidemiological Studies Depression Scale (CES-D); reliability is .93.
  o Independent variables:
    ▪ fairness in four relationship domains (household, working for pay, childcare, and spending money), scale reliability was .64
    ▪ self-esteem, areas included were self-worth, self-efficacy and Rosenberg’s measure of self-esteem, reliability .64
• Analysis:
  o Confirmatory factor analysis was utilized to identify self-esteem and depression as separate items.
  o Missing values for age, relationship duration, education, and annual income were replaced with the variable means.
  o OLS regression was used and the moderating effect of self-esteem on the relationship between inequity and depression was examined.
  o The authors check for multicollinearity by examining the variance inflation factors associated with each coefficient; no problems with multicollinearity were found.

Results:
• Under-benefiting and over-benefiting in a relationship affect depression.
• Under-benefiting in a relationship affects depression more strongly than over-benefiting in a relationship.
• Self-esteem is negatively related to depression, and interacts with perceptions of equity.
• Self-esteem can be used as a coping method for depression that has been caused by under benefiting; however, high self-esteem has significantly less impact on depression associated with over benefiting.

Topics: Gender role attitudes, spousal support, marital quality

Literature review:

- Marital quality seems to be more influential to women’s well-being than the act of being married by itself (Williams, 1988).
- Husaini, Neff, Newbrough, and Moore (1982) report that marriage is reported to be beneficial for women when their husbands are rated to be highly supportive.
- Egalitarians ideas of gender roles have increased while traditional ideas of women at home and men as head of household have decreased (Botkin, Weeks, & Morris, 2000).
- As women’s attitudes became more egalitarian, their perception of marital quality declined; however, when men moved more toward egalitarian relationships their perception of marital quality increased (Amato & Booth, 1995).
- In several studies spousal support has been shown to be a significant predictor of greater marital satisfaction (Acitelli & Antonucci, 1994) and less marital conflict (McGonalgle, Kessler, & Schilling, 1992; Schuster, Kessler, & Aseltine, 1990).
- Vanfossen (1982) reported that affirmation and intimacy were significant predictors of depression for both husbands and unemployed wives; for wives who were employed affirmation and inequity were the most important predictors of depression.

Measures:

- Sample drawn from the National Co-morbidity Survey (Kessler, et al., 1994), 1787 women and 1713 men were utilized in the present study
- Variables
  - Sociodemographic: age, education, income, urban city, race/race, region, number of children
  - Gender role attitudes: 6 items on a Likert-type scale
  - Social support: assessment by Schuster et al., (1990) with 6 items on a Likert-type scale (instrumental and emotional support were both measures; instrumental support was moderately correlated ($r = .29$) with emotional support)
  - Marital Quality: measured my marital satisfaction and marital conflict; correlation of $r = -.53$
• All scale scores were standardized prior to analysis
• Multiple regression was utilized to determine any major study variables among the demographic variables; control variables include age, education, income, number of children, race, urban city, and region.
• Multiple regression was performed to examine the relationship between gender role attitudes and spousal support and marital quality for the entire sample.
• Stratified multiple linear regression was used to examine the relationship between gender, gender role attitudes, spousal support, and marital quality.

Results:
• Men and women differed in that women reported greater egalitarian attitudes, less support in both domains, less marital satisfaction and greater marital conflict than men.
• Women’s egalitarian attitudes were negatively related to emotional support and marital satisfaction; in addition they were positively related to marital conflict and instrumental support (not significant for instrumental support). Results indicated that men reported the inverse.
• Spousal support (instrumental and emotional) were significant predictors of greater marital satisfaction for egalitarian women and traditional men while emotional support was a significant predictor of greater marital satisfaction for traditional women and egalitarian men.
• Both domains of support were indicated to be significant predictors of less marital conflict for egalitarian women, and emotional support was indicated to be a significant predictor of less conflict for traditional men.


Topics: Gender, risk for depression, review of literature

Literatures Review:
• Females may report depression symptoms more frequently because they may be more likely to meet clinical criteria for depressed mood; however, males and females report
similar levels of social and “occupational impairment” (Angst & Dobler-Mikola, 1994, p. 486).

• When experiencing depressive symptoms, females are more likely to report symptoms such changes in appetite or sleep, anxiety, and hypochondriasis (Frank et al., 1988; Young et al., 1990; Silverstein, 1999).

• Because reported symptoms may significantly differ for men and women, the symptoms measured using assessment scales may not account for the differences in levels of depression between genders (Steer et al., 1989, Stommel et al., 1993).

• Females do not report less severe symptoms on depression scales than males (Tousignant et al., 1987).

• Gender does not seem to predict the underreporting of psychological symptoms (Lyness et al., 1995, Cantwell et al., 1997).

• Females may be more prone to internalized disorders, such as anxiety, and are at risk for depression at an earlier age while males may be more likely to experience depression as a result of an externalized disorder such as alcoholism (Piccinelli & Wilkinson, 2000).

• Piccinelli and Wilkinson (2000) suggest that women may suffer detrimental effects from being married due to the gender specific and limited roles available to women.

• Genetic, biological, and poor social support do not appear to account for any differences in the relationship between gender and depression (Piccinelli & Wilkinson, 2000).

• Stressful life events appear to have a causal relationship to the onset of depression (Kendler et al., 1999).

• Genetic factors may indirectly affect risk for depression due to factors associated with low self-esteem, reduced social support, or low social integration (Kessler et al., 1992; McGuffin et al., 1996, Kendler et al., 1998).


**Topics:** Gender differences, relationship satisfaction, dysphoria

**Literature review:**
• In previous studies, at least 50% of couples who sought treatment for marital conflicts had at least one partner who was depressed (Beach, Jouriles, & O’Leary, 1985).

