

1984

## The effects of written paradoxical directives on problem resolution and level of intimacy in selected married couples

Daniel Thomas Avery  
*College of William & Mary - School of Education*

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**Avery, Daniel Thomas**

**THE EFFECTS OF WRITTEN PARADOXICAL DIRECTIVES ON PROBLEM  
RESOLUTION AND LEVEL OF INTIMACY IN SELECTED MARRIED COUPLES**

*The College of William and Mary in Virginia*

Ed.D. 1984

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THE EFFECTS OF WRITTEN PARADOXICAL DIRECTIVES  
ON PROBLEM RESOLUTION AND LEVEL OF INTIMACY  
IN SELECTED MARRIED COUPLES

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A Dissertation  
Presented to  
The Faculty of the School of Education  
The College of William and Mary in Virginia

---

In Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Education

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by

Daniel Thomas Avery

September 1984



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by

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Dedication

To My Parents

Alva Lucille Wooten Brock Avery  
Andrew Avery, Sr.

They care passionately for those they  
love and the things they believe in.

## ACKNOWLEDGMENTS

One of the most important things I have learned while working on this project is how dependent I am upon the goodwill and assistance of others. I want to acknowledge some of those who have allowed me to depend on them during some or all of the phases of this research.

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## CHAPTER 1

### INTRODUCTION

#### The Need for the Study

The concept of paradox has been known and used throughout the history of civilization (Haque, 1970; Martin, 1970; Slaatte, 1968). The use of paradox in counseling and psychotherapy is a more recent development. While some hold that psychotherapy is itself a paradoxical process (Bross & Grove, 1983; Haley, 1963; Sherman, 1968; Wynne, 1980), focus has generally been on specific paradoxical interventions referred to in this study as paradoxical directives. A paradoxical directive is a technical procedure in counseling and psychotherapy by which the client is encouraged to continue or exaggerate the presenting complaint (Hopkinson, 1981). Case reports in the literature have claimed that one such intervention can be effective in solving the presenting problem (Fish, 1973).

The focus of this study is the written paradoxical directive. These are defined as written "therapist initiated messages that convey that a specific aspect of a client's problem may be expressed as much or more than it already is occurring" (Hopkinson, 1981, p. 20). The use



of written communications in counseling and psychotherapy is not new (Pearson, 1965). Written paradoxical directives have been used in the context of brief therapy and enrichment programs by several individuals (Hoffman, 1981; L'Abate & Samples, 1983; Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978; Wagner, Weeks, & L'Abate, 1980; Weeks & L'Abate, 1982; Woulff, 1983). Clinical reports in the literature have claimed that one such written intervention can be effective in solving the presenting problem (Ellis, 1965; Hoffman, 1981; L'Abate & Samples, 1983; Wagner et al., 1980; Woulff, 1983). It has also been suggested that such interventions can be effective in increasing the level of intimacy of married couples (L'Abate & L'Abate, 1979; L'Abate & Samples, 1983). However, there has been no empirical evidence that this specific technique produces significantly greater results than other techniques. There is no evidence that written paradoxical directives are superior to written messages that simply give attention to the client's presenting problem. The problem question for this investigation was this: "Are written paradoxical directives superior to written attention-placebo messages as an intervention to solve real life problems and to increase the level of intimacy of selected married couples?" Significant findings would be important in making available to selected

clients brief, efficient, and effective interventions to help them solve their problems.

### Theory

No one theory has guided the development and use of paradoxical directives (Weeks & L'Abate, 1982). The theoretical formulations of Carl Gustav Jung (1875-1961), however, provide a theoretical foundation for the concept of paradoxical directives.

Carl Jung attempted to understand personality and to bring understanding to it. He did not attempt to compare, measure, explain, or redeem it (Hillman, 1974). To understand Jung's conception of personality one must understand his principle of opposites. This principle of opposites is found almost everywhere in Jung's writings. It is very close to Newton's contention that "for every action there is an equal and opposite reaction" and Hegel's statement that "everything carries within itself its own negation" (Hergenhahn, 1980).

Jung (1966) proclaimed that "the principle of opposition is fundamental" (p. 61) because "life is born only of the spark of opposites" (p. 54) and because "opposites are the ineradicable and indispensable preconditions of all psychic life" (p. 170). Jung contended that each part of personality coexists with its opposite. The more familiar pairs of opposites are anima

and animus, introversion and extroversion, consciousness and unconsciousness, and shadow and conscious personality. Jung believed that all of creation contained its opposite--light/darkness, freedom/unfreedom, good/evil, and up/down to name just a few of the thousands possible. Everywhere, then, there is "a tension of opposites, without which no forward movement is possible" (Jung, 1966, p. 53).

Not only creation and "the human mind in general, but each individual has a share in this opposition of types" (p. 54-55). Jung stated clearly that

a psychological theory, if it is to be more than a technical makeshift, must base itself on the principle of opposition; for without this it could only re-establish a neurotically unbalanced psyche. There is no balance, no system of self-regulation, without opposition. The psyche is just such a self-regulating system (p. 61).

This self-regulating system attempts to maintain equilibrium in the energy system created by the opposites. Opposites are necessary because without them the corresponding tension and psychic energy would be lacking (Jung, 1963). However, when one of the opposites is favored or becomes dominant it receives the focus of energy to the neglect of its opposite. "In this way a craze develops, a mono-mania or possession, an acute one-sidedness which most seriously imperils the psychic equilibrium" (Jung, 1966, p. 72). This "repression of one

of the opposites leads only to a prolongation and extension of the conflict, in other words, to a neurosis" (Jung, 1963, p. xv) which takes form in a symptom. To return to an equilibrium requires a synthesis of the opposites through the process of integration.

The mediator in the process of integration is a symbol. A symbol is the manifestation of an archetype "in the here and now of space and time so that it can be perceived in some form by the conscious mind" (Jacobi, 1959, p. 74). The opposites in the archetype are transcended and united in a symbol that conveys the meaning of that archetype in the form of an image. A symbol, then, is an image conveying meaning. The symbol is not just a sign representing the archetype. It actually conveys in itself the meaning and power of the archetype. It is "this image-making power of the human psyche which, for example, casts the archetype of 'the conflict between light and darkness, or good and evil' into the form of the hero's fight with the dragon" (Jacobi, 1959, p. 76). Customs and rites are symbols "which have grown up for the purpose of bringing the opposites together" (Jung, 1963, p. 418). This mediating, bridge-building quality of the symbol is one of the most ingenious and significant devices of the psychic economy. If, however, a symbol becomes polarized and conveys only the meaning of one of the opposites, it

can become a symptom and no longer be an accurate manifestation of the archetype (Jacobi, 1959). The ability of the psyche to synthesize pairs of opposites in a symbol is called its "transcendent function" (Jacobi, 1959). The symbol is the mediator of the opposites that helps maintain psychic life in a constant flux and equilibrium. The symbol thus allows the psyche to move on toward its goal.

Jung pointed to a very specific part of his theory of the structure of personality which has particular significance for this study of paradoxical directives. Jung (1966) observed that Heraclitus "discovered the most marvelous of all psychological laws: the regulative function of opposites. He called it enantiodromia, a running contrawise, by which he meant that sooner or later everything runs into its opposite" (p. 72). Jung (1959) applied this law to the conflict between two of the elements of the psyche which "is simply an expression of the polaristic structure of the psyche, which like any other energetic system is dependent upon the tension of opposites. That is also why there are no general psychological propositions which could not just as well be reversed" (p. 269). Jung (1956) further suggested that every psychological extreme secretly contains its own opposite or stands in some sort of intimate

and essential relation to it...There is no hallowed custom that cannot on occasion turn into its opposite, and the more extreme a position is, the more easily we expect an enantiodromia, a conversion of something into its opposite (p. 375).

Opposites, it should be noted, indicate difference but not necessarily distance. Opposites may be very close to each other instead of at distant extremities. Opposite solutions may simply be different solutions. Being out of control, for example, may be very close to controlling the situation. With paradoxical exaggeration of the out-of-control behavior, its nature as a controlling behavior emerges re-establishing an equilibrium.

Jung did not develop therapeutic techniques based on the principle of opposition. The clearest implementation of his principle of opposition by others appears to be in the use of paradoxical directives. Paradoxical directives are methods whereby a client is told to keep and even increase his symptom with the therapist's expectation that it will turn toward its opposite and disappear in equilibrium. The use of paradoxical directives seems to operationalize what Jung suggested in theory. The paradoxical directive becomes a symbol of the systemic need for equilibrium.

Sluzki (1978) extended Jung's principle of opposites to the married couple. This interpersonal system exhibits

complementary opposite tendencies of order and change. These opposites work to maintain a balance through homeostatic processes. "When any living system deviates toward one of the poles," observes Sluzki (1978), "processes are activated that pull the system in the direction of the opposite tendency, thereby keeping the system within clearly defined equilibrium between both" (p. 381). Problems or symptoms occur in this interpersonal system when solutions to simple or developmental problems do not work but are continuously repeated in order to solve the problem. In this way the attempted solution becomes the problem (Fisch, Weakland, & Segal, 1982; Haley, 1963; Hoffman, 1971; Watzlawick, Weakland, & Fisch, 1974; Wender, 1968). When the therapist prescribes the same behaviors which are considered symptomatic by the members of the system, the rules that tend to perpetuate the symptoms are challenged. Robbed of a basic rule, the interpersonal system moves toward a re-established homeostatic balance.

The purpose of this study was to investigate the effects of written paradoxical directives upon perceived problem relief and the level of intimacy in selected married couples.

#### Definition of Terms

The key terms used in this study are defined here.

Attention-Placebo - When Jerome translated the Hebrew Bible into Latin he translated the first word of Psalm 166:9, "Ethalech," as "placebo." The Latin "placere" means "to please" (Murray, 1933). In the twelfth century "placebo" was adopted into the English language when it became the name given to vespers for the dead, a now unused and obscure custom (Herberman, Pace, Pallen, Shahan, & Wynne, 1913; Shapiro & Morris, 1978). In the 14th Century the word developed a secular and eventually derisive meaning. It was used to describe a servile flatterer, sycophant, toady, and parasite. This use came from an earlier use in disparaging professional mourners who were paid to "sing placebos" at funerals (Shapiro & Morris, 1978).

Psychological factors in medical cures have been known as early as Hippocrates. For centuries physicians prescribed and patients took every conceivable kind of organic and inorganic substances as treatments for ills. While we know now that most of the substances were chemically useless and often dangerous medications, the fact remains that physicians did help their patients. Today this "help" is attributed to psychological factors and is usually referred to as the placebo effect (Shapiro & Morris, 1978). Shapiro and Morris (1978) stated that "the history of medical treatment can be characterized largely



as the history of the placebo effect" (p. 370).

In this research consideration was given to the placebo effect in order to differentiate the meaningful specific influences in treatment inductions from the nonspecific factors present in the contacts involved in counseling and psychotherapy. Shapiro and Morris' (1978) proposed definitions were useful in this study. They are as follows:

A placebo is defined as any therapy or component of therapy that is deliberately used for nonspecific, psychological, or psychophysiological effect, or that is used for its presumed specific effect, but is without specific activity for the condition being treated.

A placebo, when used as a control in experimental studies, is defined as a substance or procedure that is without specific activity for the condition being evaluated.

The placebo effect is defined as the psychological or psychophysiological effect produced by placebos (p. 371).

While active treatments may, and probably always do (O'Connell, 1983), contain a placebo component, the goal of the procedures used in this study was to isolate the placebo or nonspecific components from the specific, salient components of the treatment induction. By doing this, the most careful design procedures to identify specific treatment factors were followed. While no one completely understands this multidimensional phenomenon,

including the placebogenic factors (Shapiro & Morris, 1978), attempts can be made to control for it.

The use of an attention-placebo group in this study was an attempt to control for the placebo effects of attention, suggestion, and faith in the therapist and his techniques (Paul, 1966). The induction of the attention-placebo in the present research was at times referred to as a treatment. It was a treatment in the sense that the subjects were manipulated even if only with a presumed nonspecific induction. More specifically, the letter treatment inductions used in this study were identical for any given couple except for the last paragraph of the paradoxical directive instructions. In this manner, any salient paradoxical directive treatment factors were completely isolated and their impact on the dependent measures observed.

Paradoxical Directive - Paradox (from the Greek paradoxon: contrary to expectation, incredible) is defined in a dictionary as "a statement or proposition seemingly self-contradictory or absurd but in reality expressing a possible truth" (The Random House Dictionary of the English Language, 1968).

Hopkinson (1981) and Fay (1978) have pointed out that underlying the concept of paradox in counseling and psychotherapy is the observation that some problems can be

improved by therapist interventions which appear to be directed toward making them worse. With this in mind, Hopkinson (1981) observed that paradox is viewed from two perspectives in counseling and psychotherapy. One perspective focuses on structure, the other on technique.

The first perspective sees the structure of psychotherapy as in and of itself paradoxical. While Haley (1963) was the first to describe psychotherapeutic "procedure" in this way, others have supported his suggestion as it relates to individual, marital, family, and group therapy (Bross & Grove, 1983; Nicholas, 1984, Sherman, 1961; Wynne, 1980). The structural paradox, according to Haley (1963), is that the therapist (1) "sets up a benevolent framework defined as one where change is to take place." Then the therapist (2) "permits or encourages the patient to continue with the unchanged behavior," and at the same time, (3) "provides an ordeal that will continue as long as the client remains unchanged" (p. 181). More recently, Haley (1984) has clarified and extended his understanding of the nature of the ordeal in therapy. Haley's structural framework has also been subjected to empirical assessment (Newton, 1968b).

The second perspective sees paradoxical directives as a specific technique to bring about change. Haley (1963) believed that "one factor which is held in common by all

types of psychotherapy is the way the psychotherapist poses paradoxes to the patient" (p. 181). Some of these paradoxes are obvious, but some are so subtle that the patient is not aware of what the therapist is doing. Paradox operates as a technique when the therapist attempts to induce change by verbally and actively encouraging the client to continue the problem being brought to the therapist to be changed (Hopkinson, 1981). Haley (1984) has also shown how specific paradoxical techniques can provide ordeals that bring about therapeutic change.

These two perspectives should be considered separately to avoid confusion (Hopkinson, 1981). This research examines paradoxical directives as a technique.

Paradoxical directives in counseling and psychotherapy are used by the therapist to encourage the client to continue what she or he is presenting as a complaint. The methodology of the directive is encouragement. Hopkinson (1981) has cited several problems with the use of the word "encourage." Three of the questions he raised are relevant here: (1) What is actually meant by "encouragement?"; (2) How much client-therapist interaction is necessary to label an intervention as "encouragement?"; and (3) Can passive acceptance of the client's behavior be "encouragement?"

Haley (1963) used "encouragement" in the broadest sense of the term. For him, silence, acceptance, and

permission were just as encouraging as telling a client to do something specific. A narrower definition, however, was required in this research on paradoxical directives as a technique. To meet this need this researcher adopted Hopkinson's (1981) operational definition of a paradoxical directive. In this study paradoxical directives were defined as "therapist initiated messages that convey that a specific aspect of a client's problem may be expressed as much or more than it is already occurring" (Hopkinson, 1981, p. 20).

#### General Research Hypotheses

Couples in the written paradoxical directives group will show greater perceived problem relief than couples in the attention-placebo and control groups.

Couples in the written paradoxical directives group will show greater perceived problem-solving ability than couples in the attention-placebo and control groups.

Couples in the written paradoxical directives group will show a higher level of perceived intimacy than couples in the attention-placebo and control groups.

Couples in the written paradoxical directives group will show a higher level of expected intimacy than couples in the attention-placebo and control groups.

Couples in the written paradoxical directives group will show a more favorable perception of the mate than

couples in the attention-placebo and control groups.

Couples in the written paradoxical directives group will show a higher quality of relationship than couples in the attention-placebo and control groups.

#### Sample and Datagathering Procedures

The sample was drawn from a larger population of volunteer married couples in selected churches in the geographical region of Williamsburg, Virginia. Couples responding to a group presentation and/or mailing about the research were sent a packet of materials to complete and bring to an interview with the researcher.

The pre-interview packet of materials elicited screening and other information as well as asked the couple to state a relationship issue that caused a problem that was of at least slight intensity and that they would like to see changed.

Treatment inductions were prepared based on the specific stated problem and assigned to the couples at random. A third of the couples received a written paradoxical directive treatment induction encouraging them to continue with the presenting problem. Another third of the couples received an attention-placebo treatment message expressing understanding of their problem. This message was structurally the same as the paradoxical treatment but omitted a paradoxical component. The other third of the

couples received no message at all.

Post-treatment follow-up measures on resolution of the problem and problem-solving ability, level of intimacy and quality of the relationship, and on favorability of the mate were completed by the couples two and four weeks after treatment inductions.

Statistical analysis of the scores on the outcome measures allowed acceptance or rejection of the specific null hypotheses at a predetermined level of confidence.

#### Plan of Presentation

This first chapter has introduced the topic and established the need for the present research on paradoxical directives. The problem of the research has been addressed, the theory presented, the important terms defined, and the hypotheses stated. The remainder of this volume has been divided into four chapters as follows:

#### Chapter 2 - Review of the Literature

This chapter reviews the theoretical and clinical literature related directly to the variables studied.

#### Chapter 3 - Methodology

Chapter 3 presents the methodology of the experiment, the population and the sample, and the instruments used. Statistical analyses are specified.

#### Chapter 4 - Results of Statistical Analysis

This chapter presents the results of the statistical

data analysis.

Chapter 5 - Summary, Conclusions, Limitations,  
and Recommendations

The final chapter presents a major summary of the present research with relevant conclusions and implications. Limitations of the study are noted and recommendations for future research made.



## CHAPTER 2

### REVIEW OF THE LITERATURE

#### Historical Development and Theoretical Overview

Paradoxes have fascinated humankind for centuries and have been used in psychotherapy for many years. Haley (1963) suggested that psychotherapy is, by its very nature, paradoxical. As a distinct form of therapy, however, paradoxical psychotherapy is probably less than 15 years old, having mushroomed in the last five years (Weeks and L'Abate, 1982). Weeks and L'Abate (1982) marked the beginning of paradoxical psychotherapy as a distinct discipline with the work of the Palo Alto Mental Research Institute group, first formally presented in Pragmatics of Human Communication by Watzlawick, Beavin and Jackson in 1967.

The technical procedure in which the therapist encourages the client to continue or exaggerate the presenting problem is one of the paradoxical methods in psychotherapy. Historically, this technical procedure has been given a variety of names. A list of these names include "negative practice" (Dunlap, 1946), "stimulus satiation" (Ayllon, 1963), "implosion" (Stampfl & Levis, 1973), "paradoxical intention" (Frankl, 1960), "re-enacting

an aspect of the psychosis" (Rosen, 1953), "exaggeration" (Farrelly & Brandsma, 1974), "positive connotation" (Selvini-Palazzoli et al., 1978), "reverse psychology" (Rabkin, 1983), "paradoxical directives" (Haley, 1963, 1976; Hopkinson, 1981), and "symptom prescription" (Fisch et al., 1982; Mozdzierz, Macchitelli, & Lisiecki, 1976; Watzlawick et al., 1967; Watzlawick et al., 1974; Weakland, 1976; Weakland, Fisch, Watzlawick, & Bodin, 1974). This experimenter has used the term "paradoxical directive" to refer to the technical procedure in psychotherapy in which the therapist encourages the client to continue or exaggerate the presenting problem.