• Increased marital dissatisfaction is significantly associated with periods of depression (Whisman & Bruce, 1999).

• Thompsen, Whiffen, and Blain (1995) reported that married couples and dating couples in which one partner was depressed reported more hostility, tension, and negative expressiveness.

• Coyne (1976) posits the interaction model of depression with states that those who are depressed have fewer positive interactions, and therefore, the likelihood of rejection is increased.

• Other studies have demonstrated that marital dissatisfaction is related to later partner depression (Beach et al., 1994).

Measures:

• Participants: 132 female and 109 college males from a public university voluntarily participated; all were involved in a heterosexual relationship; 80% Caucasian, 14% African American, 3% Asian, 3% other.

• Instruments:
  o Beck Depression Inventory (BDI), 21 item self-report, alpha = .81, validity .73 and .80 with the Hamilton Rating Scale
  o Relationship Assessment Scale (RAS), 7 item using Likert-type scale, alpha = .86, inter-item correlation = .49, correlations with the Dyadic Adjustment Scale is .80.

Results:

• Correlation between dating college students and dysphoria were small to moderate, and hierarchical regression showed that gender differences between depression and relationship satisfaction did not exist.

• Relationship satisfaction was a better predictor for depression at Time 2 in women than men. Less relationship satisfaction at Time 1 was predictive of greater depression for women at Time 2.
• Time 1 relationship depression was not predictive of relationship dissolution at Time 2.


Topics: Personal control, marriage

Literature review:
• Because powerlessness intimidating, it is often associated with feeling of anxiety, fear, and depression and can therefore impact an individual’s ability to cope with stress and his or her overall quality of life (Mirowsky & Ross, 1989; Wheaton, 1980, 1983).
• Marriage could potentially be viewed as a positive resource because often household incomes of married individuals is more than that of non-married individuals, especially women (Bianchi & Spain, 1986).
• Marriage may also be viewed as a limit to autonomy if spouses place limits on behaviors (Umberson, 1987).
• Children also have the potential to restrict certain freedoms, and therefore, parents may experience a decrease in power due to an increased difficulty in maintaining predictability (Gove & Geerken, 1977).

Methods:
• Sample: Random digit dialing and systematic random selection was used to gather a sample of 809 individuals over the age of 18; the response rate was 73%.
• Measures: control and lack of control for both positive and negative outcomes were measured using a 2 x 2 index similar to Rotter’s (1966) internal locus of control scale; reliability for the measure is .68.
• Married females were compared using regression analysis to non-married males and females, as well as, married males.
• Chores, household income, and social support are also measured for all groups.

Results:
• When household income is adjusted for in analysis, unmarried women had a greater sense
of control than married men or women. Those with the least amount of perceive control were married women, followed by non-married males and married males.

- Overall, increased income does not increase men’s perception of control.
- Overall, men and women have similar measures of perceived control; however, it is hypothesized that women’s perception of control stems from their increased household income while men’s sense of control comes from their dominant position in the household.


**Topics: Congruence of self-view and partner-view, marital satisfaction**

**Literature review:**

- Individuals tend to seek and accept feedback from others when it confirms their own self-concept and world view (Swann, Wenzlaff, Krull, & Pelham, 1992).
- Sacco (1999) states that research from family systems models has demonstrated that social interactions, including spouses, react with more negativity to persons with a depressed mood.
- Satisfaction in marriage is an important determinant of psychological well-being, particularly depressive systems (Beach, Whisman, & O’Leary, 1994).

**Method:**

- Participants: 99 married couples in west-central Florida, married for an average of 18.11 years. Recruitment was done by newspaper advertisement (79% of sample) and from a mental health facility (21%)
- Questionnaires were completed in room in which the individual was alone.
- Measures:
  - Adult Self-Perception Profile (Messer & Harter, 1986), 50 item measure of global self-worth
  - Beck Depression Inventory, 21 item scale measuring depressive symptoms (Beck, Steer, & Garbin, 1988)
o Quality Marriage Index, six item self-report measure (Norton, 1983).

o Spouse Rating Scale, 44 item self-report measuring the global evaluation of another person (Sacco, Dumont, et al., 1993).

• Correlations between age and years married were shown to be significantly correlated with self-esteem.

• Hierarchical regression was utilized for the analysis of both self-esteem and depression.

• Regression analyses were conducted separately for men and women to determine if any of the results could be attributed to the interdependence of responses between the individuals of the dyadic unit.

• ANOVAS were also conducted to determine is the interaction between partner appraisal and self-esteem was linear or nonlinear.

Results:

• When combined in the analysis, partner appraisal and self-esteem accounted for 29.56% of the variance in marital satisfaction.
  
o Partner appraisal accounted for 13% of the variance in marital satisfaction.
  
o Self-esteem accounted for 12% of the variation in marital satisfaction.

• Marital satisfaction was highest for individuals whose partner’s viewed them positively and for those who had more positive measure of self-esteem.

• Correlational analysis showed that self-esteem was positively correlated with partner appraisal \( r = 21, p < .01, n=198 \) and partner appraisal was highly correlated with partner marital satisfaction \( r = .64, p < .001, n = 197 \).

• In hierarchical regression analysis demonstrated that partner appraisal and depression together explained a significant amount of variance, \( F = 28.00 \).

• When both variables are included in the analysis partner appraisal accounted for 13% of variance and depression accounted for 10% of the variance in marital satisfaction.

• Marital satisfaction increased when they were perceived more positively by their partner regardless of depression and self-esteem.

• The variable of self-esteem and depression did not interact with partner appraisal.