Buda (1972) referred to Sterkel (1920) as, historically, the earliest practitioner of paradoxical technique. In his treatment of impotence, Sterkel prohibited the couple from having intercourse and, at the same time, advised them in such a way as to enforce intimate physical contact. Years later, Masters and Johnson (1970) used a similar approach to sex therapy.

According to Mozdzierz et al. (1976), Alfred Adler (1914) was the first theorist in Western civilization to use and write about paradoxical strategies. Adler was strongly influenced by Nietzsche, Vaihinger, and Hegel and their conceptualization of dialectical thinking. Adler went on to make dialectical thinking the modus operandi of

his psychology (Ansbacher, 1972). His use of paradoxical strategies was dialectics applied to psychotherapy (Mozdzierz et al., 1976).

Adler (1956) used nonspecific and specific paradoxical strategies. Paradox appears to be part of the relationship in nonspecific strategies and part of the treatment technique in specific strategies (Mozdzierz et al., 1976). A nonspecific paradoxical strategy was to avoid power struggles with clients. Adler (1956) stated that some clients will attempt to depreciate and deprive the therapist of his influence by doing things such as expressing doubt, criticizing, forgetting, being late, making special requests, and having relapses. He saw neurotic symptoms as teleologically uncooperative symptoms, or inadequate ways of dealing with the demands of life, especially social cooperation or social interest. Paradoxical strategies were used to shift the patient's symptomatic uncooperative behavior to cooperative behavior. Adler advised the therapist against opposing or clashing with the patient. Instead the therapist should go with or accept the patient's resistance by renouncing his superiority, being constantly friendly, keeping a cool head, and never fighting with a client.

Some of the specific Adlerian paradoxical strategies Mozdzierz et al. (1976) described were summarized by Weeks

and L'Abate (1982). They were:

1. Permission--giving the client permission to have a symptom
2. Prediction--predicting the client's symptoms would return, or that he would have a relapse
3. Proportionality--getting the client to exaggerate symptoms or have the therapist take them more seriously than the client
4. Pro-social redefinition--redefining or reinterpreting symptomatic behavior in a positive instead of negative way
5. Prescription--directing the client to engage in his symptomatic behavior
6. Practice--asking the client to refine and improve his symptomatic behavior (p. 9)

The second theorist to develop techniques similar to what we know as paradoxical directives was Knight Dunlap (1928, 1930, 1932, 1942, 1946). As a psychologist interested in learning patterns, he studied the role of repetition in the formation and breaking of habits. Dunlap (1932) pointed out three alternative hypotheses of learning. The alpha hypothesis proposed that "the occurrence of a response increases the probability that when the same stimulus-pattern occurs that the same total response will again occur" (Dunlap, 1932, p. 78). The reverse of the alpha hypothesis is the beta hypothesis. It stated that the "recurrence of a response lessens the probability that on the recurrence of the same stimulus-pattern, the same response will recur. The gamma hypothesis was that the occurrence of a response in itself has no effect on the probability of the recurrence of the

response" (Dunlap, 1932, p. 78). Dunlap concluded that repetition could, therefore, be used in the dissolving or breaking of habits as well as in the formation of habits. The technique he developed was used with problems such as enuresis, finger-nail biting, thumbsucking, and stuttering. The procedure, which he called "negative practice," was to direct the client to practice the symptom under prescribed conditions with the expectation of losing the habit. Although Dunlap (1946) never developed an adequate theoretical rationale for his technique, he did describe negative practice in much the same way paradoxical directives are described today. He stated:

The general principle of negative practice is that of making an effort to do the things that one has been making an effort not to do, instead of making an effort to avoid doing the things that one has been doing...the principle involved might be formulated as bringing under voluntary control responses which have been involuntary...this is merely a description of the results of negative practice and is not an explanation (Dunlap, 1946, p. 194).

While Dunlap fell short in providing an adequate theoretical rationale for negative practice, Hull's (1943) construct of "reactive inhibition" suggested an explanation from a behaviorist's perspective. He suggested that the repetition of a behavior is aversive to an organism. The rest period that follows repetition, however, is pleasurable or negatively reinforcing. The aversive fatigue plus the

negative reinforcement become paired with not performing the symptom and inhibits its future occurrence.

More recently, implosion (Stampfl & Levis, 1973) and stimulus satiation (Ayllon, 1963) have arisen as behavioral techniques based on learning theory which may be considered paradoxical. The process of extinction is used in implosive therapy. The client is required to imagine the scenes of the avoided behavior from the least to most anxiety-provoking without being permitted to engage in any avoidance behavior. Stimulus satiation, on the other hand, repeats the client's exposure to a desired stimulus. For example, a psychotic patient in a mental hospital was hoarding towels. The staff was instructed to give him more and more towels over a five week period. At the end of this time the patient was not only refusing more towels but removing them from his room.

Frankl (1939, 1960, 1975), an existential theorist and practitioner, developed a technique he called "paradoxical intention." It involved directing the patient to will intentionally the symptom which had persisted. Frankl based the paradoxical intention technique on the principle that anxiety neurosis and phobic reactions are characterized by anticipatory anxiety. It is the anticipatory anxiety that actually produces the condition the client fears. Paradoxical intention, according to

Frankl, interrupts this vicious cycle by reducing or eliminating this anticipatory anxiety and, therefore, the neurotic condition, whatever it might be.

Psychiatrist John Rosen (1953) was a psychoanalyst who developed a paradoxical approach to the treatment of psychotic patients analogous to a paradoxical directive prescribing the symptom. He explained the process in his book Direct Psychoanalysis. His procedure, called "re-enacting an aspect of the psychosis" (p. 27), suggested that whenever a patient began to act in a bizarre manner, the therapist was to direct the patient to proceed to act out the psychotic episode in its most florid state. Rosen's (1953) theoretical explanation of his procedure was as follows:

Whenever your hunch tells you they are in danger of repeating some such irrationality, you beat them to the draw by demanding that they re-enact just exactly the piece of psychotic behavior that you fear they may fall into again. Perhaps your boldness indicates to the patient that you are willing to take a chance of making him act crazy because you are convinced that he no longer can. Perhaps it has something to do with the patient's sense of shame when you ask him to do something foolish and remind him that he used to do this foolish thing. Sometimes the patient makes an attempt to re-enact the symptom which comes out feebly, obviously not spontaneous, and sometimes he will say he did it to humor you. When the patient has clearly lost his touch, the therapist has reason to rejoice (p. 27).

Provocative therapy (Farrelly & Brandsma, 1974) is

probably the most unique and most controversial use of paradoxical techniques. Humor is the key element in this form of therapy. Humor is generated through the use of exaggeration, mimicry, ridicule, distortion, sarcasm, irony, and jokes. Prescribing the symptom in a humorous way is probably the most frequently used technique. For example, a suicidal patient is told to place her arm in a vise in order to cut it off with a hack saw. It should be noted that Farrelly's work as described in Provocative Therapy was done in an inpatient facility with chronic patients for whom most therapists had given up much hope for change. The theoretical explanation given by Farrelly and Brandsma (1974) for their techniques involved two hypotheses. The first hypothesis suggested that when a client is provoked by the therapist within the client's own frame of reference, the client will change in a direction opposite from the therapist's definition of the client. The second hypothesis held that when the therapist urges in a provocative manner the client to continue the self-defeating behaviors, the client will discontinue those behaviors and behave more appropriately. The usefulness of negativistic tendencies obviously underlie both hypotheses.

More recent theoretical considerations regarding the use of paradoxical directives in psychotherapy revolve around the work of the Palo Alto group mentioned earlier



(Fisch et al., 1982; Watzlawick et al., 1967, 1974; Weakland, 1976). This group based their work and theory upon an earlier Palo Alto group led by Gregory Bateson (Bateson, Jackson, Haley, & Weakland, 1956) and upon Whitehead and Russell's (1910) Theory of Logical Types. It is interesting to note that while some persons were in both of these Palo Alto research groups, there were two distinct groups at different times undertaking different areas of research.

Bateson et al. (1956) observed the pathological aspects of paradoxical communication in a study of the communication patterns involved in the etiology of schizophrenia. They described a pathological double-bind, a situation in which a person has a no-win status, and asserted that schizophrenia could be produced by repeated exposure to this kind of communication. Double-binding takes place under the following conditions:

1. Two or more persons are closely connected
2. A repeated communication occurs around a recurrent theme
3. A primary injunction occurs in a learning context of punishment. This verbal injunction usually occurs in two forms: 1) "Do not do so and so, or I will punish you," or 2) "If you do so and so, I will punish you,"
4. A secondary injunction is delivered, usually non-verbally, which conflicts with the primary injunction and also threatens punishment.
5. The victim of the double-bind is prevented from commenting on his predicament and is prohibited from leaving the field.

A therapeutic paradox is a mirror usage of the pathological double-bind described by Bateson and his associates (Watzlawick et al., 1967). While a pathogenic double-bind places a person in a no-win predicament, a therapeutic paradox, in the form of a paradoxical directive prescribing the symptom, forces a client into a no-lose situation. "If he complies, he no longer 'can't help it'; he does 'it,' and this, as we have tried to show, makes 'it' impossible, which is the purpose of therapy. If he resists the injunction, he can do so only by not behaving symptomatically, which is the purpose of therapy" (Watzlawick et al., 1974, p. 241).

Watzlawick et al. (1974) based their theoretical conception of change on the Theory of Logical Types (Whitehead & Russell, 1910). The basic contention of this theory was that a class and the members of that class constitute different logical levels and this distinction must be maintained at all times. Using this theory, Watzlawick et al. (1974) defined change within a particular class or system as first-order change and change to another logical level or to another frame of reference as second-order change. First-order change occurs within a given system. The parts or elements of the system undergo some kind of change while the system as a whole remains

unchanged. First-order change is linear. It involves using the same problem-solving strategies over and over again. When a problem resists resolution, more of the same strategies are used and probably more vigorously applied. There is either more or less of a behavior along some continuum. For example, a mother may attempt to deal with her child's chronic misbehavior by using more and more punishment. This is an attempt at first-order change because the structure of the interactions between the mother and child remains constant.

A second-order change solution to the child's misbehavior, in the tradition of Watzlawick et al. (1967, 1974), may be to try something radically different or unexpected, such as encouraging the child to misbehave whenever he thinks his mother is feeling sad, or when he believes his parents may fight. Second-order change reflects a shift in the system itself. A structural and/or communication transformation occurs. Usually it is sudden and radical representing "a quantum jump in the system to a different level of functioning" (Weeks & L'Abate, 1982, p. 20). Second-order change is discontinuous and qualitative. This kind of change occurs when paradoxical directives are used.

Watzlawick et al. (1974) related their theory of change to dialectics in human behavior first suggested by

Alfred Adler (1914, 1956) and Carl Jung (1956, 1959, 1963, 1966). Watzlawick et al. (1974) stated:

An event a is about to take place, but a is undesirable. Common sense suggests its prevention or avoidance by means of the reciprocal or opposite, i. e., not-a (in accordance with group property d), but this would merely result in a first-order change "solution." As long as the solution is sought within this dichotomy of a and not-a, the seeker is caught in an illusion of alternatives and he remains caught whether he chooses the one or the other alternative. It is precisely this unquestioned illusion that one has to make a choice between a and not-a, that there is no other way out of the dilemma, which perpetuates the dilemma and blinds us to the solution which is available at all times, but which contradicts common sense. The formula of second-order change, on the other hand, is "not-a but also not not-a"... Philosophically, the same principle is the basis of Hegelian dialectics with its emphasis on the process that moves from an oscillation between thesis and antithesis to the synthesis transcending this dichotomy (p. 91).

Watzlawick et al. (1967) showed how paradoxical change is also grounded in the principles of communication and cybernetics. The key is feedback. Weeks and L'Abate (1982) summarized these propositions of Watzlawick et al. (1967, 1974) in this way:

If in a chain of events a produces a, b produces c, and so on, we are dealing with a linear deterministic system. If, however, c leads back to a, we are dealing with a circular system and a circular system behaves differently from a linear system. In a circular system there are two types of feedback, negative and positive. Negative feedback inhibits change in a system or produces a constant state. This

kind of feedback is error-activated, much like the thermostat in a house. Negative feedback maintains the status quo or homeostasis of living systems. The other type of feedback is positive feedback. This type of feedback opposes negative feedback in that it promotes change or disequilibrium. It is commonly called deviation-amplifying feedback. Paradoxical injunctions are actually deviation-amplifying or positive feedbacks introduced into the system. The deviation-amplifying feedback, if properly conceived, should topple the dysfunctional system of behavior by forcing it to recalibrate (p. 20).

L'Abate has worked with his students in various areas of paradoxical directives in therapy and in marital enrichment programs (Soper & L'Abate, 1977; Wagner, 1977; Wagner et al., 1980; Weeks & L'Abate, 1978, 1979, 1982). L'Abate and one of his former students, Gerald Weeks, have written the only book specifically about paradoxical psychotherapy as a unique system. The book was called Paradoxical Psychotherapy: Theory and Practice with Individuals, Couples, and Families (Weeks & L'Abate, 1982). In this book the authors presented their dialectical theory of paradoxical psychotherapy. The key similarity between dialectical theory and paradoxical psychotherapy is their view of change. Humans are changable and forever changing. The opposites in human existence are ever seeking synchronization and homeostasis. A paradoxical directive prescribing the symptom sets the change process in motion. What has been perceived to be out of control by the

patient, the symptom, is forced under his control. This is a second-order change, according to Weeks and L'Abate (1982).

Stanton (1981) proposed a theory explaining paradoxical directives similar to the dialectic philosophical theory of Weeks and L'Abate (1982). Stressing the polarizations or dialectical forces operating in family systems, he used the concept of "compression" to explain paradox. According to Stanton, dysfunctional families vacillate in cyclical form between an overly close, undifferentiated, fused state to a disintegrating, expansive state with their families of origin. A paradoxical directive compresses the nuclear and extended families together, causing an explosive counterreaction. The therapist, however, blocks the counterreaction and its aftereffects and in this way effects a change in the system (Stanton, 1981).

The use of paradox to effect systemic change can be seen in the work of Selvini-Palazzoli and her associates (Selvini-Palazzoli et al., 1978). This group of Italian psychiatrists, referred to as the Milan group, worked with families of schizophrenics and other severely psychotic patients. They viewed the family as coming to therapy with the overt message that they want to change but with the covert message that they will not change because of their

need for homeostasis. Through the paradoxical technique of "positive connotation" the family interactions are described with no overt expectation of change. The covert message of the therapist and the therapeutic structure, however, is change. Through positive connotation of the family's rules and operations, the therapist allies himself with the homeostatic tendency of the family and actually prescribes the homeostatic tendency of the family. For probably the first time the family has the experience of receiving explicit confirmation of their functioning. "But at the same time the positive connotation implicitly puts the family in a paradox: why does such a good thing as the cohesion of the group require the presence of a 'patient'" (Selvini-Palazzoli et al., 1978, p. 61).

In the tradition of the Milan group, Papp (1983) used paradox to stimulate systemic change in families. She described direct, compliance-based interventions which are aimed at changing family rules and roles. Defiance-based paradoxical interventions are, according to Papp (1983), "best reserved for those covert, long-standing, repetitious patterns of interactions that do not respond to logical explanations or rational suggestions" (p. 31). Paradoxical messages send a double message to the family. One message implies that it would be good and desirable for the family to change. The other message implies that it

would not be so good or desirable for the change to occur.

Papp (1983) made a distinction between paradox used in individual therapy and paradox used in family therapy. Only the prescription of the specific behavior to be changed is done in individual therapy. In family therapy, however, the symptom and the system are prescribed. The therapist connects the symptom with the function it serves in the family system. Each is prescribed in relation to the other with a convincing rationale.

Papp's assertions are related to the present study in at least two ways. First, in the present research the married couples were asked to state a relationship issue that had "been the most persistent and recurring problem" in their relationship. This was an attempt to elicit from the couples what Papp (1983) called "those covert, long-standing, repetitious patterns of interactions that do not respond to logical explanations or rational suggestions" (p. 31). Second, the paradoxical directives were formulated in such a manner as to include a "convincing rationale" as to why they should be followed.

Madanes (1980, 1981, 1984) suggested that paradoxical techniques can be used to re-establish congruence in the hierarchical organization of a family. For example, when a symptomatic child exerts power and influence inappropriate to his situation as a child in the family, the hierarchical



sequence in a family is reversed. The task of the therapist, according to Madanes (1981, 1984), is to correct the hierarchy by reorganizing the family. This reordering places the parents in a superior position helping and supporting the child instead of the child attempting to take care of the parents in inappropriate, symptomatic ways. A paradoxical intervention might be to direct the parent to request the child to actually try to have the symptom on purpose. The child, then, instead of involuntarily having the symptom and then being supported and reassured by the parents, tries to voluntarily have the symptom at the request of the parents. "The idea is that the more the child tries to have the symptom, the less likely he is to have it" (Mandanes, 1984, p. 6).

Madanes (1984) suggested that paradoxical directives can take several forms. These included the following: 1) Prescribing the presenting problem or the symbolic representation of the presenting problem, 2) Prescribing the "pretending" of a symptom (Mandanes, 1980), 3) Prescribing the pretending of the function of the symptom, 4) Prescribing a reversal in the family hierarchy, 5) Paradoxical contrasts, 6) Prescribing who will have the presenting problem, 7) Prescribing the presenting problem with a small modification of the context, and 8) Paradoxical ordeals. The focus in the present research was

on prescribing a salient aspect of the actual behavior involved in the presenting problem. Madanes (1984) noted that if a client "could produce the behavior deliberately, then he could not produce it deliberately" (p. 46). Once this is realized, the interaction around the problem is never the same, and improvement follows naturally.

While paradox has primarily been of interest in individual and family therapies, Nicholas (1984) has recently described its form and use in group psychotherapy. Influenced by Watzlawick et al. (1974), she described paradox at a structural and content level in group therapy. In line with Haley (1963, 1984), she viewed the very structure of group therapy as being paradoxical. The group, for one thing, exists to study itself. This is a clear violation of logical types described by Whitehead and Russell (1910) and Watzlawick et al. (1974).

Life dilemmas and group content issues are also framed as paradoxes. For example, Nicholas describes "the paradox of theragnosis." In group therapy the clients' worst interactive behaviors are elicited so that therapeutic alternatives can be found.

The use of paradox in therapy, according to Nicholas (1984), "forces us out of our traditional assumptive mode and to jump (sic) around from one logical level to another" (p. 15). She continued,

"Paradoxes cast us into internal search process (sic). We first are thrust into a confusion, a sort of 'huhhhhhhhh?' type of experience. We then go inside our head and try to find meaning...anything that might stop the confusion, give us clarity. Somehow we get to some conclusion that makes sense for us, that stops the buzzing. This is called a new frame of reference" (p. 15).

Critique of the Historical Development  
and Theoretical Review

This review of the historical and theoretical development gives evidence of a broad, intense fascination with and interest in paradoxical directives that encourage the client or clients to continue or exaggerate the presenting problem. The technique has been demonstrated to be effective in clinical case studies done in the context of various forms of psychotherapy (Ascher, 1981; Weeks & L'Abate, 1978). There has, however, recently been a move to consider a combination of paradoxical techniques as a distinct form of therapy (Week & L'Abate, 1982). When a new form and theory of psychotherapy emerges it almost always has some theoretical formulation or accompanying theory of personality (Corsini, 1979). In other cases, however, the theory of psychotherapy develops first followed by a theory of personality (Hall and Lindzey, 1978). In addition, a theory of psychotherapy may emerge out of the effective use of techniques. Theory related to paradoxical directives specifically and paradoxical

psychotherapy generally clearly falls into this latter category. This points to a need for precise experimental studies of paradoxical directives in order to lay a basic support for adequate theories of paradoxical psychotherapy and personality. This has begun only recently. This study constitutes a part of that needed beginning.

Review of the Literature on Treatment 1-  
Paradoxical Directives

Weeks and L'Abate (1982) pointed to the dearth of research on paradoxical directives. There have been numerous reports of the effectiveness of this technique but few empirical studies have appeared.

Weakland et al. (1974) reported on their statistical findings of patients seen at their Brief Therapy Center over a six-year period. Two hundred and thirty-six individuals totaling 97 cases came in from a variety of sources, from every socioeconomic class, from age 5 to age 60, and presented acute and chronic problems. No screening of patients was done. The clients were treated for a maximum of ten weekly sessions.

Outcome of treatment was based on whether the specific goals of treatment were achieved. Data was gathered after treatment by a therapist who had not done the treatment. Clients were asked five questions:

1. Was the specified goal of treatment fulfilled?

2. What is the status of the main complaint?
3. Have you sought treatment elsewhere since termination?
4. Has there been improvement in other areas not specifically dealt with in the therapy?
5. Have any new problems appeared?

On the basis of the response to these questions, the researcher divided the cases into three groups:

1. complete problem resolution (success)
2. clear and considerable problem resolution (significant improvement)
3. little or no change (failure)

Forty percent of the cases were rated a success, 32% were significantly improved, and 28% failed in resolution of the problem. Over an average of seven sessions, 72% of the cases reported improvement. There was no control group.

Wagner et al. (1980) studied the use of written linear and paradoxical messages as a complement to a marital enrichment program for couples. The 56 couples were equally divided into four groups. The groups were a control group, an enrichment group, an enrichment plus a linear letter group, and an enrichment plus a paradoxical letter group. Six weekly sessions were required for the enrichment program. At the end of the fourth session each couple in the letter groups was handed without comment a linear or paradoxical letter.

Significant improvement in marital functioning was found in all three of the experimental groups. The paradoxical group, however, did not differ significantly

from the other two experimental groups.

As an analogue to brief psychotherapy, Hopkinson (1981) did a study of the presumed superiority and benefits of paradoxical directives in problem resolution. Sixty-nine college students cited the single most important problem in their lives at that time. Subjects were randomly assigned to one of three groups. The groups were a no-treatment control group, an attention-placebo group, and a paradoxical directive group. The two experimental groups were sent written advice in letter form. One of the groups received a letter of an attention-placebo nature. The paradoxical group received a letter of the same form as the attention-placebo letter, except for an additional paragraph which contained a paradoxical directive to continue or exaggerate the presenting problem.

Outcome of this treatment was measured in terms of the student's perception of symptom relief, control over the problem, and sense of distance and detachment from the problem. At four and eight-week follow-ups there was no evidence to support the hypothesis that the paradoxical directive produced effects which were significantly superior to no treatment or to treatment of a nonparadoxical nature. Post-hoc analysis did provide evidence suggesting that the paradoxical directive may be of specific benefit for problems of interpersonal conflict.

This suggestion was a major impetus for and focus of the present study.

Lopez and Wambach (1982) compared the effects of paradoxical and self-control directives on change in college students who were procrastinators. Thirty-two male college students who were determined on pre-screening measures to have a serious and recurring problem with procrastination were randomly assigned to three groups. The groups were a no treatment control group, a self-control directive group, and a paradoxical directive group. Each student in both of the treatment groups attended two 30-minute sessions with an interviewer during which their problem was discussed and the appropriate directive given.

Outcome was measured in terms of nine different variables. The results indicated that while there were no significant main effects for treatments on any of the dependent measures, both treatment groups did improve over time when compared to the controls. In other words, telling students to continue procrastinating or to start studying led to the same results. Analysis showed specifically that students treated with paradoxical directives reported a sharper rate of change in their procrastination without viewing their problem behavior as significantly more controllable.

A study by Wright and Strong (1982) was designed to compare the effectiveness of paradoxical directives that tell the subject exactly what to do and paradoxical directives that give the subject a choice of what to do. Thirty college students who were judged to be procrastinators on pre-screening measures were randomly assigned to three groups. The groups were a control group, an "exactly" condition group, and a "choose" condition group. The treatment groups were given two interviews with appropriate "exactly" or "choose" paradoxical directives while the control received no interviews. The students in the two groups receiving the interview directives showed a significant decrease in procrastination. The experimenters could not, however, determine if the directives were responsible for the change. While there was significant decrease in procrastination in both treatment groups, the reason for this change was accounted for differently by the students in each group. Students who received the "exactly" directive generally reported that they changed without volitional effort to do so while the students who received the "choose" directive reported experiencing volitional deciding and doing. This was attributed to the different demand characteristics of the directives in each group.

Gombatz (1983) studied the effectiveness of



client-centered counseling, rational-emotive therapy, and paradoxical directives on problem resolution in 60 college students. Students in each treatment group received three 50-minute sessions of face-to-face counseling with doctoral level graduate students focusing on a problem of the client's choice. The students in the control group received only a preliminary structured interview and a follow-up session of the same kind as the other subjects. Treatment outcomes indicated no significant difference in self-rated problem relief between subjects in each of the three treatment groups. There was a significant difference between the no treatment control group and the three treatment groups. Gombatz (1983) concluded that "though the paradoxical directives method was not evaluated as superior to client-centered or rational emotive treatment, it was evaluated to be as effective as either of the two more well established approaches" (p. 214-215).

#### Critique of Research on Paradoxical Directives

This review of research on paradoxical directives supports the need for continued research indicated by Hopkinson (1981) and Weeks and L'Abate (1982). While significant change was reported in some individual variable or component of a variable in some of the studies, none of the results could be attributed solely to the paradoxical directive whether it was given in written form (Hopkinson,

1981; Wagner et al., 1980) or verbally (Gombatz, 1983; Lopez & Wambach, 1982; Weakland et al., 1974; Wright & Strong, 1982).

A problem in the experimental design used by Weakland et al. (1974) is evident from the lack of a control group. Wagner et al. (1980) did not randomly assign their couples to groups and also assumed equivalency of enrichment groups that had different content material. Wright and Strong (1982) and Gombatz (1983) failed to provide attention-placebo controls for the interviews given the treatment groups.

Lopez and Wambach (1982) compared paradoxical directives with self-control directives. Both kinds of directives were effective. This could mean that both treatments are equally effective or it could mean that both treatments are equally ineffective while the change was facilitated by the characteristics of the treatment interviews that the control groups did not receive in their parallel "evaluation interviews." This points to the need for a given treatment to be tested for effectiveness on its own merit before it is compared with other treatments (Chessan, 1979). Gombatz (1983) did not give attention to this concern in his research. He did not include an attention-placebo group in an effort to differentiate salient treatment factors of the various therapies from the

process of being in treatment. The only thing that may have been effective is the fact that subjects in the treatment groups were in some form of relationship where attention was given to their problem. Hopkinson (1981) controlled for this problem by comparing paradoxical directives with an attention-placebo group with no specific treatment intent. The paradoxical treatment group and the attention-placebo group were given the same treatment procedures and written content except for the addition of the written paradoxical directive in the last paragraph of the letter sent to the paradoxical group.

While the Hopkinson (1981) paradigm was the best for the specific study of the paradoxical directive on its own merit, the problems treated were non-selective. There was no significant main effect over the different problem categories. However, evidence was presented that paradoxical directives may be of specific benefit for problems of interpersonal conflict. This is consistent with earlier theoretical speculation (Newton, 1968a) and merits further study, as Hopkinson (1981) suggested. Recently, it has been noted that interpersonal conflict is a way to avoid intimacy in the marriage relationship (L'Abate & L'Abate, 1979; Lantz, 1978). It would follow that paradoxical directives may also lead to an increase in the level of intimacy of married mates (L'Abate & Samples,

1983).

It has been demonstrated here that a need exists for a study of the effectiveness of paradoxical directives with the kind of interpersonal conflict that married couples experience. This study was designed to meet this need.

Review of Research on Treatment 2--  
Attention-Placebo Treatment Control

While there is no substitute for a no-treatment control group in adequate experimental designs, it is an absolute necessity for outcome studies in which the efficacy of a specific technique is being evaluated to control for the "placebo effect" (Paul, 1966). Rosenthal and Frank (1958) have described the placebo effect in psychotherapy as the behavioral changes arising from the nonspecific aspects of attention, suggestion, and faith in the therapist and his techniques. These elements are common to most interpersonal situations that constitute the elements of the client-therapist relationship. To adequately control for this effect, then, the researcher must include in his design another form of "treatment" in which the subjects can have equal faith, but which is not expected to lead to behavioral change (Paul, 1966; Bergin & Strupp, 1972). Several investigations have discovered significant effects of such variables (Frank, 1961; Paul, 1966; Shapiro & Morris, 1978)

Paul (1966), in a comparative study of "insight" and "behaviorial" therapy approaches to interpersonal-performance anxiety, used an attention-placebo treatment group to control for the subjects's expectation of relief, the attention, warmth and interest of the therapist, and the subjects's confidence in the therapist. Of 710 speech students who requested treatment, 96 students were selected on the basis that they were the most debilitated by their anxiety. Seventy-four of the students were assigned to one of four groups, equated on observable anxiety, to receive: (a) modified systematic desensitization, (b) insight-oriented psychotherapy, (c) attention-placebo treatment, or (d) no treatment. The remaining 22 students constituted a no-contact control. Results of five hours of treatment over a six-week period indicated that systematic desensitization was consistently superior at the end of treatment and at a six-week follow-up. No differences were found between the effects of insight-oriented psychotherapy and the nonspecific effects of the attention-placebo treatment. Both insight-oriented treatment and attention-placebo treatment showed greater anxiety reduction than the no-treatment controls.

Davison (1968) used an attention-placebo control in a study of systematic desensitization with 28 female junior

college students. One group participated in a "pseudodesensitization" treatment that was identical to the systematic desensitization treatment except that the content of the imaginal stimuli paired with relaxation was essentially neutral and completely irrelevant to the treated phobia, snakes. Davison used this group to provide a control for the effects of relationship factors, expectation of beneficial outcomes, and relaxation per se. Results indicated that the placebo group differed significantly from the systematic desensitization treatment but not from the no-treatment control.

Hopkinson (1981), whose study regarding the effectiveness of paradoxical directives on college students' most pressing problems has been presented earlier in this chapter, used an attention-placebo treatment control group. The treatment in the form of a written message was structurally identical in the first three paragraphs for the paradoxical treatment group and the attention-placebo treatment group. The message for the paradoxical group, however, contained a fourth paragraph encouraging the student to continue or exaggerate the presenting problem. All four paragraphs constituted the induction of the paradoxical directive treatment. Results indicated no significant differences between the paradox group, the attention-placebo group, and the no-treatment

control group. Hopkinson's (1981) structure for the formulation of written paradoxical directives was closely followed in the present study.

McGlynn and McDonell (1974) selected 42 female college students as if they were to participate in an analogue desensitization experiment. They then listened to and rated for credibility taped excerpts of desensitization therapy and a pseudotherapy that functioned as an attention-placebo control. Desensitization was found to be more credible than pseudotherapy on three variables but no difference in credibility was found on the other two variables.

Borkovec and Nau (1972) studied the credibility of analogue therapy rationales using the traditional attention-placebo control for patient expectancy for improvement and other nonspecific therapeutic factors. Four hundred and fifty college students rated the credibility of the rationales and procedural descriptions of two therapy, three placebo, and one component-control procedure frequently used in analogue outcome research. The rating scale was designed to assess both the credibility and the expectancy for improvement generated by the rationales. The results indicated that the control conditions were, in general, less credible than the therapy conditions. However, placebo group rationales that were

procedurally more similar to the actual treatment rationales were rated more similar to the treatment rationales than were the other placebo groups.

A further examination of the credibility of therapy rationales in attention-placebo groups by Osarchuk and Goldfried (1975) did not support the conclusion of Borkovec and Nau (1972) that attention-placebo control conditions were less credible than therapy conditions. Osarchuk and Goldfried treated test anxiety in 222 generally nontest anxious college students randomly assigned to six different groups. The groups were treated with several active therapy and placebo treatment rationales. No significant differences in credibility of treatments existed among the six groups.

#### Critique of the Research on Attention-Placebo Treatment Control

The review of research using an attention-placebo treatment as a control for the placebo effects of the process of contacts presents us with mixed outcome results. It has, however, been used very effectively to control for the nonspecific processes referred to as the placebo effect (Davison, 1968; Hopkinson, 1981; Paul, 1966).

The issue of the credibility of a specific attention-placebo treatment is important. Some have suggested they may not be as credible as actual therapy



treatment procedures (Borkovec & Nau, 1972; McGlynn & McDonell, 1974) but others found no significant credibility differences between attention-placebo and actual therapy treatment procedures (Osarchuk & Goldfried, 1975). While Borkovec and Nau (1972) found that control conditions like attention-placebo treatments were, in general, less credible than therapy conditions, it is highly significant that they also noted that placebo control treatments that were procedurally more similar to the actual treatment procedures were rated to be similar in credibility to the actual treatment procedures. Their conclusions are of primary importance in the present study regarding the effectiveness of written paradoxical messages to married couples. The paradoxical treatment group and the attention-placebo treatment group in this study were exposed to procedures similar to the procedures developed by Hopkinson (1981). All paragraphs of the written communication were structurally the same, except that the paradoxical group received one additional paragraph with paradoxical instructions. By treating both groups in procedurally and structurally identical ways, the specific effect of the paradoxical directive could be observed. This was consistent with Paul's (1966) contention that when a specific technique is being studied, it is absolutely necessary to control for the placebo effect with another

form of "treatment" which is equally credible to the subjects but which is not expected to lead to behavioral change. It is this experimenter's contention that the inclusion of the attention-placebo treatment as control in this study meets this need.

Review of Research on the Population--

Married Couples in a Church Community

Bigney (1979) studied the effects of a rational-emotive therapy-based marriage enrichment program upon married individuals who were members of a Presbyterian church in southeastern Virginia. Twenty-four volunteer married individuals (12 couples) were randomly assigned to an enrichment group and a control group. The enrichment group participated in a 12-hour structured group program during a 6-week period. The results indicated no significant differences between the two groups on the variables related to intrapsychic and interpersonal personality and temperament changes at the conclusion of the program.

Strickland (1982) studied the effects of two marriage enrichment models on marital satisfaction and communication in couples who were members of Southern Baptist churches in Idaho, New Mexico, and Texas. The couples volunteered to participate in a Social Exchange Model or a Basic Model retreat. Each had 17 couples. The control group had 21

couples who could not attend the other retreats because of financial or scheduling problems. A significant treatment effect was found with the Social Exchange Model producing the greatest change.

Strozier (1981) studied the effect of a selected marriage enrichment retreat upon relationship change, marital communication, and dyadic adjustment in married, middle-class couples who were members of Southern Baptist churches in Texas. Eighteen couples volunteered and were equally divided into two groups. The experimental group participated in the marriage enrichment retreat while the control group was asked to wait to participate. The subjects were tested five weeks after the retreat. Results indicated no significant differences between the experimental and control groups as measured by the Marital Communication Inventory. The experimental group did show a significant difference in increased perception of the quality of their marital relationship as measured by the Relationship Change Scale. The control group, however, indicated a significantly higher perception of their degree of marriage adjustment than did the experimental group as measured by the Dyadic Adjustment Scale.

Campbell (1974) studied the effects of a communication training program on married couples in the child-rearing years who were recruited from churches in Arizona. The 60

couples who volunteered were randomly assigned to experimental and control groups. The experimental group participated in four three-hour sessions that explained communication concepts and allowed the couples to practice these concepts in the sessions. Results indicated that members of the experimental group were significantly more willing to disclose to their mate, more able to communicate effectively, and more improved in systemic interactions. These results are the same as those found in a study with engaged couples from the general population using the same communication training program and outcome variables (Miller, 1971).

Bruder (1973) exposed 15 Roman Catholic couples to a weekend retreat consisting of five three-hour sessions using diverse communication and relationship exercises. Twenty-two control group couples were tested but did not participate. Results indicated significant change in the experimental group's perception of their marital relationship, improvement in communication skills, overall marital adjustment, and perceived acceptance and trust of their mate.

Critique of the Research on Married Couples  
in a Church Community

This review demonstrates that married couples in church groups are often used as the population in

experimental design research. One advantage to a group-attached population is their availability and faithfulness within the context of that group. This provides a readily accessible, consistent population for the experimenter.

Reviews of the research on marital enrichment, communication skills, and problem-solving training programs for couples done by Beck (1976) and by Gurman and Kniskern (1977) indicated that married couples from church groups respond in basically the same way as couples who do not affiliate with a church group.

#### Summary of Research and Relationship to the Problem

The concept of paradox has come to be used with increasing frequency in counseling and psychotherapy. The specific technique called the paradoxical directive is a technical procedure in counseling and psychotherapy by which the client is encouraged to continue or exaggerate the presenting complaint (Hopkinson, 1981). While this technique has been widely used it has not been studied adequately enough to have gained sufficient empirical support for its claimed effectiveness. Weeks and L'Abate (1982) have called for empirical study to be done and suggested written paradoxical directives as one methodology.

While the experimental study of written paradoxical

directives by Hopkinson (1981) produced no statistically significant findings supporting the effectiveness of this technique, it was suggested that further study is merited on the use of paradoxical directives with problems of interpersonal conflict. This suggestion is consistent with earlier theoretical speculation (Newton, 1968a).

More recently, L'Abate and Samples (1983) have claimed the effectiveness of paradoxical messages in increasing the level of intimacy in married couples.