**Topics: Marital conflict, depression, cognitions, gender**

**Literature review:**

- Recent research indicates that blame (of self and partner) and hopelessness may increase an individual’s vulnerability to depression in the context of marital conflict (Sayers et al., 2001).
- It was concluded by Tennen and Affleck (1990) that blame decreases one’s ability to cope and utilize social support.
- Blame of one partner could precede a decrease in the quality of marriage, and self-blaming individuals are more likely to be at an increase risk of depression (Bradbury & Fincham, 1990).

**Measures:**

- Participants: 63 cohabiting legally married and common-law married couples; 26 were non-depressed and non-discordant.
- Instruments:
  - Dyadic Adjustment Scale (DAS),
  - Structured Clinical Interview for the DSM-III-R (SCID) used for wives only
  - Beck Depression Inventory (BDI), Marital Attitude Survey (MAS),
  - Automatic Thoughts Questionnaire (ATQ)- alphas = .95 to .85 for subscales,
  - Areas of Change Questionnaire (AOC),
  - Multiple Affective Adjective Check List (MAACL),
  - Thought Listing Coding System (TL)
  - Marital Interaction Coding System, Version IV
- Procedures: Only wives completed the SCID, both spouses participated in all others measures
Results:

- Problem discussion was not relevant to each spouse’s self-blame and hopelessness cognitions.
- Compared with wives who were non-discordant, wives who were maritally discordant showed greater blame and hopelessness on all relevant variables except TL, self-blame, and wives who were clinically depressed demonstrated greater blame an hopelessness on all variables except Partner-Blame.
- Wives generally showed higher levels of self-blame, partner-blame, and hopelessness associated with marital discord.
- Discordant husbands showed greater blame and hopelessness all relevant cognitive variables except ATQ Hopelessness and TL Self-Blame, and husbands of clinically depressed wives showed significantly greater MAS Partner-Blame.
- Discordant spouses showed greater levels of depression, hostility, and anxiety after discussing a problem.
- Depression in wives did not account for the differences in mood that were independent of marital discord.


Topics: Dyadic Adjustment Scale, marital satisfaction, reliability

Method:

- Data utilized in this evaluation has been extracted from a larger longitudinal study measuring adjustment to marital separation, divorce and remarriage. Face-to-face interviews between 1975 and 1977 were utilized to collect data.
- Sample: 50 (24%) separated persons, 155 (76%) divorced persons, 18 (9%) individuals who had remarried; 44% of the sample was male, 56% was female.
- Cronbach’s alpha was utilized to measure the reliability of the internal consistency of the instrument; Cronbach’s alpha in this assessment was .91 for the total scale.
- Using the entire sample, the authors created a correlation matrix of 32 items in order to
conduct a “confirmatory factory analysis” (p. 732).

**Results:**

- Through factor intercorrelations, the authors demonstrated that consensus, satisfaction, and cohesion are significantly related to one another.
- The Dyadic Adjustment Scale is a reliable and valid measure for assessing the global nature of marital quality.
- The four subscale measure, consensus, satisfaction, affection, and cohesion are “dimensions that have distinct meaning” and could potentially enhance the study of dyad relationships (p. 737).


**Topics:** Gender, power, control, marriage, marriage commitment

**Literature review:**

- Men’s access to economic resources outside the home will increase their power in the home (Steil, 1997; Szinovacz, 1987)
- Men may be more oriented toward “agency, independence, and autonomy” while women may be more oriented toward “communalism, interdependence, and connectedness” (Cancian, 1987; Dion & Dion, 1993; Eagly, 1987; Josephs et al., 1992; Lykes, 1985; Markus & Cross, 1990; Markus & Oyserman, 1989).
- Women are more likely to want closeness in their marriages, and men are more likely to want autonomy. Therefore, women may be more likely to be the “demanders” and men to be the “withdrawers” in marriage (Christensen, 1987, 1988; Christensen & Shenk, 1991, p. 7).

**Measures:**

- Sample: 338 newly married (1-3 years) adults drawn from marriage registration records, 89% Whites, 3% Blacks (under representing Blacks nationally), and 9% other minorities (over representing Asians and Hispanics nationally)
- Instruments:
- 10-item Control Scale (Stets, 1993, 1995a, 1995b)
- Relationship commitment
- Mastery Scale, 7-item, Pearlin, Menaghan, Lieberman, & Mullan (1981)
- 10-item Rosenberg (1979) Self-Esteem Scale
- Role-taking, 5 items, (Stets, 1993, 1995b; Stets & Burke, 1994)
- Trust Scale, 8 item, Larzelere and Huston’s (1980)
- Income, 8 categories

- **Method:** 90 minute face-to-face interview, 4 one week diary entries at four 10 week intervals
- **Analysis of standardized regression coefficients**

**Results:**
- Wives report control more frequently over their spouses than do husbands.
- There was a significant decline the control had by wives and husbands when comparing Year 1 to Year 3 and Year 1 to Year 2.
- Husbands did report a decline in marital commitment from Year1 to Year 3, and wives report a decline in marital commitment for both Year 1 to Year 2 and Year 1 to Year 3.
- In the Year 2, the income, mastery, and self-esteem of the wife influence the commitment of the husband.
- Wives control seems to be associated with a decrease in the husband’s commitment, and the husband’s control does positively influence the wife’s commitment.


**Topics:** Depression, women, silencing the self

**Literature review:**
- Jack (1991) proposed silencing the self theory which states that women’s depression is related to their close relationships particularly if they model traditional female gender roles.
- Nolen-Hoeksema (1987) concluded that twice as many women compared to men were
diagnosed with depression; he did not find a cause that sufficiently accounted for this difference.