Almost all case reports supporting the effectiveness of paradoxical directives have noted how quickly change takes place. This notion recently received some empirical support (Lopez & Wambach, 1982).

The purpose of this study was to meet the need for further research on the effects of paradoxical directives on problems of interpersonal conflict, specifically the kind experienced by married couples. The effects of paradoxical directives on perceived problem-solving ability paralleled the investigation of actual problem resolution. Also investigated was the effects of paradoxical directives on level of intimacy, quality of the relationship, and favorable perception of the mate. It was assumed for this research that "quality of the relationship" and "favorable perception of the mate" are both dimensions of marital intimacy (Schaefer & Olson, 1981). The design of the study

also provided for further exploration of how quickly change occurs when paradoxical directives are used.

## CHAPTER 3

### METHODOLOGY

#### The Sample

Subjects for this project were drawn from a larger population of volunteer married couples in selected churches in the geographical region of Williamsburg, Virginia. The potential volunteers were informed that both partners must be willing to volunteer in order to participate. It has been suggested that paradoxical directives are effective with relatively normal and intact persons (Jessee & L'Abate, 1980; Weeks & L'Abate, 1982) who have relatively low initial distress (Hopkinson, 1981).

#### Exclusion criteria

Volunteers were excluded from participation in the study for one or more of the following reasons: (a) only one partner volunteered. (b) one or both of the partners were currently in counseling. (c) one or both of the partners scored higher than the 84th percentile on the psychoticism scale of the Derogatis Brief Symptom Inventory (nonpatient normal norms) (see Appendix A). (d) in the judgment of the investigator and his chairman, a couple reported a problem to which a paradoxical directive was contraindicated, ethically and/or therapeutically.



### The Selection of the Sample

In order to recruit subjects for this research the investigator approached the leadership of the following churches in order to obtain their assistance in securing volunteer couples: (1) Providence Baptist Church, (2) Williamsburg Baptist Church, (3) St. Stephen Episcopal Church, (4) St. Stephen Luthern Church, (5) Wellspring United Methodist Church, (6) Williamsburg Presbyterian Church, (7) Walnut Hills Baptist Church, (8) Williamsburg United Methodist Church, (9) Olive Branch Christian Church, (10) Jamestown Presbyterian Church, (11) Bruton Parish Episcopal Church, (12) Williamsburg Christian Church, (13) Grace Baptist Church, and (14) Mount Vernon United Methodist Church.

Seven of the churches allowed the investigator and his research project to be introduced to most couples on each church's local mailing list in a letter from the senior clergy person. Where a senior clergy person was not available, another appropriate person in a leader role was the contact person. The letter introduced the investigator and encouraged the couple to participate in his research project (see Appendix B).

A letter about the research project was included with the introduction letter (see Appendix C). This letter was from the researcher and was on the letterhead of the School

of Education of The College of William and Mary. It stated the purpose of the research and the advantages of a couple's participation, indicated what was expected of each volunteer couple, assured confidentiality of all information shared by the couple, advised the couple that they could terminate their participation in the research at anytime without explanation, and requested that couples not agree to participate unless they were positive they could give the time and effort required for participation. Also included in this mailing was a postcard (see Appendix D) on which the couple could indicate their willingness to participate and their preference for a particular time slot on a designated day to meet with the investigator for their structured interview. Couples returning a postcard indicating their willingness to participate in the research study comprised the sample.

The investigator also attempted to make personal contact with couple groups in each church prior to the initial mailing (e. g. Sunday school classes) in order to encourage participation in the research. Only one church actually thought it necessary or desirable to have the researcher make a presentation.

The selection of the sample, data gathering procedures, and treatment procedures were done in parallel sequences beginning one week apart. Initially, six

churches were contacted to request their participation. The first sequence began with two churches. On Monday of week one all couples in the two churches were mailed a request for participation with a stamped return postcard enclosed.

Interviews were generally scheduled for the end of week two at the respective two church facilities. Treatments were mailed to the appropriate couples within seven days after their interview. Outcome measures were mailed in time to be filled out at two and four week periods after the treatment messages were received by the couples.

One week after beginning the contact sequence with the first two churches, another contact sequence began with another two churches, and so on until enough volunteer couples were solicited in order to have a minimum of ten couples in each group complete the entire sequence.

Couples that returned the response postcard late or were unable to meet the proposed interview date were interviewed at a later time. In all cases the sequence of interview, treatment letter, and outcome measures followed the same time intervals.

Five churches contacted would not allow a general mailing but did allow the letters requesting participation to be handed out in classes of couples in their church or

Sunday school and/or made them available for couples to pick up on a general information table. Two of the churches contacted could not arrange for the letter to be received or picked up by the couples in their church.

Of the 70 couples volunteering to participate in the research, 32 were assigned to one of the three research groups. Fourteen of the 70 couples withdrew before the interview. The reason generally given was that they had no problems or could not think of one. Others said they were too busy or that the survey was too personal. Fifty-six couples were interviewed. Two couples were unable to specify a definable problem or issue. Three couples were excluded because one or both were in or had been in counseling or psychotherapy recently for more than five sessions. Nineteen couples were excluded because one or both had scored above the 84th percentile on the psychoticism scale of the Brief Symptom Inventory.

The average age of the wives in the sample was 42.5 years. The average age of the husbands was 44.4 years. The couples had been married for an average of 20 years and 6 months. They had an average of 2.19 children. The wives had an average of 15.12 years of formal education and the husbands had averaged 16 years of formal education.

## Procedures

### Datagathering Procedures

The datagathering procedures used in this research were based on Hopkinson's (1981) research on paradoxical directives. Major modifications were made to accomplish the purpose of this research. Volunteer couples were mailed a packet of materials to be completed before coming to the structured interview. This survey packet (see Appendices E and F) included the following: (1) a cover sheet of information about the research project, (2) a sheet of instructions for completing the forms in the packet; (3) an agreement to participate in the research project, (4) one Brief Symptom Inventory for each partner, (5) a demographic information sheet, (6) a one-page survey form to be completed by the couple together asking them to state one problem in their relationship which had persisted and continued to that day and they would like to see changed, (7) a four-page form to be completed by the husband only asking for a history of the problem, attempts at solution, and his attitude toward the problem, (8) a four-page form to be completed by the wife only asking for a history of the problem, attempts at solution, and her attitude toward the problem.

The couple was requested to set aside one and one-half hours in order to sit down together and complete the entire

package. The completed forms were brought to the structured interview and given to the investigator.

The cover sheet of the materials packet was entitled "A Survey of Issues-Obstacles-Problems encountered by Married Couples." The information on this page was designed to elicit meaningful responses, to inform the couples of the general plan and procedure of the project, to reaffirm the voluntariness of participation, and to reassure confidentiality. The couple was led to believe that the researcher's main interest was a specific problem in their relationship that had existed for some time, continued to that day, and they would like to see changed. How they had attempted to solve this problem without professional help was also requested. At the same time, the possibility was introduced that a few of the couples participating in the research might receive written letters of feedback about their specific problem from a group of mental health professionals who specialized in the problems of married couples. This "possibility" was mildly deceptive because two-thirds of the couples did at random receive written feedback. It was frankly deceptive because all the feedback was written by the researcher. The Introduction sheet read as follows:

This survey is a part of a major research project being conducted by Mr. Daniel Avery of

Williamsburg, a doctoral candidate at The College of William and Mary. Participation is voluntary so please be assured that you may decline to participate without any prejudice against you. In fact, since surveys only have meaning to the extent that they are filled in seriously, thoughtfully, and honestly, it would be preferable to the researcher if those not interested would not agree to participate.

The purpose of this study is to identify the problems typically experienced by married couples, the ways in which couples try to solve their problems, and the results of these efforts over time. In general, then, the researcher is interested in finding out a problem you have in your relationship and how you have tried to cope with it. More specifically, since all couples typically seem to have one or two problems or issues that "just won't go away," the researcher is interested in you specifying one particular issue-obstacle-problem in your relationship that has been the most persistent and recurring, that continues to this day, and you would like to see changed. As you consider this, please note that in this as in most research the emphasis is on group rather than individual data. The researcher's aim is to make statements like "40% of the sample have problems with financial concerns" or whatever.

Major research programs tend to move in planned stages. Usually a minor portion of a current study like this one will be designed to test out ideas or procedures that will be implemented in a formal way at a future step in the research program. This process is part of the current research program. A few of you will be chosen by chance (having no relationship whatsoever with what you put on this survey) to receive written feedback about your stated problem. This feedback will be put together by a committee of mental health professionals who specialize in problem solving with married couples. This committee is also a part of a continuing research group at The College of William and Mary who are investigating ways to help couples help themselves with their problems. These people will examine your survey (but not with your last name on it) and send their written

feedback to me so I can forward it to you in the mail. Even though this written feedback is a minor part of the current project that will affect only a few of you, you should be aware that you might be part of that subgroup of the major research. If you are one of those by chance, it will be presumed by this researcher that you will treat the feedback as seriously and thoughtfully as you treat this survey. Otherwise, future research of a formal nature will be set back.

Your confidentiality will be carefully guarded. It is necessary to the research plan to have your name and address. This is because all participants will have a brief interview with the researcher to elaborate and clarify your responses, and all couples will twice be mailed a packet of additional survey instruments a couple of weeks later at a two-week interval. Your name will tie together these components. Only the researcher himself will ever have access to the connection between your responses and your name. For those of you whose responses will be sent to the committee at the College of William and Mary, your last name and address will be removed.

The next page following the Introduction was an Agreement to Participate and a place to give the first name each individual preferred to be called along with their last name and mailing address. This page read as follows:

Agreement to Participate

We agree to participate in this research project being conducted by Mr. Daniel Avery under the supervision of the faculty of The College of William and Mary, Williamsburg, Virginia.

We understand that we will be asked to complete a survey packet mailed to our home. We are to sit down together and follow the instructions which will take approximately one hour and fifteen minutes to complete. We agree to do this.

We agree to bring this completed survey to



the researcher and be interviewed at an agreed upon time. The interview will last approximately 20-25 minutes.

We understand that a committee of mental health professionals may randomly select our survey (after our last name and address have been removed) and give us written feedback on a problem. We agree to treat this feedback seriously and thoughtfully as a vital part of a larger research program.

We understand that in three and five weeks after our brief interview we will receive in the mail a packet of materials that constitute the latter part of the present research. We will receive these at two-week intervals. They will take approximately one and one-half hours to complete. We agree to complete them promptly and return them promptly in the stamped mailers provided.

We further understand that the researcher will share with us in a letter the significant findings of this project. You will receive this letter at the conclusion of the research. This should be in about three months.

Since the statement of a personal issue-obstacle-problem in our relationship involves self-exploration and some risk and anxiety, we understand that the researcher is ethically and professionally bound to maintain the information we share with him in confidence, revealing it to no one while our last name and/or address is attached, and treating us with the utmost professional care.

We understand that participation in this project will provide us with some dimension of self-exploration as a couple and also an opportunity to be helpful to other couples whose problems might be helped by findings from this research project.

We further understand that we may discontinue our participation at any time. We agree to inform the researcher by mail or telephone if we choose to do this. We will give a reason for stopping only if we choose to do so.

Please print clearly below the first name you prefer to be called and your last name, mailing address, and telephone number.

\_\_\_\_\_ and \_\_\_\_\_  
 wife husband last name

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Zip  
 Telephone number: ( ) \_\_\_\_\_

Certification of Consent to Participate in this  
 Survey of Issues/Obstacles/Problems Encountered  
 by Married Couples.

Signatures:

\_\_\_\_\_ Date  
 (wife)

\_\_\_\_\_ Date  
 (husband)

\_\_\_\_\_ Date  
 (researcher)

Following the Agreement to Participate two copies of  
 the Brief Symptom Inventory were inserted.

The next ten pages contained the Survey Questionnaire  
 developed by the researcher and based on modifications of  
 similar ones used by Hopkinson (1981) and Gombatz (1983).  
 The Survey Questionnaire was designed to elicit from the  
 couple a joint statement of a problem in their relationship  
 that had persisted and recurred to that day and that they  
 would like to see changed. It was further designed to have  
 each partner give their individual perception of its  
 background, attempts at solution, and attitude toward the

problem.

The initial page (not numbered) of the Survey Questionnaire had questions which were used to exclude couples who had one or both partners presently in counseling or had been in counseling at some recent time for over five sessions. These questions were stated as follows:

Are either of you presently in counseling or seeing someone professionally for a personal problem? Yes\_\_\_\_\_ No\_\_\_\_\_

Have either of you ever sought professional counseling by a psychiatrist, psychologist, social worker, professional counselor, or clergyman for help with a personal problem? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, please describe briefly the nature of the contact, when it was, and how many times you saw him/her professionally. ((List the number of sessions here. #\_\_\_\_\_)).

Other questions on this page sought demographic information which could be used to establish comparability of the sample to the general population thereby extending the generalizability of research findings.

Page number one of the Survey Questionnaire was completed by both the husband and the wife together. It read as follows:

This page to be completed by HUSBAND and WIFE.

((Complete this question while you are sitting down at a table with your mate. Do not take over 15 MINUTES to complete this one page. Record below the actual time you both take to complete this page. The word problem will be used here to

refer to some issue, obstacle, or difficulty that causes some amount of conflict between you. You may not consider a particular issue a problem but if it does cause some conflict when it does come up, please state it here.))

What single problem do you see as having been the most persistent and recurring problem in your relationship that continues to this day and you would like to see changed?

Please state the problem as specifically and concisely as you can. Also, state the problem in personal terms that have significance for both of your own points of view. For example, "trouble with in-laws" could be phrased "John's parents do not like the way Mary keeps house. John responds by being angry at his parents (or upset at Mary or responsible for the situation) Mary feels frustrated (or responsible for his parent's feelings, or feels upset, or unconcerned)" OR "trouble with household chores" could be phrased "John agrees to take out the garbage. Mary wants it taken out every night at 9:30 pm. John wants to take it out when he gets to it and does not consider this a problem. Mary is frustrated."

A small space was provided here for the couple to write their selected problem (see Appendix G for the problems as stated by each couple). Additional instructions followed.

WRITE HERE THE AMOUNT OF TIME IT TOOK YOU TO COMPLETE THIS PAGE TOGETHER. \_\_\_\_\_Minutes ((Complete only the question on this page with your mate. Complete the rest of the questions individually but while you continue to be seated together at a table. However, Please do not talk together about your individual responses until you have completed the entire survey. Do not take over 45 MINUTES to complete the rest of this survey individually. Please indicate at the conclusion of your individual pages how long it took you as an individual to complete the following pages)).

The following four pages (two through five) were completed by the husband only. The four questions were written as follows:

Please describe the history of this problem. When did it begin? What has been your experience with it since then? Has it been constant or variable? Has it been clear and specific or hard to pinpoint? Be as detailed as you can.

How have you attempted to solve this problem? List as many approaches to dealing with the problem as you can recall trying, and give as much detail as you can. After you list each approach, briefly describe the result of that effort. For example, if the problem was over who was to be in charge of family finances, a solution attempted might have been to take turns every other month in which the result was "there was no conflict for two months until Mary could not find where John put the last month's receipts." Among other approaches to problem solution you may have tried, consider advice seeking, use of will power, reward and punishment, escape and avoidance of something or someone or your mate, etc.

By picturing or imagining in your own mind what the problem/issue you have stated would look like under certain conditions, complete the following possible "picture" outcomes.

If this conflict/problem/difficulty in your relationship were to improve a great deal or get resolved it would look like this:

You would say that the problem had changed for the better (that is, minimal improvement in order to claim change for the better) if it looked like this:

If the conflict remained the same it would look like this:

If the problem got worse it would look like this:

The last of these four questions were responded to by the individual partner on a Likert-type scale with the following scale of responses: (1) Strongly Disagree, (2) Disagree, (3) Uncertain, (4) Agree, and (5) Strongly Agree. A response was sought for the following questions along with a question of the specific intensity:

I think about this problem most of the time.  
I am very anxious over the existence of this problem.  
I am highly motivated to resolve this problem very quickly.  
I am able to laugh about the existence of this problem in my life.

The next four pages (six through nine) were completed by the wife only. The four questions were written identically to the four questions to be completed by the husband and listed above. Couples were instructed to limit their time of interaction about the issue selected and to record the amount of time used completing the questionnaire. This was an attempt to structure the time as well as the content of the questioning procedure.

The third and fourth of these four pages had a specific purpose: to gain specific behavioral information needed in order to prepare the written interventions. The third page suggested outcome criteria and the "remained the same" section was the focus of the structured interview. The fourth page was an attempt to gain additional attitudinal insight into the problem which might be helpful

in formulating the written interventions.

The investigator telephoned each couple to be sure they had received the survey packet and to confirm their scheduled interview. Schedule adjustments were be made to accommodate the couples.

### The Structured Interview

The structured interview had three purposes. One was to receive and review the materials for completeness and clarity. Corrections and/or clarifications were made during the interview. A second purpose was to identify and screen subjects who met one of the four exclusion criteria described above. The third and major purpose of the interview was to develop a behavioral description of the problem (Krumboltz, 1966) and to formulate criteria for outcome evaluation. The method of criteria setting related to "goal-attainment scaling" (Kiresuk & Sherman, 1968; Gombatz, 1983; Hopkinson, 1981) with major modifications. In a joint effort with the investigator the couple developed four categories of possible outcome for the focal problem. The outcome categories were: (a) what the problem would look like if it were to improve a great deal or get resolved, (b) what the problem would look like if it were improved enough to call it changed for the better, (c) what the problem would look like if it remained the same, and (d) what the problem would look like if it got worse.

As noted by Hopkinson (1981) and Gombatz (1983), the second category corresponds to the theory and research done at the Mental Research Institute (Weakland et al., 1974). The unchanged category was explored with the couple in depth in order to gather data so that a paradoxical directive could be written that would encourage with some precision a continuation or exaggeration of some aspect of the stated problem.

Successful criteria setting resulted in four descriptions by the couple that corresponded to the outcome measures: (a) greatly improved, (b) minimally improved, (c) remained the same, or (d) worsened. The descriptions were framed in objective behavioral terms (Krumboltz, 1966), were mutually exclusive (Kiresuk & Sherman, 1968), and were individually tailored to be meaningful from the point of view of the couple (Bandler & Grinder, 1979; Weakland et al., 1974). This perspective was stated by Hopkinson (1981):

Defining global categories of outcome in different ways for different subjects meant sacrificing a certain amount of scientific "cleanness" for the sake of creating a situation more closely analogous to psychotherapy. Goldstein, Heller, and Sechrest (1966), Kiesler (1971), and Weakland et al (1974) have all pointed out that since psychotherapy deals with individuals, it makes little sense to measure outcome in some a priori way that applies to everyone with the same meaning (p. 87).



This experimenter's scale of outcome criteria was designed to be in agreement with this view.

When possible, the structured interview was held with the couple at the church where they participate. Interviews were scheduled every 30 minutes and the average interview ranged from 20 to 25 minutes. The interview was relatively structured and task-oriented. The investigator first explained the purpose of the interview as a goal-setting process to assess how the problem looked now and how it would look if it improved. The investigator then reviewed the completed survey for omissions and ambiguities, explored in detail with the couple the category "remained the same," and finally reminded the couple to expect the two follow-up packets in two and four weeks. Follow-up at two weeks was an attempt to investigate clinical (Fish, 1973; Jessee & L'Abate, 1980) and empirical (Lopez and Wambach, 1982) suggestions that improvement occurs rapidly when paradoxical directives are used. While some (e. g. Lange & van der Hart, 1983) have pointed out that paradoxical interventions do not always result in the immediate termination of undesirable behavior, the emphasis in most clinical reports is on the rapid improvement seen when paradoxical directives are given.

### Treatment procedures

Treatment procedures followed closely the procedures developed by Hopkinson (1981) in his research with written paradoxical directives. After the couples had completed the Survey Questionnaire and had been interviewed, all three treatment inductions were prepared for each couple. The investigator prepared a set of empty envelopes representing the no-treatment control induction, a set of envelopes containing attention-placebo messages, and a set of envelopes containing paradoxical directive treatment messages. Each message was in the form of a personalized letter sealed in an envelope with the couple's first names and a code number on it. Assignment of each couple to one of the three groups--no-treatment control, attention-placebo, and paradoxical directive--was done by a colleague of the investigator who was unfamiliar with the hypotheses of the research and with the content of the treatment inductions. The colleague randomly chose a third of the envelopes from the control group set of envelopes, a third from the attention-placebo set, and a third from the paradoxical directive set. The colleague also recorded privately the couples that were assigned to each group, and kept this record until all the follow-up measures had been received and scored. Since each treatment was prepared for each couple, this design gave each couple an equal chance

to be in each group. In addition, the investigator was blind to group assignment until after the data was tabulated.

The paradoxical directive and attention-placebo letters were mailed by the colleague to the couples in those respective groups. The envelopes containing the letters were sent in larger business-size envelopes prepared ahead of time for all couples. Each mailing envelope had been hand addressed by the researcher and included a personalized handwritten note to each couple on the researcher's personal stationery (see Appendix H). It read:

Enclosed you will find an envelope given to me by the group at the College to send to you since I have your name and address.

The attention-placebo and paradoxical directive messages were personalized letters addressed to the couple by their first names. The letters were headed with the phrase "Project for Resolution of Problems of Married Couples" and addressed as The College of William and Mary in Virginia, Williamsburg, Virginia 23185. A code number was also indicated in the upper right hand corner. All couples had both treatment letters prepared for them. In all cases, the first paragraph was the same. It read:

As has been explained to you, we are a group of mental health professionals investigating ways

to help married couples help themselves with their problems. Although we do not know your last name, we have examined the survey which you recently filled out as a part of the separate research being done by Mr. Daniel Avery. We picked your survey at random from all the surveys, before we had read any of them. Although some of our feedback is likely to sound peculiar, a great deal of clinical experience has shown that following our suggestions can be quite helpful for problems such as yours.

This opening paragraph was designed to reinforce the experimental deceptions put forth in the Introduction to the pre-interview Survey Questionnaire. In addition, this introductory paragraph was designed to promote a positive expectancy for the feedback, and to enhance the credibility and expertise of the letter writer(s) (Haley, 1963; Minuchin, 1974; Lange & van der Hart, 1983).

A second paragraph was written for all couples. For any given couple, this paragraph was identical in the attention-placebo and the paradoxical directive message. For all couples this paragraph was structurally similar. It included a summary statement reflecting the couple's perception of the stated problem (e. g. "we understand you are being bothered a great deal by ..."). A statement of empathy for the feelings involved in the problem (e. g. "it sounds as if you are very frightened by...") followed. This empathic statement attempted to reflect as near as possible the feelings expressed by the couple on the survey. The specific content in this paragraph was

dependent on the specific problem stated by each couple, and was therefore different for each couple.

A third paragraph was written for all couples. For any given couple, this paragraph was identical in the attention-placebo and the paradoxical directive message. For all couples this paragraph was structurally similar. It included a statement claiming experience and familiarity with the stated problem among the feedback writer(s) (Minuchin, 1974), a statement offering support and encouragement, and generalized feedback to tackle the problem with active efforts to hold a positive mental attitude. Minor variations were made to accommodate individual differences, but typically this paragraph read:

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

These three paragraphs constituted the induction of the attention-placebo manipulation. This message was intended to convey several nonspecific factors common to most therapeutic communications, regardless of the active treatment factors presumed to be operating. These factors include respect for the individual, feedback that both the content and feelings behind the problem have been heard, generalized but guarded reassurance, and positive

expectency if the couple remains actively involved (Hopkinson, 1981).

A fourth paragraph was written for all couples. For every given couple, this paragraph was omitted from the attention-placebo message and included only in the paradoxical directive message. The paradoxical directive treatment consisted of the entire four-paragraph message of personalized feedback (see Appendix I). This particular paragraph was very individualized for each couple. It tended to be dissimilar both in structure and in content across the couples.

In general, the fourth paragraph began with a "formulation" of the problem designed to provide a rationale for the feedback (Papp, 1983; Haley, 1984; Madanes, 1984) in the rest of the paragraph. The aim was to formulate a particular rationale not only based on its truth value, but also on the basis of the type of language and reasoning the couple might find credible. While there are many rationales for treatment, the key is to frame a paradoxical directive within the "reality" of the couple as best as it can be judged by the person formulating the treatment. Compliance and cooperation are enhanced when this is achieved (Weakland et al., 1974; Fisch et al, 1982).

The paradoxical directives generally followed this

rationale. As Hopkinson (1981) suggested, a salient aspect of the couple's problem constellation was selected and the couple was instructed to continue or exaggerate it. Where possible the behavior or events encouraged were overt behaviors, manifest affect, or expressed thoughts. In addition, the message directed couple behavior that corresponded directly rather than symbolically with the couple's present behavior. The paradoxical directives, then, were of the "prescription" and/or "restraining" type (Rohrbaugh, Tennen, Press, & White, 1981). The overall design of the fourth paragraph was intended to model the overt messages reported in the literature on complianced-based paradoxical directives. Hopkinson's (1981) design of paradoxical letters was followed closely in order to enhance comparability with his findings.

While the attention-placebo and the paradoxical directive message inductions were formulated to be analogous to therapist-client communications, they fell short of the "real thing" in several respects. Hopkinson (1981) pointed to at least five elements: (1) no face-to-face relationship was involved; (2) the situation was not defined as counseling or psychotherapy; (3) the couples were not actively seeking feedback, nor were they given much reason to expect it; (4) the communication was written rather than oral; and (5) the message apparently

come from an anonymous source.

On the other hand, the two treatment messages were designed to have an experimentally controlled comparability to counseling and psychotherapy. Couples in the two treatment conditions received personalized messages from a credible source (mental health professionals). The fact that the message content related to real-life and often distressing problems, and the fact that there was professional feedback served to define the situation as one in which change was to take place (Haley, 1963). In addition, the original request for the statement of a problem asked for one which "you would like to see changed." The Hopkinson (1981) paradigm used in this research was designed to have "experimental realism" in its own right (Aronson & Carlsmith, 1968). As a result the salient treatment factors could be isolated and observed as they impacted the dependent measures.

#### Ethical Safeguards and Considerations

Several safeguards were built into this study to protect the volunteer participants.

At the conclusion of the research, a debriefing letter was sent to all participants fully explaining the study. The elements of deception related to the purpose of the study and the committee of mental health professionals were disclosed. The subjects were asked to address any



questions to the investigator. In addition, a personal phone call was made to each couple that could be reached asking them if they would like to have an personal debriefing session with the investigator. Of the 30 couples reached by phone, none desired a face-to-face debriefing session.

A second safeguard was to inform the couples that they could terminate their participation in the research project at any time for any reason. No couple terminated their participation after the structured interview. If withdrawal had occurred, a phone call would have been made to the couple terminating in an attempt to discover the reason. If they terminated because of the seriousness of the problem they stated, the investigator would have offer to refer the couple to a counseling center for appropriate professional counseling (see Appendix J).

Third, exclusion criteria described at the beginning of this chapter were also implemented to safeguard the couples. When one or both of the partners scored above the 84th percentile on the Brief Symptom Inventory they were sent the following letter offering referral to appropriate professional counseling:

I have a deep sense of graditude for your efforts to help me in my doctoral research. As a result of the design of my research study, I will not be able to use the additional information I

would have obtained from you in the next few weeks. As a result, I will not be sending you packets of this material to complete and return to me. I have been able to use the materials you have already provided to me and I thank you for that. I will be mailing you a summary of my research when it is completed.

Sometimes when couples surface a problem or issue in their relationship which they want to change they sometimes want to seek professional counseling to help them search for some solutions. If this happens to be the case with you, I will be glad to refer you to another appropriate counselor. Just give me a call.

Again, I thank you for your interest, time, and energy. My hope for you is the best that married life has to offer.

If a couple had been excluded because the researcher and his committee determined that a paradoxical directive was contraindicated for therapeutic or ethical reasons, they would have also been sent the same letter. No exclusions on this basis arose.

The fourth ethical safeguard was provided through a check of all the written treatments by the researcher's doctoral committee chairman to be sure they were indeed appropriate and adequate before they were sent. Errors were corrected before the messages were mailed.

### Instrumentation

#### Survey Questionnaire

The Survey Questionnaire was developed from Hopkinson's (1981) and Gombatz's (1983) research on paradoxical directives. The purpose of the questionnaire was to assist the subjects in formulating behavioral descriptions of a

persistent problem and outcome criteria for its potential solution (Krumboltz, 1966).

Reliability and Validity. The outcome criteria formulated by the subjects on the survey and in the interview and the evaluation of that outcome criteria was done by self-report. Self-report assumes that the couples being assessed can and will describe their current symptoms and problems (Wilde, 1977). While self-inventories definitely have their limitations (Beutler & Crago, 1983), Nunnally (1978) has suggested that they represent the best approach available. Gurman (1978) observes that "it is ironic, of course, that those researchers who reject client reports of change in marital therapy often do accept clients' initial complaints and statements of suffering for both clinical and research purposes" (p.550). In this study the operating assumption was that if we accept a verbal or written report for the existence of a problem, which is the norm for psychotherapy, we may also accept a verbal or written report for the improvement of a problem (Fiske, 1975; Gurman, 1978; Mischel, 1972). This investigator used this questionnaire to obtain, as Haley (1976) suggested, "a specific and detailed statement of the problem and the goals so that one can eventually use the statement to check outcome and determine if the therapy has been successful" (p. 31-32).

### Marital Problem Solving Scale

The Marital Problem Solving Scale (MPSS) (Baugh, Avery, & Sheets-Haworth, 1982) is a self-report measure of problem-solving ability. The 9-item scale uses a 7-point Likert type format (see Appendix K). It was constructed to be used as an appropriate self-report measure when behavioral assessments of problem-solving ability are not or cannot be used.

The authors of the MPSS compiled a pool of items which appeared to examine the problem-solving ability of married couples. They revised it in terms of face validity and ended up with a 9-item version with a total score range of 9 to 63. Higher scale scores indicate a greater degree of perceived problem-solving ability.

The MPSS was validated on a sample of 20 married couples who had enrolled in a relationship enhancement program.

#### Reliability

Internal Consistency. Internal consistency for the MPSS was computed in terms of Cronbach's Alpha Coefficient (Cronbach, 1951) and found to be .95.

Test-retest. Another sample of 18 nonclinical married couples who described themselves as relatively happy and adjusted answered the MPSS on two occasions two months apart. A Pearson Product Moment correlation yielded .86 (p

< .001) for the test-retest situation (Baugh et al., 1982).

### Validity

Factor Analysis. A factor analysis of the MPSS was performed to determine if the scale existed as a unidimensional scale of problem-solving ability or if similar or related concepts were associated with the MPSS. While the results appear to confirm the single component nature of the scale, caution requires noting the small size of the sample (N=20). A principal axis method of factor analysis and vari-max rotation did yield one factor which accounted for 89 percent of the variance (Baugh et al., 1982).

Correlation with other scales. Validity estimates for the MPSS were also based on an examination of the relationship between the MPSS and other measures which appear to be directly influenced by conflict negotiation within the marital relationship. The MPSS correlation with the "Problem Solving in our Relationship Component" (Kratzke, 1976), a measure of problem solving in significant relationships, was computed to be  $r = .66$  ( $p < .001$ ). The MPSS correlated with the Dyadic Adjustment Scale (Spanier, 1976) with  $r = .61$  ( $p < .0001$ ). The MPSS was found to correlate with the Interpersonal Relationship Scale (Guerney, 1977), which measures levels of trust and intimacy with intimate relationships, at  $.55$  ( $< .003$ ). The

MPSS also correlated with the Behavior Problem Checklist, an instrument developed by the authors' colleagues, at  $r = -.60$  ( $p < .0001$ ). This negative correlation with the Behavior Problem Checklist indicates that less problem severity for the relationship issues indicates higher levels of problem-solving ability (Baugh et al., 1982).

Discriminant validity. Nineteen couples seeking marital counseling in a university counseling center completed the MPSS at intake. An analysis of variance was completed between the unhappy couple's MPSS scores and the MPSS scores of the initial validation sample of happy and adjusted couples. Results indicated that males reported higher MPSS scores than females, and that the happy couples reported higher MPSS scores than did the unhappy couples.

Relationship with behavioral assessments of problem-solving ability. As part of the validation procedure for the MPSS the 20 couples in the initial validation sample were asked to participate in a behavioral assessment of their problem-solving ability during the same pretesting time when they completed the MPSS. To begin the couples identified a variety of relationship issues that were problems of at least slight intensity. One problem independently identified by each mate was selected for a problem resolution exercise. The couple was given 20 minutes to solve the problem as best they could.

Independent raters scored each behavioral problem-solving interaction. A correlation coefficient of  $r = +.33$  ( $p < .05$ ) was found between the MPSS and actual problem-solving ability. Baugh et al. (1982) concluded that "perceived problem-solving ability measured by the MPSS is related to actual behavioral problem-solving ability" (p. 49).

Additional correlations with other self-report measures that correlate with the MPSS (noted above) showed no significant correlations with actual problem-solving ability. The MPSS, then, correlates with measures related to problem-solving ability as well as with actual problem-solving ability (Baugh et al., 1982).

#### Brief Symptom Inventory

The Brief Symptom Inventory (BSI) (Derogatis, 1975; Derogatis & Spencer, 1982) is a self-report symptom inventory designed to assess the psychological symptom pattern of psychiatric patients, as well as individuals who are not patients. The 53-item inventory (see Appendix A) can be completed in ten minutes. The BSI is essentially the brief form of the SCL-90-R, a self-report inventory that has been developed and used in a wide variety of settings and applications (Derogatis, Rickels, & Rock, 1976; Derogatis, 1977). The SCL-90-R has its historical antecedents in the Hopkins Symptom Checklist (Derogatis, Lipman, Covi, & Rickels, 1972; Derogatis, Lipman, Rickels,

Uhlenhuth, & Covi, 1974).

The 53 items selected for the BSI reflect best the nine primary symptom dimensions of the SCL-90-R. There are also three global indices of distress used on both the BSI and the SCL-90-R, each measure communicating psychological distress in a somewhat different fashion (Derogatis, Yevzeroff, & Wittelsberger, 1975). These three summary measures are the General Severity Index, the Positive Symptom Distress Index, and the Positive Symptom Total. The nine primary symptom dimensions or constructs which the BSI is conceived as measuring are Somatization, Obsessive-compulsive, Interpersonal sensitivity, Depression, Anxiety, Hostility, Phobic anxiety, Paranoid ideation, and Psychoticism. Psychoticism is defined as

a continuum, progressing from a mildly alien life style at one extreme to floridly psychotic status at the other. Signs of a schizoid, alienated style of life are represented by this dimension as are dramatic symptoms of psychosis. In most non-psychiatric populations this dimension measures social alienation (Derogatis & Melisaratos, 1983, p. 597).

The psychoticism scale was used in this study only as a screening procedure.

The BSI has three published norms. The norm sample of 719 nonpatient normal subjects was used in this study. This sample of 344 males and 341 females was taken by a stratified random sample from a single county in one of the



large eastern states.

Reliability. Internal consistency as an indicator of reliability serves to measure the homogeneity or consistency of the items selected to represent each symptom construct. The internal consistency reliability for the BSI was established on a sample of 1,002 outpatients. Cronbach's (1951) Alpha statistical procedure for all nine dimensions ranged from a low of .71 on the psychoticism scale to a high of .85 for depression.

Test-retest reliability reflects the stability or consistency of measurement across time. Test-retest reliability coefficients were generated from BSI data on a sample of 60 nonpatient subjects tested at a two-week interval. Stability coefficients ranged from a low of .68 for somatization to a maximum of .91 for phobic anxiety. The test-retest reliability coefficient for psychoticism was .78. The .90 stability coefficient for the General Severity Index strongly suggests that the BSI is a reliable measure over time (Derogatis & Melisaratos, 1983).

Alternate forms reliability is obtained when a correlation is made between score distributions developed from two different forms of the same test. Correlations between the like symptom dimensions of the SCL-90-R and the BSI based upon 565 psychiatric outpatients ranged from .94 for Interpersonal sensitivity to .99 for Hostility. The

alternate forms reliability for the Psychoticism scale was .92. These correlations clearly demonstrate that the SCL-90-R and the BSI measure essentially the same symptom constructs (Derogatis & Melisaratos, 1983).

Validity. Campbell and Fiske (1959) have demonstrated that convergent and discriminant relationships between operational measures of constructs and other operational measures are necessary to establish a network which forms the basis of construct validity. In short, scores from a test designed to measure a particular construct should correlate highly with other measures of the same construct. Derogatis and his associates (1976) demonstrated impressive convergent validity for the SCL-90-R with the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway & Meehl, 1951). Derogatis and Melisaratos (1983) reanalyzed this data using only the 53 items on the BSI. They found generally "high convergence for the dimensions of the BSI with MMPI scales" (p. 602).

In order to establish support for construct validity, Derogatis and Melisaratos (1983) assessed the reproducibility of the internal structure of the BSI. The scores of the psychiatric outpatient sample (N=1,002) mentioned earlier were subjected to a principal components analysis. Seven of the nine hypothesized symptom constructs were reproduced. These results lend strong

additional support to the construct validation of the BSI (Derogatis & Melisaratos, 1983).

Research to support predictive validity of the BSI will soon be completed (Derogatis & Melisaratos, 1983). One recent report that demonstrated high sensitivity for the BSI involved a detail investigation of sex differences in unipolar depression (Amenson & Lewinsohn, 1981).