- Olin and Fennell (1989) found that women’s depressive symptoms were related to their husband’s adjustment scores; however, husband’s depression scores were not correlated with their wives’ marital adjustment.
- Depression is also related to an individual’s employment, economic situation, and family relationships (Ensminger & Celentano, 1990; Gore & Magoine, 1983; Kaplan et al., 1987; Leana & Feldman, 1997; Warr & Parry, 1962).

**Measures:**

- Participants- 155 individuals, 37 of which were homosexual; this data set contains information from both partners of 74 couples
- Scales-
  - Demographics characteristics
  - Dyadic Adjustment Scale (Spanier, 1976)
  - Silencing the Self Scale (Jac9k, 1991)
  - Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).
- Hierarchical regression, separate regression analyses for men and women, correlations

**Results:**

- Being employed outside the home, expressing satisfaction with partner, and not silencing the self were related to decreased depression for men and women; however the STSS scores and depression were more significantly correlated for women.
- For women, relationship satisfaction accounted for 13% of the variation in depression for men and women and 19% of the variation came from silencing the self for women and 10% for men.
- Women did not have significantly high scores for depression than men; in contradiction to the silencing the self theory, men silenced themselves more than their wives.
- Women’s silencing the self scores were significantly and negatively correlated to their own and their partner’s marital adjustment. This same finding was not true for men.

**Topics:** Depression symptomology, daily functioning, relationship satisfaction

**Literature review:**

- There is a relationship between depression and relationship problems that exists not only for married couples (Beach & Fincham, 1998) but also for couples involved in dating relationships (Remen & Chambless, 2001).
- In a study conducted by Assh and Byers (1996) depression was related to high levels of displeasing marital exchanges and low levels of pleasing marital exchanges.
- Jacobson, Follette, and McDonald (1982) report that dissatisfied couples are likely to react to negative partner behaviors with reciprocal negativity.

**Measures:**

- Participants: 119 college psychology students (65% female) involved in heterosexual dating relationships for at least 6 weeks.
- Instruments:
  - CES-D (Radloff, 1977); Cronbach’s alpha = .82
  - DAS (Spanier, 1976); Cronbach’s alpha = .91
  - PANAS-X (Watson & Clark, 1994) Cronbach’s alpha = .95 for negative affect and .97 for positive affect
  - RAS (Hendrick, 1988) Cronbach’s alpha = .94
  - Daily survey of stressors and positive events were measured using a separate checklist for each

**Results:**

- Initial depressive symptoms were not correlated to the presence of RR stressors.
- When relationship factors were not controlled, depressive symptoms were related to all types of negative and positive events except those related to friend or family positive events.
- Lower initial relationship satisfaction was related to an increase in RR stressors and
fewer RR positive events.

- The number of RR stressors was related to an increase in NA and a decrease in PA as well as relationship satisfaction.


**Topics: Race, marital status, mental health disorders**

**Literature review:**

- Researchers have consistently found the highest rates of mental disorders for divorced or separated individuals and the lowest rates for individuals who are married (Bloom et al., 1978; Martin, 1976).

- In the last several decades the likelihood of African American females marrying has decreased, as has the proportion of married African Americans (Taylor et al., 1990; Wilson, 1987).

- Due to financial stress, unmarried Black women heading households may be under greater financial stress and therefore, be more at risk for mental health problems (Pearlin et al., 1981).

- Because of the previous “mechanical” comparison of African Americans and Caucasians, it is necessary to focus on variability that likely exists within the African American populations (Neighbors, 1984).

- Because African Americans, especially females, may experience more support, less stigmatization, and less damage to their self-esteem, divorce may be less stressful for African American woman than Caucasian women (Gove & Shin, 1989).

- Socioeconomic factors influence the probability of getting married and an individual’s access to social and psychological resources will influence his or her ability to cope with stress (Wilson, 1987).

**Measures:**
• Participants: 18571 black and white adults were used from a first wave interviews of residents of an ECA Program, and adults were interviewed between the years 1980 and 1983 at five mental health catchment sites for this cross-sectional study.

• Instruments: Diagnostic Interview Schedule, participants were divided in to four categories based on marital status, socioeconomic status, and gender were also taken in to account in analyses.

• Logistic regression was used to control for age, SES, and household size, as well as to test for statistical significance.

• Odds ratios was used to approximate the likelihood that psychiatric disorders will be present among the married or unmarried and among males or females.

Results:

• The present study demonstrates that for both African Americans and Caucasirians married individuals do not seem to have better mental health than unmarried individuals.

• The loss of a spouse may be more predictive of a decrease in mental health than the enhancement that marriage may provide.

• In both race groups, psychiatric morbidly is higher for men than for women across all types of marital status. It is also important with this finding to make the distinction between psychological distress and a psychiatric disorder.

• Never-married African American women did not seem to have a increased vulnerability to psychiatric disorders, and never-married African American males seem to have an increase risk for “psychiatric impairment” (p. 154).


Topics: Gender roles, marital status, psychological well-being

Literatures review:

• Gove, Hughes, and Style (1983) posit that marital quality is a more significant influence on the mental health of women while marital status is a more important factor in
predicting men’s mental well-being.

- There have been dramatic increases in the amount of women working outside the home from the years 1970 to 1990, from 30% to 59% respectively, and this increase in outside employed occurred during a time when age at marriage and childbirth was increasing and marital stability was decreasing (US Census Bureau, 1991).

- Research examining the relationship between gender, psychological well-being, and marriage can be contradictory:
  - Williams et al. (1992) reports that the being married compared to never married has greater advantages for women than for men.
  - Williams et al., (1992) also reports that the stress associated with relationship dissolution may be more harmful to psychological health than the ability of marriage to protect mental well-being.
  - In older adults, being never-married may have a greater negative influence on men than on women (Marks & Lambert, 1998).