#### Relationship Inventory

The Relationship Inventory (RI) developed by Barrett-Lennard (1962) was designed originally to measure four dimensions of the interpersonal relationship that Carl Rogers (1957) identified as necessary conditions for client change to occur during therapy. While the RI has primarily been used in research related to therapist-client interaction, it has also been used to measure aspects of marital relationships (Barrett-Lennard, in press).

Thornton (1960) used the Relationship Inventory first as a measure of marital satisfaction. Griffin (1967) studied the ability of the RI to differentiate between distressed and nondistressed couples. Since then, the RI has been used by a number of researchers to assess marital satisfaction (DeMers, 1971; Epstein & Jackson, 1978; Vansteenwegen, 1974; Wampler & Sprenkle, 1980; Wells, Figurel, & McNamee, 1975, 1977). Beck (1976) in her review of the research findings of outcomes of marital counseling

recommended increased use of the RI. Wampler and Powell (1982) have suggested that as a measure of marital satisfaction the RI has many advantages over other available measures.

The Relationship Inventory is a 64-item questionnaire (see Appendices L and M) which samples the perceptions of one partner by the other partner in a dyadic relationship which are relevant to the variables of empathic understanding, congruence, level of positive regard and unconditional regard.

Reliability. Hollenbeck (1965) reported split-half reliability coefficients ranging from +.83 to +.95 for the four principle RI scales (excluding Willingness to Disclose scale) in samples of college students reporting on parent-child relationships. Snelbecker (1961, 1967) obtained split-half reliability ranging from +.75 to +.94 for the RI scales in separate assessments from two samples of data provided by observers viewing therapy films.

Wampler and Powell (1982) concluded that most of the studies correlating the RI with other commonly used measures of marital satisfaction are +.70 or higher.

Validity. Thornton (1960) reported that RI scores of either marriage partner are highly correlated (+.91 for males and +.92 for females) with the Burgess and Cottrell Marriage Adjustment Schedule, a carefully developed measure

of the adequacy of the marriage relationship.

### Adjective Check List

The Adjective Check List (ACL) was originally developed at the Institute of Personality Assessment and Research (IPAR) in Berkeley in 1949 as a method for recording the reactions of staff members to individuals studied in assessment programs. The ACL is idiographic, in that descriptions of an individual reflect personal saliency rather than competitive rank, and normative, in that the checking of one adjective has no mandatory influence on the checking of another. It can be used to describe almost any stimulus object and has been used extensively to determine the effects of various experimental treatments (Masterson, 1975). The 1952 edition lists 300 adjectives (see Appendix N). There are 37 scales recommended for scoring in the 1980 edition of the Manual by Gough and Heilbrun.

It has been demonstrated that favorability is an important factor affecting the description of self and others in personality (Ruch, 1942; Meehl & Hathaway, 1946; Gough, 1952; Edwards, 1953, 1954). The scale used in this study is the "Number of favorable adjectives checked: Fav" scale. The Favorability (Fav) and Unfavorability (Unfav) scales of the ACL were developed by asking 49 males and 48 females enrolled in an undergraduate psychology class at the University of California to choose the 75 "most

favorable" and 75 "least favorable" items in the 300-word check list. The words with the largest total of nominations were included in each respective scale. While the Fav scale is to an extent the counterpart of the Unfav scale, they are sufficiently different to warrant separate treatment. If they were mirror images their correlations would be close to  $-1.00$ . The actual correlation for both male and female samples is  $-.68$  (Gough & Heilbrun, 1980).

Alpha coefficients (Cronbach, 1951) for the Adjective Check List scales were calculated on the samples of 591 males and 588 females used in determining other correlations (Gough & Heilbrun, 1980). For males, the median for all scales was .76 with .95 for the Fav Scale. For females, the median for all scales was .75 with .94 for the Fav scale. Test-retest reliability coefficients for a female sample of 45 college students had a median of .71 with .60 for the Fav scale. The sample of 189 males had a median of .65 with .62 for the Fav scale. Gough and Heilbrun (1980) concluded that the reliability estimates are in the region of correlations commonly found for self-report inventories.

In one unpublished study done at IPAR (Gough & Heilbrun, 1980) each assessee submitted an ACL description of his or her mate. The husbands' alpha coefficient for 16 dependency-criterion items was .65. Alpha for the

protocols submitted by the wives was .67 (Hirschfeld et al., 1977).

The Favorability scale of the ACL is used in this study to assess the favorable perception of one mate by the other mate.

Instructions for completing the ACL were altered for this study. Each subject was directed to describe their mate instead of making a self description. The instructions read as follows:

DIRECTIONS for WIFE (HUSBAND): This answer sheet contains a list of 300 adjectives. Please read them quickly and blacken in the space below each one you consider to be descriptive of your Husband (Wife). Do not worry about duplications, contradictions and so forth. Work quickly and do not spend too much time on any one adjective. Try to be frank and fill the spaces for the adjectives which describe your Husband (Wife) as he (she) really is, not as you would like him (her) to be.

#### Personal Assessment of Intimacy in Relationships Inventory

The Personal Assessment of Intimacy in Relationships (PAIR) Inventory was developed by Schaefer and Olson (1981) in order to assess the degree of intimacy that an individual perceives he or she has with another. A 39-item, self-report inventory (see Appendices O and P), the PAIR can be used at all levels of dyadic heterosexual relationships, from friendship to marriage. It measures the expected versus the realized degree in five areas of intimacy: emotional intimacy, social intimacy, sexual

intimacy, intellectual intimacy, and recreational intimacy.

The PAIR Inventory has three objectives: (1) to identify the degree to which each partner presently feels intimate in the various areas of the relationship (realized); (2) to identify the degree to which each partner would like to be intimate (expected); and (3) to be scored and plotted in such a manner that direct feedback can be given to a therapist and the couple about their perceptions and expectations in the relationship (Margolin & Fernandez, 1983).

Intimacy is viewed by the authors of this instrument as "a process and an experience which is the outcome of the disclosure of intimate topics and sharing of intimate experiences" (Schaefer & Olson, 1981, p. 51). The PAIR Inventory does not assume any ideal or absolute degree of intimacy. Validity tests do, however, indicate that couples, in general, distribute themselves in a normal fashion around the mean (Schaefer & Olson, 1981). Scores plotted on the multidimensional profile "have their meaning in terms of the difference within each of the partner's perceived and expected degrees of intimacy and also in terms of the difference between the two partners" (Schaefer & Olson, 1981, p. 51).

The procedure for taking the PAIR involves two steps. Each partner independently responds to the questionnaire as



follows: First, the partner responds to each item "how it is now" (perceived); Second, the individual responds "how I would like it to be" (expected). A five-point Likert Scale is used to indicate agreement-disagreement to each item.

Raw scores are translated into a score similar to a percentile (actual range = 0 to 96) and plotted on a profile. The profile format has separate scores for each type of intimacy. Edmond's (1967) Conventionality Scale is included in the inventory. It is scored separately in order to assess how much the individual is attempting to create a good impression.

Validity. Both an item analysis and factor analysis were conducted on the beginning 75-item version of the PAIR to test for adequacy of the items and the scales. Six items were ultimately selected for each intimacy scale and the Conventionality Scale.

The ability of the PAIR to discriminate and converge with other variables in an expected fashion was explored by testing post-hoc hypotheses. The hypothesis that couples who in general received high scores on the Locke-Wallace Marital Adjustment Scale would also have high perceived scores on the PAIR yielded Pearson correlation coefficients consistently over .30 (significant at  $p > .001$ ).

Emotional, Intellectual, and Recreational Intimacy showed

the most consistently high coefficients. At the same time, low and insignificant correlations were found between the PAIR and the Truax and Carkhuff Empathy Scale. Eighteen out of twenty PAIR-Scale-by-Moos Family Environment Scale correlations proved to be significant in expected directions.

The PAIR is used in this study as an assessment measure to detect the hypothesized changes that occur in the level of a couple's intimacy when they are given a written paradoxical directive intervention (L'Abate & Samples, 1983). Assessment of change in this research is made along the perceived and expected dimensions.

#### Research Design

This study uses the Posttest-Only Control Group Design (Campbell & Stanley, 1963). The design is as follows:

R	X	O	O
	1	1	4
R	X	O	O
	2	2	5
R		O	O
		3	6

- Legend: R means that treatments were randomly assigned to the three groups
- X<sub>1</sub> represents the paradoxical directive treatment induction
- X<sub>2</sub> represents the attention-placebo treatment induction

- 0 1 represents the measurement of the paradoxical group at two weeks after treatment induction to observe any impact on the dependent variables
- 0 2 represents the measurement of the attention-placebo group at two weeks after treatment induction to observe any impact on the dependent variables
- 0 3 represents the measurement of the control group at two weeks after treatment inductions to the experimental groups so it can be compared with the two treatment groups
- 0 4 represents the measurement of the paradoxical group at four weeks after treatment induction to observe any impact on the dependent variables
- 0 5 represents the measurement of the attention-placebo group at four weeks after treatment induction to observe any impact on the dependent variables
- 0 6 represents the measurement of the control group at four weeks after treatment inductions to the experimental groups so it can be compared with the two treatment groups

(Symbols in a given row specify the same specific group.)

Campbell and Stanley (1963) suggested that this design, Design #6 in their classification, "is greatly underused in educational and psychological research" (p. 26). For the present study, Design #6 has the advantage over other designs because it controls for the reactive or interaction effect of testing. This was necessary in this study because of the short time between treatment and first

observation. It was possible to use Design #6 because "written communications do allow for randomized treatment" (Campbell and Stanley, 1963, p. 22.)

#### Data Processing

In preparation for statistical analysis the various protocols were hand scored by the researcher.

#### Statistical Analysis

Statistical methods were chosen to determine any effects of the written paradoxical treatments on the dependent variables. The hypotheses were analyzed by a simple one-way analysis of variance technique with the level of significance set at .05.

The ONEWAY SPSS program of statistical analysis was used on the PRIME 850 computer at The College of William and Mary in Virginia.

#### Specific Null Hypotheses

Specific hypotheses relevant to the problem examined by the study are stated here in their null form.

1. There will be no difference in perceived problem relief between couples in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up.

$$\text{Symbolically: } H_1 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Legend:  $\bar{X}_1$  = mean of group receiving paradoxical directive treatment

$\bar{X}_2$  = mean of group receiving attention-placebo messages

$\bar{X}_3$  = mean of group receiving no treatment and no attention-placebo

Statistical Alternative: Couples in the paradoxical directive group will show greater perceived problem relief than couples in the attention-placebo and/or control groups.

$$H_{1a} : \bar{X}_1 > \bar{X}_2 = \bar{X}_3$$

2. There will be no difference in perceived problem relief between couples in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up.

$$H_2 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show greater perceived problem relief than couples in the attention-placebo and/or control groups.

3. There will be no difference in perceived problem-solving ability, as measured by the Marital Problem Solving Scale, in the paradoxical directive,

attention-placebo, and/or control groups at two week follow-up.

$$H_3 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show greater perceived problem-solving ability than couples in the attention-placebo and/or control groups.

4. There will be no difference in perceived problem-solving ability, as measured by the Marital Problem Solving Scale, in the paradoxical directive, attention-placebo, and/or control groups at four week follow-up.

$$H_4 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show greater perceived problem-solving ability than couples in the attention-placebo and/or control groups.

5. There will be no difference in level of perceived intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in the paradoxical directive, attention-placebo, and/or control groups at two week follow-up.

$$H_5 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show a higher level of perceived intimacy than couples in the attention-placebo and/or control groups.

6. There will be no difference in level of perceived intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in paradoxical directive, attention-placebo, and/or control groups at four week follow-up.

$$H_6 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show show a higher level of perceived intimacy than couples in the attention-placebo and/or control groups.

7. There will be no difference in level of expected intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in paradoxical directive, attention-placebo, and/or control groups at two week follow-up.

$$H_7 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show a higher level of expected intimacy than couples in the attention-placebo and/or control groups.

8. There will be no difference in level of expected intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in paradoxical directive, attention-placebo, and/or control groups at four week follow-up.

$$H_8 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show a higher level of expected intimacy than couples in the attention-placebo and/or control groups.

9. There is no difference in favorable perception of the mate, as measured by the Adjective Check List, in paradoxical directive, attention-placebo, and/or control groups at two week follow-up.

$$H_9 : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show a higher favorable perception of the mate than couples in the



attention-placebo and/or control groups.

10. There is no difference in favorable perception of the mate, as measured by the Adjective Check List, in the paradoxical directive, attention-placebo, and/or control groups at four week follow-up.

$$H_{10} : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show a higher favorable perception of the mate than couples in the attention-placebo and/or control groups.

11. There is no difference in the quality of the relationship between mates, as measured by the Barrett-Lennard Relationship Inventory, in paradoxical directive, attention-placebo, and/or control groups at two week follow-up.

$$H_{11} : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show a higher quality quality of relationship than couples in the attention-placebo and/or control groups.

12. There is no difference in the quality of the relationship between mates, as measured by the

Barrett-Lennard Relationship Inventory, in paradoxical directive, attention-placebo, and/or control groups at four week follow-up.

$$H_{12} : \bar{X}_1 = \bar{X}_2 = \bar{X}_3$$

Statistical Alternative: Couples in the paradoxical directive group will show higher quality of relationship than couples in the attention-placebo and/or control groups.

#### Summary of Methodology

The sample for this experiment was drawn from a larger population of volunteer married couples in selected churches in the geographical region of Williamsburg, Virginia. Couples responding to a group presentation and/or mailing about the research were sent a packet of materials to complete and bring to an interview with the researcher.

The pre-interview packet of materials elicited screening and other information. It also requested that the couple state a relationship issue that caused a problem that was of at least slight intensity and that they would like to see changed.

Treatment inductions were prepared based on the specific stated problem and assigned to the couples at

random. A third of the couples received a written paradoxical directive treatment induction encouraging them to continue with the presenting problem. Another third of the couples received an attention-placebo treatment message expressing understanding of their problem. This message was structurally the same as the paradoxical treatment but without a paradoxical component. The other third of the couples received no message at all.

Post-treatment follow-up measures on resolution of the problem, problem-solving ability, level of perceived and expected intimacy, quality of the relationship, and favorable perception of the mate were completed by the couples at two and four weeks after treatment inductions (see Appendices Q, R, and S).

Statistical analysis of the scores on the outcome measures allowed evaluation of the specific null hypotheses at a predetermined level of confidence.

## CHAPTER 4

### RESULTS OF STATISTICAL ANALYSIS

#### Statistical Analysis

The hypotheses in this study were analysed by a simple one-way analysis of variance technique, specifically, the SPSS ONEWAY program. This statistical procedure allows the experimenter to determine if variations appear among the groups which can be attributed to sampling error or to a specific treatment induction (Galfo, 1975). The .05 level of confidence was selected for this research project.

Three assumptions underlie the validity of the analysis of variance (Hayes, 1963; Li, 1964). They are: (1) the sample is randomly drawn from the population; (2) the population from which the sample is drawn is normally distributed; and (3) the variances of the population in each treatment condition are equal. These assumptions were satisfied in the present research as follows: (1) Couples were randomly assigned to treatment and control conditions. (2) The population data from which the sample was drawn was assumed to be normally distributed. At any rate, non-normality would not introduce serious error (Li, 1964). (3) Since the assumptions of homogenous variances can be violated without serious risk if the number of cases in

each sample is the same, each group in this study was assigned a number of cases close enough to being equal that this assumption is not violated.

The new multiple range test (or Duncan test) was used in post-hoc analysis to rank the group means to see if the paradoxical directive and attention-placebo groups were significantly different from each other as well as significantly different from the control group.

The results of the statistical computations are presented here by hypothesis.

#### Hypothesis 1

1. There will be no difference in perceived problem relief between couples in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up.

Hypothesis 1 was evaluated on the basis of the score obtained when the partners' individual scores on the dependent measure of outcome were averaged (see Appendix T for all raw scores for all hypotheses). The dependent measure of outcome was obtained by asking each mate to select at the two week follow-up one of the four descriptive phrases representing change in the problem that each mate had written and described on the Survey Questionnaire and at the structured interview. The following scores were assigned: 4.00 means maximum

improvement; 3.00 means minimal improvement; 2.00 means the problem remained the same; and 1.00 means the problem got worse.

ONEWAY analysis of variance resulted in an  $F$  value of 0.229 for the effects of the paradoxical treatment. With  $F$  not significant at the .7964 level of probability, the indication was that there was no statistically significant difference in perceived problem relief at the two week follow-up between the couples in the three groups.  $H_1$ : ( $F = 0.229$ ,  $df\ 2/29$ ,  $p < .7964$ ). Based on this analysis of this dependent variable, there was not enough evidence present to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 1 presents the means and standard deviations summarized for each group. Table 2 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the new multiple range test developed by Duncan (1955) ranked the means of the attention-placebo (mean = 2.6364), paradoxical directive (mean = 2.5455) and control (mean = 2.4500) groups. The results indicated that all the group means were means of homogeneous subsets in the same population with no significant difference between them.

These results called for the conclusion that the written paradoxical directive treatment was not effective

Table 1

A Summary of the Means and Standard Deviations  
for Hypothesis 1  
Perception of Problem Resolution Score at Two Weeks  
Problem Resolution Questionnaire

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	2.5455	0.5222
Attention- Placebo	11	2.6364	0.8970
Control	10	2.4500	0.2838
TOTAL	32	2.5469	0.6138

Table 2

Summary of ONEWAY analysis of variance  
for Hypothesis 1  
Perceived Problem Resolution Score at Two Weeks  
Problem Resolution Questionnaire

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	0.1820	0.0910	0.229	0.7964
Within Groups	29	11.4977	0.3965		
Total	31	11.6797			

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in bringing about a significantly greater change in perceived problem resolution by the couples in the paradoxical treatment group. For all the groups, the average perception of problem resolution was between "remained the same" (2.00) and "minimal improvement" (3.00). While the overall problem resolution was better than "remained the same," it was not adequate enough to be considered "minimal improvement" by two weeks.

#### Hypothesis 2

2. There will be no difference in perceived problem relief between couples in paradoxical directive, attention-placebo, and/or control groups at a four week follow-up.

Hypothesis 2 was evaluated on the basis of the score obtained when the partners' individual scores on the dependent measure of outcome were averaged. The dependent measure of outcome was obtained by asking each mate to select at the four week follow-up one of the four descriptive phrases representing change in the problem that each mate had written and described on the Survey Questionnaire and at the structured interview. The following scores will be assigned: 4.00 means maximum improvement; 3.00 means minimal improvement; 2.00 means the problem remained the same; and 1.00 means the problem got worse.

ONEWAY analysis of variance resulted in an  $F$  value of 0.460 for the effects of the written paradoxical treatment. With  $F$  not significant at the .6357 level of probability, the indication was that there was no statistically significant difference in perceived problem resolution by the couples in the three groups by the four week follow-up.  $H_2$  : ( $F = 0.460$ ,  $df\ 2/29$ ,  $p < .6357$ ). Based on this analysis of this dependent variable, inadequate evidence was found to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 3 presents the means and standard deviations summarized for each group. Table 4 summarizes ONEWAY statistical analysis of the paradoxical treatment effects.

A post-hoc comparison using the Duncan procedure indicated that the three groups were homogeneous subsets of the same population. No two of the groups were significantly different from each other at the four week follow-up.

Based upon these results, the conclusion was drawn that the written paradoxical treatment inductions effected no significantly greater change in the perceived resolution of the reported problem by the four week follow-up. For all the groups, the average perception of problem resolution was between "remained the same" (2.00) and "minimal improvement" (3.00). While the overall problem

Table 3

A Summary of the Means and Standard Deviations  
for Hypothesis 2  
Perceived Problem Resolution Score at Four Weeks  
Problem Resolution Questionnaire

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	2.7273	0.6842
Attention- Placebo	11	2.5909	0.5394
Control	10	2.8500	0.6258
TOTAL	32	2.7188	0.6082

Table 4

Summary of ONEWAY analysis of variance  
for Hypothesis 2  
Perceived Problem Resolution Score at Four Weeks  
Problem Resolution Questionnaire

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	0.3528	0.1764	0.460	.6357
Within Groups	29	11.1159	0.3833		
Total	31	11.4687			

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resolution was better than "remained the same," it was not adequate enough to be considered "minimal improvement" by two weeks.

### Hypothesis 3

3. There will be no difference in perceived problem-solving ability, as measured by the Marital Problem Solving Scale, in paradoxical directive, attention-placebo, and/or control groups at a two week follow-up.

Hypothesis 3 was evaluated on the basis of the averaging of the scores of each mate on the Marital Problem Solving Scale. The measure was obtained by requesting each partner in all groups to complete the Marital Problem Solving Scale two weeks after the treatment inductions were sent.

ONEWAY analysis of variance resulted in an  $F$  value of 1.053 for the effects of the paradoxical treatment induction. With  $F$  not significant at the .3619 level of probability, the indication was that there was no statistically significant difference in perceived problem solving ability at the two week follow-up between the couples in the three groups.  $H_3$  : ( $F = 1.053$ ,  $df\ 2/29$ ,  $p < .3619$ ). Based on this analysis of this dependent variable, there was not sufficient evidence to reject the null hypothesis. The null hypothesis, then, was accepted, risking a Type II error.

Table 5

A Summary of the Means and Standard Deviations  
for Hypothesis 3  
Marital Problem Solving Ability Score at Two Weeks  
Marital Problem Solving Scale

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	52.4091	4.0670
Attention- Placebo	11	49.5909	8.6914
Control	10	48.9000	3.3066
TOTAL	32	50.3438	5.9384

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Table 6  
Summary of ONEWAY analysis of variance  
for Hypothesis 3  
Marital Problem Solving Ability Score at Two Weeks  
Marital Problem Solving Scale

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	74.0005	37.0003	1.053	0.3619
Within Groups	29	1019.2179	35.1454		
Total	31	1093.2183			

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Table 5 presents the means and standard deviations summarized for each group. Table 6 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the Duncan procedure to rank the group means indicated that the groups were homogeneous subsets of the same population and no two were significantly different from each other.

The conclusion drawn from this analysis was that there was no significantly greater treatment effect on the perceived problem-solving ability of the couples in the paradoxical directive group by the two week follow-up.

#### Hypothesis 4

4. There will be no difference in perceived problem-solving ability, as measured by the Marital Problem Solving Scale, in paradoxical directive, attention-placebo, and/or control groups at a four week follow-up.

Hypothesis 4 was evaluated on the basis of the averaging of the scores of each mate on the Marital Problem Solving Scale. The measure was obtained by requesting each partner in all groups to complete the Marital Problem Solving Scale four weeks after the treatment inductions were sent.

ONEWAY analysis of variance resulted in an  $F$  value of 0.533 for the effects of the treatment. With  $F$  not significant at the .5926 level of probability, the



indication was that there was no statistically significant difference in perceived problem-solving ability at the four week follow-up between the couples in the three groups.  $H_4$  : ( $F = 0.533$ ,  $df\ 2/29$ ,  $p < .5926$ ). Based on this analysis of this dependent variable, inadequate evidence was found to justify rejecting the null hypothesis. Consequently, the null hypothesis was accepted, risking a Type II error.

Table 7 presents the means and standard deviations summarized for each group. Table 8 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the Duncan procedure to rank the group means found all three groups to be homogeneous groups constituent of the same population. No two groups differed significantly from each other at the .05 level of confidence.

These results of this statistical analysis allowed the conclusion that the written paradoxical directive treatment induction was not effective in bringing about a significantly greater change in the perceived marital problem-solving ability of the couples in the paradoxical directive group.

#### Hypothesis 5

5. There will be no difference in level of perceived intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in paradoxical

Table 7

A Summary of the Means and Standard Deviations  
for Hypothesis 4  
Marital Problem Solving Ability Score at Four Weeks  
Marital Problem Solving Scale

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	53.4091	4.8312
Attention- Placebo	11	50.5909	9.9167
Control	10	51.0000	4.2032
TOTAL	32	51.6875	6.7832

Table 8

Summary of ONEWAY analysis of variance  
for Hypothesis 4  
Marital Problem Solving Ability Score at Four Weeks  
Marital Problem Solving Scale

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	50.5568	25.2784	0.533	0.5926
Within Groups	29	1375.8177	47.4420		
Total	31	1426.3745			

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directive, attention-placebo, and/or control groups at a two week follow-up.

The dependent measure used to evaluate Hypothesis 5 was the scores obtained on the five scales of the Personal Assessment of Intimacy in Relationships (PAIR) Inventory for perceived intimacy. The measure was obtained by requesting each mate to complete the PAIR two weeks after treatment inductions were made. The five scale scores were summed for each mate. The two individual mate scores were then averaged to provide a couple score.

ONEWAY analysis of variance resulted in an  $F$  value of 0.248 for the effects of the treatment. With  $F$  not significant at the .7817 level of probability, the indication was that there was no statistically significant difference in the level of perceived intimacy at the two week follow-up between the couples in the three groups.  $H_5$ : ( $F = .240$ ,  $df$  2/29,  $p < .7817$ ). Based on this analysis of this dependent variable, there was not adequate evidence to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 9 presents the means and standard deviations summarized for each group. Table 10 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison of the group means using the Duncan procedure indicated that all three groups were

Table 9

A Summary of the Means and Standard Deviations  
for Hypothesis 5  
Perceived Level of Intimacy Score at Two Weeks  
Personal Assessment of Intimacy in Relationships Inventory

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	354.1818	61.4977
Attention- Placebo	11	339.4545	84.0623
Control	10	335.6000	35.9481
TOTAL	32	343.3125	62.7778

Table 10

Summary of ONEWAY analysis of variance  
for Hypothesis 5  
Perceived Level of Intimacy Score at Two Weeks  
Personal Assessment of Intimacy in Relationships Inventory

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	2058.1096	1029.0547	0.248	0.7817
Within Groups	29	120114.7246	4141.8867		
Total	31	122172.8281			

homogeneous subsets of the same population. The means of the groups, while they may have appeared to be substantially different, showed no statistically significant difference.

As a result of this statistical analysis, it was concluded that the paradoxical directive treatment induction was not effective in bringing about a significantly greater change in the perceived level of intimacy for the couples in the paradoxical directive group by the two week follow-up.

#### Hypothesis 6

6. There will be no difference in the level of perceived intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in paradoxical directive, attention-placebo, and/or control groups at a four week follow-up.

The dependent measure used to evaluate Hypothesis 6 was the scores obtained on the five scales of the Personal Assessment of Intimacy in Relationships (PAIR) Inventory for perceived intimacy. The measure was obtained by requesting each mate to complete the PAIR four weeks after treatment inductions were made. The five scale scores were summed for each mate. The two individual mate scores were then averaged to provide a couple score.

ONEWAY analysis of variance resulted in an  $F$  value of

0.454 for the effects of the treatment. With  $F$  not significant at the .6392 level of probability, the indication was that there was no statistically significant difference in the level of perceived intimacy at the four week follow-up between the couples in the three groups.  $H_6$ : ( $F = 0.454$ ,  $df\ 2/29$ ,  $p < .6392$ ). Based on this analysis of this dependent variable, there was insufficient evidence to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 11 presents the means and standard deviations summarized for each group. Table 12 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison of the group means using the Duncan procedure revealed that all the groups were homogeneous subsets of the same population and no two were significantly different from each other.

All the results of this statistical analysis mandated the conclusion that the paradoxical treatment induction effected no significantly greater change in the level of perceived intimacy for the couples in the paradoxical directive group.

#### Hypothesis 7

7. There will be no difference in level of expected intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in the paradoxical



Table 11

A Summary of the Means and Standard Deviations  
Hypothesis 6  
Perceived Level of Intimacy Score at Four Weeks  
Personal Assessment of Intimacy in Relationships Inventory

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Group	N	Mean	Standard Deviation
Paradoxical Directive	11	356.9091	63.1149
Attention- Placebo	11	332.8182	86.7511
Control	10	333.9000	38.1822
TOTAL	32	341.4375	65.3111

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Table 12

Summary of ONEWAY analysis of variance  
for Hypothesis 6  
Perceived Level of Intimacy Score at Four Weeks  
Personal Assessment of Intimacy in Relationships Inventory

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	4018.4282	2009.2141	0.454	0.6392
Within Groups	29	128213.4043	4421.1514		
Total	31	132231.8125			

directive, attention-placebo, and/or control groups at a two week follow-up.

The dependent measure used to evaluate Hypothesis 7 was the scores obtained on the five scales of the Personal Assessment of Intimacy in Relationships (PAIR) Inventory for expected intimacy. The measure was obtained by requesting each mate to complete the PAIR two weeks after treatment inductions were made. The five scale scores were summed for each mate. The two individual mate scores were then averaged to provide a couple score.

ONEWAY analysis of variance resulted in an  $F$  value of 1.682 for the effects of the treatment. With  $F$  not significant at the .2037 level of probability, the indication was that there was no statistically significant difference in the level of expected intimacy at the two week follow-up between the couples in the three groups.  $H_7$ : ( $F = 1.682$ ,  $df\ 2/29$ ,  $p < .2037$ ). Based on this analysis of this dependent variable, there was not enough evidence to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 13 presents the means and standard deviations summarized for each group. Table 14 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the Duncan procedure to rank the group means indicated no statistically significant

Table 13

A Summary of the Means and Standard Deviations  
for Hypothesis 7  
Expected Level of Intimacy Score at Two Weeks  
Personal Assessment of Intimacy in Relationships Inventory

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	403.9091	40.2851
Attention- Placebo	11	433.6818	34.9401
Control	10	420.0000	38.9872
TOTAL	32	419.1719	38.9872

Table 14

Summary of ONEWAY analysis of variance  
for Hypothesis 7  
Expected Level of Intimacy Score at Two Weeks  
Personal Assessment of Intimacy in Relationships Inventory

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	4885.2577	2442.6284	1.682	0.2037
Within Groups	29	42117.0234	1452.3110		
Total	31	47002.2734			

difference at the .05 level between the means of any of the three groups. They were essentially homogeneous subsets of the same population.

The conclusion drawn from the results of this statistical analysis was that the paradoxical directive treatment effected no significantly greater change in the level of expected intimacy in the couples in the paradoxical directive group by the two week follow-up.

#### Hypothesis 8

8. There will be no difference in the level of expected intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in paradoxical directive, attention-placebo, and/or control groups at four week follow-up.

The dependent measure used to evaluate Hypothesis 8 was the scores obtained on the five scales of the Personal Assessment of Intimacy in Relationships (PAIR) Inventory for expected intimacy. The measure was obtained by requesting each mate to complete the PAIR four weeks after treatment inductions were made. The five scale scores were summed for each mate. The two individual mate scores were then averaged to provide a couple score.

ONEWAY analysis of variance resulted in an F value of 1.862 for the effects of the treatment. With F not significant at the .1735 level of probability, the

indication was that there was no statistically significant difference in the level of expected intimacy at the four week follow-up between the couples in the three groups.  $H_8$ : ( $F = 1.862$ ,  $df 2/29$ ,  $p < .1735$ ). Based on this analysis of this dependent variable, no evidence existed to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 15 presents the means and standard deviations summarized for each group. Table 16 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the Duncan procedure to rank the group means indicated that all three groups were homogeneous subsets of the same population and were not significantly different from each other.

These results mandated the conclusion that the paradoxical directive treatment effected no significantly greater change in the level of expected intimacy for the couples in the paradoxical directive group.

#### Hypothesis 9

9. There is no difference in favorable perception of the mate, as measured by the Adjective Check List, in paradoxical directive, attention-placebo, and/or control groups at a two week follow-up.

Hypothesis 9 was evaluated on the basis of scores obtained from the Favorability Scale of the Adjective Check

Table 15

A Summary of the Means and Standard Deviations  
for Hypothesis 8  
Expected Level of Intimacy Score at Four Weeks  
Personal Assessment of Relationships Inventory

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	397.9091	38.6379
Attention- Placebo	11	426.5454	34.2706
Control	10	416.0000	32.0000
TOTAL	32	413.4063	36.1438



Table 16

Summary of ONEWAY analysis of variance  
 for Hypothesis 8  
 Expected Level of Intimacy Score at Four Weeks  
 Personal Assessment of Intimacy in Relationships Inventory

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	4608.0815	2304.0405	1.862	0.1735
Within Groups	29	35889.6211	1237.5730		
Total	31	40497.6953			

List. Each partner in all groups was asked to indicate adjectives descriptive of their mate at a two week follow-up. When the husband described the wife, female norms were used to determine a normative category and to obtain a standard score. When the wife described the husband, male norms were used to determine a normative category and to obtain a standard score. The partners' standard scores on the Favorability Scale were averaged yielding a couple score.

ONEWAY analysis of variance resulted in an  $F$  value of 0.879 for the effects of the treatment. With  $F$  not significant at the .4258 level of probability, the indication was that there was no statistically significant difference in the favorable perception of the mate at the two week follow-up between the couples in the three groups.  $H_9$  : ( $F = 0.879$ ,  $df$  2/29,  $p < .4258$ ). Based on this analysis of this dependent variable, there was insufficient evidence to reject the null hypothesis. The null hypothesis, then, was accepted, risking a Type II error.

Table 17 presents the means and standard deviations summarized for each group. Table 18 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison of the group means using the Duncan procedure found no two groups significantly different from each. All three groups were homogeneous

Table 17

A Summary of the Means and Standard Deviations  
for Hypothesis 9  
Favorable Perception of the Mate Score at Two Weeks  
Adjective Check List

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Group	N	Mean	Standard Deviation
Paradoxical Directive	11	54.0909	5.0981
Attention- Placebo	11	50.6364	7.0146
Control	10	52.4500	6.0665
TOTAL	32	52.3906	6.0877

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Table 18

Summary of ONEWAY analysis of variance  
for Hypothesis 9  
Favorable Perception of the Mate Score at Two Weeks  
Adjective Check List

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	65.6876	32.8438	0.879	0.4258
Within Groups	29	1083.1791	37.3510		
Total	31	1148.8667			

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subsets of the same populations.

The conclusion drawn from these results was that the written paradoxical directives effected no significantly greater change in the favorable perception of the mate for the couples in the paradoxical directive group by the two week follow-up.

#### Hypothesis 10

10. There is no difference in favorable perception of the mate, as measured by the Adjective Check List, in paradoxical directive, attention-placebo, and/or control groups at a four week follow-up.

Hypothesis 10 was evaluated on the basis of scores obtained from the Favorability Scale of the Adjective Check List. Each partner in all groups was asked to indicate adjectives descriptive of their mate at a four week follow-up. When the husband described the wife, female norms were used to determine a normative category and to obtain a standard score. When the wife described the husband, male norms were used to determine a normative category and to obtain a standard score. The partners' standard scores on the Favorability Scale were averaged yielding a couple score.

ONEWAY analysis of variance resulted in an F value of 0.223 for the effects of the treatment. With F not significant at the .8012 level of probability, the

indication was that there was no statistically significant difference in favorable perception of the mate at the four week follow-up between the couples in the three groups.

$H_{10}$  : ( $F = 0.223$ ,  $df\ 2/29$ ,  $p < .8012$ ). Based on this analysis of this dependent variable, there was not enough evidence to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 19 presents the means and standard deviations summarized for each group. Table 20 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the Duncan procedure to rank the group means indicates that all three of the groups were homogeneous subsets of the same population. No two of the groups differed significantly from each other at the .05 level of confidence.

The conclusion drawn from this statistical analysis was that the paradoxical treatment induction effected no significantly greater change in the favorable perception of the mate on the part of the couples in the paradoxical directive group.

#### Hypothesis 11

11. There is no difference in the quality of the relationship between mates, as measured by the Barrett-Lennard Relationship Inventory, in paradoxical directive, attention-placebo, and/or control groups at a

Table 19

A Summary of the Means and Standard Deviations  
for Hypothesis 10  
Favorable Perception of the Mate Score at Four Weeks  
Adjective Check List

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	55.3128	5.7196
Attention- Placebo	11	53.1818	11.0708
Control	10	54.6500	4.0555
TOTAL	32	54.3750	7.4639

Table 20

Summary of ONEWAY analysis of variance  
for Hypothesis 10  
Favorable Perception of the Mate Score at Four Weeks  
Adjective Check List

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	26.2022	13.1011	0.223	0.8012
Within Groups	29	1700.7971	58.6482		
Total	31	1726.9993			

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two week follow-up.

Hypothesis 11 was evaluated on the basis of the scores obtained on the Barrett-Lennard Relationship Inventory (RI). Each partner in all groups was requested to complete the RI at a two week follow-up. Each mate's scores on the four scales of the RI were summed. Both mates' scores were then averaged yielding a couple score.

ONEWAY analysis of variance resulted in an  $F$  value of 1.083 for the effects of the treatment. With  $F$  not significant at the .3520 level of probability, the indication was that there was no statistically significant difference in the quality of the relationship with the mate at the two week follow-up between the couples in the three groups.  $H_{11}$  : ( $F = 1.083$ ,  $df\ 2/29$ ,  $p < .3520$ ). Based on this analysis of this dependent variable, there was not sufficient evidence to reject the null hypothesis. The null hypothesis, therefore, was accepted, risking a Type II error.

Table 21 presents the means and standard deviations summarized for each group. Table 22 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison of the group means using the Duncan procedure indicated that each of the three groups were homogeneous subsets of the same population and their means were not significantly different at the .05 level of

Table 21

A Summary of the Means and Standard Deviations  
for Hypothesis 11  
Quality of the Relationship Score at Two Weeks  
Barrett-Lennard Relationship Inventory

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	100.9091	38.2909
Attention- Placebo	11	84.1818	52.2304
Control	10	76.1000	19.9246
TOTAL	32	87.4063	39.7221

Table 22

Summary of ONEWAY analysis of variance  
for Hypothesis 11  
Quality of the Relationship Score at Two Weeks  
Barrett-Lennard Relationship Inventory

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	3398.2732	1699.1365	1.083	0.3520
Within Groups	29	45514.9272	1569.4802		
Total	31	48913.1953			

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confidence.