- Differences in the research literature may be due to differing methods of analysis and inconsistency in the operational definitions of marital status, quality, and well-being.

**Method:**

- Face-to-face interviews were conducted with persons 24 years and older; the sample was obtained from the Americans Changing Lives survey which used multistage area probability sampling with an over sample of African American’s and older adults. Analyses of data were weighted in order to adjust for the over sample of “special populations” (p. 473).

- Measures:
  - Marital status continuity and change
  - Marital quality
  - Psychological well-being
  - Sociodemographic control variables

- Results:
  - Continually never-married, divorced or separated or widowed report higher levels
of depression and lower levels of life satisfaction; no significant results are reported when gender is included as an interaction term.

- Transitions to divorce, separation or widowhood are associated with an increase in depression and a decrease in life satisfaction.
- Transition into marriage when it was an individual’s first marriage indicated an increase in life satisfaction and a decrease in depression for both men and women.
- However, an individual’s response to a transition into a remarriage differs by gender. The data showed that only men experience an increase in life satisfaction and a decrease in depression when transitioning into a remarriage.
- A decrease in marital quality or an increase in marital stress are likely to increase depression and decrease life satisfaction; there is not a significant interaction between gender and marital quality for this analysis.
- Married respondents who remained married with average levels of marital quality are less depressed than unmarried individuals; however, as the quality of marriage declines, the advantages associated with being married also decline.
- If marital quality is low, those who exit a marriage through divorce, separation, or widowhood do not experience a significant increase in depression.
Questionnaire for Couples

RSE

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.

BSI

Below is a list of problems and complaints that people sometimes have. Please answer each item as carefully and accurately as you can by placing a number by each one which shows how much discomfort that problem has caused you during the last 2 weeks. Please be sure to answer all the questions using the following scale:
0 = Not at all  
1 = A little bit  
2 = Moderately  
3 = Quite a bit  
4 = Extremely

HOW MUCH WERE YOU DISTRESSED BY:

_____ 1. Nervousness or shakiness inside 
_____ 2. Faintness or dizziness 
_____ 3. The idea that someone else can control your thoughts 
_____ 4. Feeling others are to blame for most of your troubles 
_____ 5. Trouble remembering things 
_____ 6. Feeling easily annoyed or irritated 
_____ 7. Pains in heart or chest 
_____ 8. Feeling afraid in open spaces 
_____ 9. Thoughts of ending your life 

_____ 10. Feeling that most people cannot be trusted 
_____ 11. Poor appetite 
_____ 12. Suddenly scared for no reason 
_____ 13. Temper outbursts that you could not control 
_____ 14. Feeling lonely even when you are with people 
_____ 15. Feeling blocked in getting things done 
_____ 16. Feeling lonely 
_____ 17. Feeling blue 
_____ 18. Feeling no interest in things 
_____ 19. Feeling fearful 
_____ 20. Your feelings being easily hurt 
_____ 21. Feeling that people are unfriendly or dislike you 
_____ 22. Feeling inferior to others 
_____ 23. Nausea or upset stomach 
_____ 24. Feeling that you are watched or talked about by others 
_____ 25. Trouble falling asleep 
_____ 26. Having to check and double check what you do 
_____ 27. Difficulty making decisions 
_____ 28. Feeling afraid to travel on buses, subways, or trains 
_____ 29. Trouble getting your breath 
_____ 30. Hot or cold spells 
_____ 31. Having to avoid certain things, places, or activities because they frighten you
32. Your mind going blank
33. Numbness or tingling in parts of your body
34. The idea that you should be punished for your sins
35. Feeling hopeless about the future
36. Trouble concentrating
37. Feeling weak in parts of your body
38. Feeling tense or keyed up
39. Thoughts of death or dying
40. Having urges to beat, injure, or harm someone
41. Having urges to break or smash things
42. Feeling very self-conscious with others
43. Feeling uneasy in crowds
44. Never feeling close to another person
45. Spells of terror or panic
46. Getting into frequent arguments
47. Feeling nervous when you are left alone
48. Others not giving you proper credit for your achievements
49. Feeling so restless you couldn't sit still
50. Feelings of worthlessness
51. Feeling that people will take advantage of you if you let them
52. Feelings of guilt
53. The idea that something is wrong with your mind
Overall survey instructions: Please complete the following questions to the best of your ability. Your partner will not see your answers. You may skip any question that you do not wish to answer or that makes you feel uncomfortable.

During a typical working week, who is responsible for each of the following tasks? (Circle the appropriate number.)

5 = Me always  
4 = Me more  
3 = My partner and me equally or both  
2 = My partner more  
1 = My partner always  
n/a = Does not apply

<table>
<thead>
<tr>
<th>Task</th>
<th>Code</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mow lawn</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Trim and/or edge lawn</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Plant and tend flower/vegetable garden</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>Water lawn and garden</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Service lawn and garden tools</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Trim bushes, fertilize lawn</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wash clothes</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Put clean clothes away</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Iron clothes</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Indoor painting</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Outdoor painting</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Physical upkeep of house exterior</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Household repairs</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Household remodeling</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Put on storm windows/screens</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Put dishes in dishwasher/wash dishes</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Empty dishwasher/dry or put dishes away</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clean stove, counters, and table</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Balance checkbook</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Pay bills</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Prepare income tax form</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Make major financial decisions</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clean bathroom</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Vacuum rugs</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wash floors</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Dust furniture</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Change bedding</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Make beds</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Care for indoor plants</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
5 = Me always  
4 = Me more  
3 = My partner and me equally or both  
2 = My partner more  
1 = My partner always  
n/a = Does not apply

<table>
<thead>
<tr>
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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>30. Empty garbage</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>31. Check and add gas, oil, water, battery fluid to vehicle</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>32. Decide when vehicle needs servicing/take to garage</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33. Buy/have vehicle tires changed</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34. Wash/wax car</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>35. Wash windows and drapes/curtains</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>36. Wash walls</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>37. Clean refrigerator and stove</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>38. Shampoo rugs and furniture</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>39. Polish floors</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>40. Buy clothes for self</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41. Buy clothes for other family members</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42. Make dental and doctor appointments</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43. Take children to dentist/doctor</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>44. Stay with children when sick</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>45. Care for family pets</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>46. Take care of preschool children</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>47. Discipline children</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>48. Arrange for child care</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>49. Organize family recreation/entertainment</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>50. Keep in touch with relatives and friends</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>51. Plan meals/buy food</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>52. Prepare meals</td>
<td>n/a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
The following are questions concerning yourself and your current relationship. Please respond to them using the scales provided. If you are not sure if an item pertains to you or your partner, please estimate your answer. Please be as forthright as possible on all of your answers.

The following questions have different answers. Please read the questions and answers carefully. 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

___ 1. How often do you discuss or have you considered separation or terminating your relationship?

___ 2. How often do you or your partner leave the house after a fight?

___ 3. In general, how often do you think that things between you and your partner are going well?

___ 4. Do you confide in your mate?

___ 5. Do you ever regret that you entered into this relationship (or lived together)?

___ 6. How often do you and your partner quarrel?

___ 7. How often do you and your partner "get on each other's nerves?"

Use the scale below for question 8:

0 = Never
1 = Rarely
2 = Occasionally
3 = Almost Every Day
4 = Every Day

___ 8. How often do you kiss your mate?

9. 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 indicate below which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Degree of happiness, based on the scale above (please circle): 0 1 2 3 4 5 6
10. Which of the following statements best describes how you feel about the future of your relationship? (Please circle the number)

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.

Below is a list of problems and complaints that people sometimes have. Please answer each item as carefully and accurately as you can by placing a number by each one which shows how much discomfort that problem has caused you during the last 2 weeks. Please be sure to answer all the questions using the following scale:

0 = Not at all  
1 = A little bit  
2 = Moderately  
3 = Quite a bit  
4 = Extremely

HOW MUCH WERE YOU DISTRESSED BY:

1. Nervousness or shakiness inside
2. Suddenly scared for no reason
3. Thoughts of ending your life
4. Feeling lonely
5. Feeling blue
6. Feeling no interest in things
7. Feeling fearful
8. Feeling hopeless about the future
9. Feeling tense or keyed up
10. Spells of terror or panic
11. Feeling so restless you couldn’t sit still
12. Feelings of worthlessness
Instructions: Listed below are several areas that couples make decisions on. Please consider each of these areas and indicate the extent to which you and your partner agree on these things even before any discussion takes place, and also indicate who usually makes the final decisions in these areas.

<table>
<thead>
<tr>
<th>Extent to which you and your partner agree</th>
<th>Who makes the final decision after discussion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Not Agree</td>
<td>Agree A lot</td>
</tr>
<tr>
<td>I Make</td>
<td>Partner Makes</td>
</tr>
<tr>
<td>1. Where you live and whether you should move.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>2. What job you take and whether you should change or quit a job.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>3. How many hours you work.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>4. What job your partner takes and whether he/she should change or quit a job.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>5. How many hours your partner works.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>6. How many children there should be in your family.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>7. When and how to praise or punish your children.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>8. How much free time to spend together with your partner.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>9. How to spend your free time with your partner.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>10. How to spend your free time apart from your partner.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>11. How your partner spends free time apart from you.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>12. How much time to spend with children.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>13. When to have social contacts with friends.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>14. Which friends to see.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>15. When to have social contacts with relatives.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>16. Which relatives to see.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>17. How to spend money on large purchases.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>18. How to spend money on small purchases.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>19. When to take vacation.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>20. How to spend vacation time.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>21. Whether to attend church, and if so, which church to attend.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>22. How to follow or practice religion at home.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>23. When to have sex.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
<tr>
<td>24. How to have sex.</td>
<td>n/a  1  2  3  4  5</td>
</tr>
</tbody>
</table>
Next, we would like you to indicate how important it is to you that you personally decide what you and your partner do in each of these areas, and how satisfied you are with your contribution in making these decisions.

<table>
<thead>
<tr>
<th>Area</th>
<th>How important is it to you that you decide</th>
<th>How satisfied you are with your contribution to decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Where you live and whether you should move.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>2. What job you take and whether you should change or quit a job.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>3. How many hours you work.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>4. What job your partner takes and whether he/she should change or quit a job.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>5. How many hours your partner works.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>6. How many children there should be in your family.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>7. When and how to praise or punish your children.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>8. How much free time to spend together with your partner.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>9. How to spend your free time with your partner.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>10. How to spend your free time away from your partner.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>11. How your partner spends free time apart from you.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>12. How much time to spend with the children.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>13. When to have social contacts with friends.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>14. Which friends to see.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>15. When to have social contacts with relatives.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>16. Which relatives to see.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>17. How to spend money on large purchases.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>18. How to spend money on small purchases.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>19. When to take vacation.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>20. How to spend vacation time.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>21. Whether to attend church, and if so, which church to attend.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>22. How to follow or practice religion at home.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>23. When to have sex.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
<tr>
<td>24. How to have sex.</td>
<td>n/a 1 2 3 4 5</td>
<td>n/a 1 2 3 4 5</td>
</tr>
</tbody>
</table>
Read each item below to see if it describes how your partner usually treats you. Then circle the number that best describes how strongly you agree or disagree with whether it applies to you. Circling a one (1) indicates that you do not agree at all, while circling a five (5) indicates that you strongly agree. Your answers are confidential and will not be shared with your partner.

1. My partner never admits when she or he is wrong.

2. My partner is unwilling to adapt to my needs and expectations.

3. My partner is more insensitive than caring.

4. I am often forced to sacrifice my own needs to meet my partner’s needs.

5. My partner refuses to talk about problems that make him or her look bad.

6. My partner withholding affection unless it would benefit her or him.

7. It is hard to disagree with my partner because she or he gets angry.

8. My partner resents being questioned about the way he or she treats me.

9. My partner builds himself or herself up by putting me down.

10. My partner retaliates when I disagree with him or her.

11. My partner is always trying to change me.

12. My partner believes he or she has the right to force me to do things.

13. My partner is too possessive or jealous.

14. My partner tries to isolate me from family and friends.

15. Sometimes my partner physically hurts me.

<table>
<thead>
<tr>
<th>I do not agree at all</th>
<th>I strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
Please read the list of statements in each column and select the column (A or B) that most applies to you.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Prefer to deal with facts</td>
<td></td>
</tr>
<tr>
<td>- Tend to remember details</td>
<td></td>
</tr>
<tr>
<td>- Prefer specific answers to questions</td>
<td></td>
</tr>
<tr>
<td>- Like jobs that produce tangible results</td>
<td></td>
</tr>
<tr>
<td>- Like clear directions and instructions</td>
<td></td>
</tr>
<tr>
<td>- Are literal in the use of words</td>
<td></td>
</tr>
<tr>
<td>- Focus on present</td>
<td></td>
</tr>
<tr>
<td>- Prefer to deal with concepts and ideas</td>
<td></td>
</tr>
<tr>
<td>- Tend to see the big picture</td>
<td></td>
</tr>
<tr>
<td>- Prefer broad answers to questions</td>
<td></td>
</tr>
<tr>
<td>- More interested in the steps along the way than the final product</td>
<td></td>
</tr>
<tr>
<td>- Like open-ended directions and instructions</td>
<td></td>
</tr>
<tr>
<td>- Are imaginative and figurative in the use of words</td>
<td></td>
</tr>
<tr>
<td>- Focus on the future</td>
<td></td>
</tr>
</tbody>
</table>

Of the above statements, which column most applies to you?

Please circle either A or B.  
A  
B

Please read the list of statements in each column and select the column (A or B) that most applies to you.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Tend to talk first and think later</td>
<td></td>
</tr>
<tr>
<td>- Feel energized from being around people</td>
<td></td>
</tr>
<tr>
<td>- Approachable and friendly to strangers</td>
<td></td>
</tr>
<tr>
<td>- Enjoy time spent with others</td>
<td></td>
</tr>
<tr>
<td>- Like to work in groups</td>
<td></td>
</tr>
<tr>
<td>- Prefer talking over listening</td>
<td></td>
</tr>
<tr>
<td>- Have many friends</td>
<td></td>
</tr>
<tr>
<td>- Tend to think before speaking</td>
<td></td>
</tr>
<tr>
<td>- Spending time around people is tiresome</td>
<td></td>
</tr>
<tr>
<td>- Not likely to talk to strangers</td>
<td></td>
</tr>
<tr>
<td>- Enjoy time spent alone</td>
<td></td>
</tr>
<tr>
<td>- Prefer one-on-one interactions</td>
<td></td>
</tr>
<tr>
<td>- Prefer listening over talking</td>
<td></td>
</tr>
<tr>
<td>- Tend to prefer a few close relationships</td>
<td></td>
</tr>
</tbody>
</table>

Of the above statements, which column most applies to you?

Please circle either A or B.  
A  
B
Please read the list of statements in each column and select the column (A or B) that most applies to you.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prefer to go with the flow, take things as they come</td>
<td>• Prefer to have things planned and settled</td>
</tr>
<tr>
<td>• Enjoy exploring the unknown</td>
<td>• Focus on what is known</td>
</tr>
<tr>
<td>• Dislike planning tasks</td>
<td>• Like to plan out what will happen next</td>
</tr>
<tr>
<td>• Prefer to wait and see what happens</td>
<td>• Like to have things settled</td>
</tr>
<tr>
<td>• Like to keep options open</td>
<td>• Organized</td>
</tr>
<tr>
<td>• Do not like to make or adhere to schedules</td>
<td>• Enjoy making to-do lists and adhere to them</td>
</tr>
<tr>
<td>• Do not need things to be organized</td>
<td>• Do not like surprises</td>
</tr>
</tbody>
</table>

Of the above statements, which column most applies to you?

Please circle either A or B.   A   B

Please read the list of statements in each column and select the column (A or B) that most applies to you.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use facts and logic when making decisions</td>
<td>• More concerned with feelings when making decisions</td>
</tr>
<tr>
<td>• Think it’s more important to be right than liked</td>
<td>• It’s more important to be liked than right</td>
</tr>
<tr>
<td>• Believe only those things that are logical and scientific</td>
<td>• Believe that people’s feelings are most important</td>
</tr>
<tr>
<td>• Remember numbers and figures more easily than faces</td>
<td>• Tend to remember faces more readily than facts and figures</td>
</tr>
<tr>
<td>• More firm-minded than gentle-hearted</td>
<td>• More gentle than firm</td>
</tr>
<tr>
<td>• Believe conflict is normal in relationships</td>
<td>• Prefer harmony in relationships</td>
</tr>
<tr>
<td>• Remain objective in situations</td>
<td>• Take things personally</td>
</tr>
</tbody>
</table>

Of the above statements, which column most applies to you?

Please circle either A or B.   A   B
Directions: No matter how well a couple gets along there are times when they disagree. We would like you to think of an issue that you see as the most problematic in your relationship with your partner. Possible issues include but are not limited to:

a. Problems with their friends or family members
b. Your needs in the relationship that aren’t being met
c. Sexual issues/problems
d. Finances/money
e. Problems with intimacy
f. Problems with the amount of time you spend together or apart
g. Feelings/emotions that you have not been able to express or that you feel your partner doesn’t express
h. Specific areas in the relationship where you want change
i. Making decisions
j. Housework or responsibilities

Feel free to select one of these or one of your own. Please write down the issue you choose in the space below and then answer the following questions about that topic.

Issue/Problem: ____________________________

We are interested in how you and your partner typically deal with this problem in your relationship. Please rate each item on a scale of 1 (= very unlikely) to 9 (= very likely).

A. WHEN THIS ISSUE OR PROBLEM ARISES,     Very     Very
       Unlikely     Likely
1. Both members avoid discussing the problem.  1  2  3  4  5  6  7  8  9
2. Both members try to discuss the problem.   1  2  3  4  5  6  7  8  9
3. I try to start a discussion while my partner tries to avoid a discussion.  1  2  3  4  5  6  7  8  9
4. My partner tries to start a discussion while I try to avoid a discussion.  1  2  3  4  5  6  7  8  9

B. DURING A DISCUSSION OF THIS ISSUE OR PROBLEM,

5. Both partners express their feelings to each other.  1  2  3  4  5  6  7  8  9
6. Both partners blame, accuse, and criticize each other.  1  2  3  4  5  6  7  8  9
7. Both partners suggest possible solutions and compromises.  1  2  3  4  5  6  7  8  9
8. I pressure, nag, or demand while my partner withdraws, becomes silent, or refuses to discuss the matter further.

9. My partner pressures, nags, or demands while I withdraw, become silent, or refuse to discuss the matter further.

10. I criticize while my partner defends himself/herself.

11. My partner criticizes while I defend myself.

Please fill in the blank or circle the response that best fills the blank for the following questions about you.

1. Your birth date ___________/__________/__________  
   Month  Date  Year

2. Your ethnicity ____________________________

3. Your occupation ____________________________

4. Your religious preference ____________________________

5. How long have you been in this current relationship? _____ years _____ months

6. How long have you been living together? _____ years _____ months

7. Are you currently married? _____ yes _____ no

8. If you are currently married, how long have you been married? _____ years _____ months

9. If you have children, please list their age, sex, and relation to you:

   #1 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
   #2 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
   #3 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
   #4 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
   #5 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
   #6 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
   #7 Age: ________  Sex: M or F  Relation: Adopted  Biological  Step
10. Have you ever been to couples (or marital) therapy for your current relationship?
   ___ yes  ___ no
   
   a. If yes, how helpful was therapy to your relationship? (circle one)
      Very helpful  Somewhat helpful  Somewhat unhelpful  Very unhelpful
   
   b. If not, have you ever considered going to couples (or marital) therapy?
      ___ yes  ___ no
   
   c. If you haven’t been to couples (or marital) therapy and you considered going, what
      prevented you from going?

11. Household Income (please circle)

   Less than $10,000  $10,001-20,000  $20,001-30,000  $30,001-40,000  
   $40,001-50,000  $50,001-60,000  $60,001-70,000  Greater than $70,001

12. Currently, my income is ________ the income of my partner.

   a. greater than
   b. less than
   c. equal to

13. Currently, my education is ________ the education of my partner.

   a. greater than
   b. less than
   c. equal to

14. Currently, my job status would be classified as ________.

   a. professional  c. semi-skilled  
   b. managerial  f. unskilled manual  
   c. clerical  g. student  
   d. skilled  h. unemployed

15. Currently, my partner’s job status would be classified as ________.

   a. professional  c. semi-skilled  
   b. managerial  f. unskilled manual  
   c. clerical  g. student  
   d. skilled  h. unemployed
Couples sought for relationship study

Couples in a committed relationship (living together or married) are sought for a study that involves completing a survey and participating in two 10-minute problem-solving discussions; total time commitment is 90 minutes. Gay/lesbian as well as heterosexual couples are invited to participate. Weekday and evening appointments may be scheduled. Couples receive monetary compensation for participating. Contact Mary Sue Green, Graduate Student in Human Development and Family Studies, for details or to participate, 294-6317, or e-mail: couples@mail.hs.iastate.edu.
DATE: December 18, 2007
TO: Jennifer Perrin
    c/o Dr. Megan Murphy, 4380 Palmer Bldg.
CC: Dr. Megan Murphy
    4380 Palmer Bldg.
FROM: Jan Canny, IRB Administrator
      Office of Research Assurances
SUBJECT: IRB ID 07-631

The Chair of the Institutional Review Board has reviewed the project
"Marital Satisfaction and Psychological Well-Being in Clinical and Non-
Clinical Couples" and determined that the project does not meet the
definition of human subject research according to the federal
guidelines, 45 CFR 46.

Because this project does not need IRB approval, you can proceed with
the project. We do, however, urge you to protect the rights of your
participants in the same ways that you would if IRB approval were
required. This includes providing relevant information about the
project to the participants. Best practices would include in the e-mail
recruitment message a statement of the voluntary nature of
participation. However, this is up to your discretion.

Any modification of this project should be communicated to the IRB to
determine if the project still meets the definition of not being research.
If it is determined that approval is needed, then an IRB proposal will
need to be submitted and approved before proceeding with data
collection.
ACKNOWLEDGEMENTS

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