The statistical results indicated that the paradoxical treatment procedure was not effective in bringing about a statistically superior change in the quality of the relationship of couples in the paradoxical directive group by the two week follow-up.

#### Hypothesis 12

12. There is no difference in the quality of the relationship between mates, as measured by the Barrett-Lennard Relationship Inventory, in paradoxical directive, attention-placebo, and/or control groups at a four week follow-up.

Hypothesis 12 was evaluated on the basis of the scores obtained on the Barrett-Lennard Relationship Inventory (RI). Each partner in all groups was requested to complete the RI at a four week follow-up. Each mate's scores on the four scales of the RI were summed. Both mates' scores were then averaged yielding a couple score.

ONEWAY analysis of variance resulted in an  $F$  value of 1.647 for the effects of the treatment. With  $F$  not significant at the .2101 level of probability, the indication was that there was no statistically significant difference in the quality of the relationship between mates at the four week follow-up between the couples in the three groups.  $H_{12}$  : ( $F = 1.647$ ,  $df\ 2/29$ ,  $p < .2101$ ). Based on

this analysis of this dependent variable, there was not enough evidence available to reject the null hypothesis. Therefore, the null hypothesis was accepted, risking a Type II error.

Table 23 presents the means and standard deviations summarized for each group. Table 24 summarizes ONEWAY analysis of treatment effects.

A post-hoc comparison using the Duncan procedure to rank the group means indicated that each of the three groups were homogeneous subsets of the same population and were not significantly different from each other at the .05 level of confidence.

The conclusion drawn from the results was that the treatment induction effected no significantly greater change in the quality of the relationship for the couples in the paradoxical directive group.

#### Summary

The results of the statistical analysis of each hypothesis are summarized in Table 25. Hypotheses 1 and 2 could not be rejected. The indication was that the paradoxical directive treatment did not result in significantly superior levels of problem relief as reported by the couples at the two and four week follow-ups.

Hypotheses 3 and 4 could not be rejected. This indicated that the paradoxical directive treatment effected

Table 23

A Summary of the Means and Standard Deviations  
for Hypothesis 12  
Quality of the Relationship Score at Four Weeks  
Barrett-Lennard Relationship Inventory

Group	N	Mean	Standard Deviation
Paradoxical Directive	11	108.2273	36.7786
Attention- Placebo	11	89.2273	47.2522
Control	10	78.3000	27.6377
TOTAL	32	92.3438	39.1783

Table 24

Summary of ONEWAY analysis of variance  
for Hypothesis 12  
Quality of the Relationship Score at Four Weeks  
Barrett-Lennard Relationship Inventory

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Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Ratio	F Probability
Between Groups	2	4854.2550	2427.1274	1.647	0.2101
Within Groups	29	42728.9414	1473.4116		
Total	31	47583.1953			

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Table 25

A Summary of the Statistical Results  
for each Null Hypothesis

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Null Hypothesis	Statistic	Probability	Reject?
1	$F = 0.229$	.7964	No
2	$F = 0.460$	.6357	No
3	$F = 1.053$	.3619	No
4	$F = 0.533$	.5926	No
5	$F = 0.248$	.7817	No
6	$F = 0.454$	.6392	No
7	$F = 1.682$	.2037	No
8	$F = 1.862$	.1735	No
9	$F = 0.879$	.4258	No
10	$F = 0.223$	.8012	No
11	$F = 1.083$	.3520	No
12	$F = 1.647$	.2101	No

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no significantly superior level of claimed problem-solving ability at the two and four week follow-ups.

Hypotheses 5 and 6 were not rejected. The indication was that the paradoxical directive treatment did not result in significantly greater scores on the perceived intimacy section of the Personal Assessment of Intimacy in Relationships Inventory at the two and four week follow-ups.

Hypotheses 7 and 8 were not rejected. This indicated that the paradoxical directive treatment did not result in significantly different levels of expected intimacy as claimed by the couples on the expected intimacy section of the Personal Assessment of Intimacy in Relationships Inventory at the two and four week follow-ups.

Hypotheses 9 and 10 could not be rejected. The indication was that the paradoxical directive treatment did not result in significantly superior levels of favorable perception of the mate as reported by the couples on the Adjective Check List at the two and four week follow-ups.

Hypotheses 11 and 12 were not rejected. This indicated that the paradoxical directive treatment effected no significantly greater levels of the quality of the relationship in the couples as reported on the Barrett-Lennard Relationship Inventory.

## CHAPTER 5

### SUMMARY, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

In this final chapter a major summary of the research project will be presented along with the conclusions that can be drawn from the data collected. Limitations of the study will be observed and suggestions for further research will be given.

#### Summary

While paradoxes have been known and used throughout the history of civilization, their use in counseling and psychotherapy is a more recent development. While some have held that psychotherapy is itself a paradoxical process, focus has generally been on specific paradoxical interventions referred to in this study as paradoxical directives. A paradoxical directive is a technical procedure in counseling and psychotherapy by which the client is encouraged to continue or exaggerate the presenting complaint (Hopkinson, 1981). Case reports in the literature have claimed that one such intervention can be effective in solving the presenting problem (Fish, 1973).

The focus of this study has been the written paradoxical directive. These are defined as written

"therapist initiated messages that convey that a specific aspect of a client's problem may be expressed as much or more than it already is occurring" (Hopkinson, 1981, p. 20). The use of written communications in counseling and psychotherapy is not new. Written paradoxical directives have been used in the context of brief therapy and enrichment programs by several individuals (Hoffman, 1981; L'Abate & Samples, 1983; Selvini-Palazzoli et al., 1978; Wagner et al, 1980; Weeks & L'Abate, 1982; Woulff, 1983). Clinical reports in the literature have claimed that one such written intervention can be effective in solving the presenting problem (Ellis, 1965; Hoffman, 1981; L'Abate & Samples, 1983; Wagner et al., 1980; Woulff, 1983). It has also been suggested that such interventions can be effective in increasing the level of intimacy of married couples (L'Abate & L'Abate, 1979; L'Abate & Samples, 1983). However, there has been no empirical evidence that this specific technique produces significantly greater results than other techniques. There is no evidence that written paradoxical directives are superior to written messages that simply give attention to the client's presenting problem.

While the clinical reports of the successful use of paradox by a large number of distinguished authors may point to its value in counseling and psychotherapy, the

real need has been to establish its utility experimentally (Kisch & Kroll, 1980). The present empirical investigation attempted to answer the problem question: "Are written paradoxical directives superior to written attention-placebo messages as an intervention to solve real life problems and to increase the level of intimacy of selected married couples?"

It was hypothesized that couples who received the written paradoxical directive would (1) report greater problem relief than couples in the attention-placebo and/or control groups at a two week and a four week follow-up; (2) evaluate their marital problem-solving ability as being greater than couples in the attention-placebo and/or control groups at a two week and a four week follow-up; (3) evaluate their level of perceived and expected intimacy as being greater than couples in the attention-placebo and/or control groups at a two week and a four week follow-up; (4) express a more favorable perception of the mate than couples in the attention-placebo and/or control groups at a two week and a four week follow-up; and, (5) show a higher quality of relationship between mates than couples in the attention-placebo and/or control groups at a two week and a four week follow-up.

The sample for this study consisted of 32 volunteer married couples who were participants in selected churches

in the geographical region of Williamsburg, Virginia. Couples were sent a packet of materials to complete and bring to an interview with the researcher. The couple was asked to state and describe a relationship issue that caused a problem that was of at least slight intensity, was persistent and recurring, and that they would like to see changed.

The primary purpose of the interview was to receive and clarify focal points of the materials the couples had completed and to elicit additional information about the stated problem. This was done by developing with the couple a behavioral description of the problem and outcome criteria. Special attention was given to exploring the "remained the same" category in order to gather data useful in formulating paradoxical directives that would encourage with some precision a continuation or exaggeration of some aspect of the stated problem.

Treatment inductions were prepared based on the specific stated problem and assigned to the couples at random. Eleven of the couples received a written paradoxical directive treatment induction encouraging them to continue with the presenting problem. Eleven of the couples received an attention-placebo treatment message expressing understanding of their problem. This message was structurally the same as the paradoxical treatment but

without a paradoxical component. Message inductions were formulated to be analogous to therapist-client communications and designed to have an experimentally controlled comparability to counseling and psychotherapy. Ten of the couples received no message at all.

Two weeks and four weeks after the treatment inductions were sent each of the mates completed the following measures to assess each dependent variable: the Problem Solving Questionnaire to assess the couple's self-reported status of the stated problem; the Adjective Check List to assess the degree of favorable perception of the mate; the Marital Problem Solving Scale to assess the couple's self-reported ability to exercise marital problem solving; the Personal Assessment of Intimacy in Relationships Inventory to assess the couple's level of perceived and expected intimacy; and, the Barrett-Lennard Relationship Inventory to assess the quality of the couple's relationship.

The research design for this study was a randomized Posttest-Only Control Group Design. All protocols were hand scored by the researcher. All of the hypotheses were analysed by a simple one-way analysis of variance, specifically, the SPSS ONEWAY program.

The conclusions reached as a result of the statistical analysis are presented in the following section.

### Conclusions

The conclusions made about written paradoxical directives as a result of this research will be summarized here by hypothesis.

#### Hypothesis 1

The null hypothesis that there would be no difference in perceived problem relief between couples in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant F value. As a result of this data, it was concluded that written paradoxical directives are not effective in bringing about significantly greater perceived problem relief for selected married couples within two weeks after they have been given than are attention-placebo messages and/or no treatment at all.

#### Hypothesis 2

The null hypothesis that there would be no difference in perceived problem relief between couples in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant F value. As a result of this data, it was concluded that written paradoxical directives are not more effective in bringing about significant problem relief for selected

married couples than attention-placebo messages and/or no treatment at all.

#### Hypothesis 3

The null hypothesis that there would be no difference in perceived problem-solving ability, as measured by the Marital Problem Solving Scale, in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up failed to be rejected. ONEWAY analysis of variance resulted in a nonsignificant *F* value. Based upon the data obtained, it was concluded that written paradoxical directives do not have superior effect on the perceived problem-solving ability of married couples within two weeks after they have been delivered when compared to attention-placebo messages and/or no treatment at all.

#### Hypothesis 4

The null hypothesis that there would be no difference in perceived problem-solving ability, as measured by the Marital Problem Solving Scale, in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up failed to be rejected. ONEWAY analysis of variance resulted in a nonsignificant *F* value. Based on the above data, it was concluded that written paradoxical directives do not have superior effect on the perceived problem-solving ability of married couples when compared to attention-placebo messages and/or no treatment at all.



Hypothesis 5

The null hypothesis that there would be no difference in the level of perceived intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant  $F$  value. Based upon this statistical data, it was concluded that written paradoxical directives effect no significantly greater change than do attention-placebo messages and/or no treatment at all in married couples' level of perceived intimacy within two weeks after they have been given.

Hypothesis 6

The null hypothesis that there would be no difference in the level of perceived intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up failed to be rejected. ONEWAY analysis of variance resulted in a nonsignificant  $F$  value. Based on these results, it was concluded that written paradoxical directives effect no significantly greater change than do attention-placebo messages and/or no treatment at all in the level of perceived intimacy of married couples.

Hypothesis 7

The null hypothesis that there would be no difference in the level of expected intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant *F* value. As a result of this data, it was concluded that written paradoxical directives effect no significantly greater change than do attention-placebo and/or no treatment at all in the level of expected intimacy of married couples within two weeks after they have been delivered.

Hypothesis 8

The null hypothesis that there would be no difference in the level of expected intimacy, as measured by the Personal Assessment of Intimacy in Relationships Inventory, in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up failed to be rejected. ONEWAY analysis of variance resulted in a nonsignificant *F* value. Based upon the above data, it was concluded that written paradoxical directives effect no significantly greater change than do attention-placebo messages and/or no treatment at all in the level of expected intimacy of married couples.

Hypothesis 9

The null hypothesis that there would be no difference in favorable perception of the mate, as measured by the Favorability Scale of the Adjective Check List, in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up failed to be rejected. ONEWAY analysis of variance resulted in a nonsignificant F value. Based upon these statistical results, it was concluded that written paradoxical directives are not effective in bringing about significantly greater change than attention-placebo messages and/or no treatment at all in the favorable perception of the mate within two weeks of being given.

Hypothesis 10

The null hypothesis that there would be no difference in favorable perception of the mate, as measured by the Favorability Scale of the Adjective Check List, in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant F value. Based of the above data, it was concluded that written paradoxical directives are not effective in bringing about significantly greater change in favorable perception of the mate than attention-placebo messages and/or no treatment at all.

Hypothesis 11

The null hypothesis that there would be no difference in the quality of the relationship between mates, as measured by the Barrett-Lennard Relationship Inventory, in the paradoxical directive, attention-placebo, and/or control groups at a two week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant F value. Based on these statistical data, it was concluded that written paradoxical directives effect no significantly greater change in the quality of the relationship between mates than do attention-placebo messages and/or no treatment at all within two weeks of being delivered.

Hypothesis 12

The null hypothesis that there would be no difference in the quality of the relationship between mates, as measured by the Barrett-Lennard Relationship Inventory, in the paradoxical directive, attention-placebo, and/or control groups at a four week follow-up could not be rejected. ONEWAY analysis of variance resulted in a nonsignificant F value. Based on the above data, it was concluded that written paradoxical directives effect no significantly greater change in the quality of the relationship between mates than do attention-placebo messages and/or no treatment at all.

Discussion

Haley (1971) has stated that therapeutic change comes about through the "interactional processes set off when a therapist intervenes actively and directionally in particular ways" (p. 7) in a family or marital system. The data and analysis from this experiment did not give empirical support to reports in the literature that written paradoxical directives may be superior interventions for solving problems of interpersonal conflict (Hopkinson, 1981) and in increasing intimacy in marital relationships (L'Abate & Samples, 1983). Written paradoxical directives as the sole method of intervention are apparently not powerful enough to set off the interactional processes necessary for change to occur.

Since the results of this experimental investigation did not confirm the clinical evidence of the superior effectiveness of paradoxical communications, it is necessary to speculate as to how this discrepancy between clinical and experimental evidence may be explained, justified, or reconciled. While paradoxical directives have reportedly been used successfully as a therapeutic technique with a variety of problems (Stanton, 1981), a strength of this research was that the problems reported were, by definition, ones of an interpersonal nature. This was in contrast to the nonselective nature of the problems

investigated by Hopkinson (1981) and Gombatz (1983). Within this category of issues of interpersonal conflict, couples in the present study presented the following range of issues: the number and length of the husband's working hours, in-laws, husband's job travel requirements, care of and discipline of children, religious issues, communication, money, decision-making, sharing of household duties and childcare, frequency of sexual intercourse, problem solving, tardiness, criticism, and anger (see Appendix G for a complete listing of the problems as stated in the words of the couples).

Two important questions surface. They are: 1) Are these the kind of problems with which paradoxical directives are claimed to be effective?, and 2) How does one decide which problems in a treatment setting call for the use of paradoxical directives? Weeks and L'Abate (1982) set two interrelated criteria to be used in evaluating the applicability of paradoxical techniques. They are: "1) the dimension of resistance, ranging from very cooperative to difficult or impossible; 2) the dimension of pathology, ranging from mildly disturbed (e. g., transient and neurotic disorders) to severely disturbed (e. g., psychotic disorders)" (Weeks & L'Abate, 1982, p. 57).

None of the couples in the present study cited

problems that indicated a serious degree of pathology. Furthermore, couples that revealed the slightest degree of pathology by scoring above the 84th percentile on the Brief Symptom Inventory were excluded from the study and referred to appropriate professional counseling if they so desired. Of the 70 couples that volunteered to assist in this research, 51 completed the Brief Symptom Inventory with 19 of these being excluded from further participation because one or both of the partners scored above the 84th percentile using the nonpatient normal norms. This insured a homogeneous group of "normal" couples reporting their normal problems. This research was not designed to investigate the effectiveness of written paradoxical directives with seriously disturbed couples. This study was designed to investigate the effectiveness of written paradoxical directives with quite ordinary problems of mild interpersonal conflict that couples have difficulty in resolving over a longer period of time. Effectiveness of paradoxical directives with less seriously disturbed populations has been claimed (Jessee & L'Abate, 1980) and has found some sign of empirical support (Gombatz, 1983).

The other criteria suggested by Weeks and L'Abate (1982) in deciding the applicability of paradoxical directives is the element of resistance. Haley (1976) states that a degree of resistance must be present for a

paradoxical directive to be effective. Before using paradoxical directives, he investigates the degree of resistance by giving his clients homework in which they are told direct ways to resolve the problem. When the client is compliant, there is no need for paradoxical techniques. Papp (1981) and Anderson and Stewart (1983) concur with this approach.

In order to evaluate the element of resistance in the couples in the present study, certain observations can be made. The married couples volunteering for this research were offering help, not overtly seeking help. They were responding to a request to help the researcher help other married couples through the findings of the research project. Several couples stated openly that they understood the difficulty in securing adequate volunteers and wanted to help the researcher. In addition, after the couples were interviewed and assigned to a group, there were no dropouts throughout the four week follow-up period. All of these factors point to the compliant behavior and nonresistant nature of the couples.

Weeks and L'Abate (1982) also state that "problems which are chronic, hence sometimes labeled severe, are appropriate" (p. 57) ones for paradoxical directives. The couples in this study were asked to reveal a problem which they saw "as having been the most persistent and recurring



problem" in their relationship. The explanations and histories given by the couples about their stated problems indicated that the problems were of a basically chronic, though not severe, nature.

It has been suggested, then, that paradoxical directives are most effective with resistant, chronic, and severe problems (Weeks & L'Abate, 1982). In this study the subjects were cooperative, and not resistant. They did report persistent and recurring or chronic problems, but none of these were considered severe. The conclusion that can be made is that subjects and problems in this study were appropriate for the study of paradoxical directives. However, paradoxical directives were not effective in bringing about significantly greater change than attention-placebo messages or no feedback at all with this population reporting the stated kinds of problems.

While paradoxical directives may be most effective with resistant, chronic, and severe problems, Weeks and L'Abate (1982) also claim that

The use of paradoxical techniques with an easy or cooperative case may be no more effective than the use of other techniques; however, paradoxical techniques may be more efficient in reducing the total amount of time required to solve a particular problem (p. 58).

Gombatz's (1983) research demonstrated that paradoxical directives were as effective as client-centered and

rational-emotive therapies with a college student population with typical problems. The design of the present study allows evidence to be sought about how quickly paradoxical directives work. The design called for follow-up to be at two and four weeks instead of the more typical four and eight weeks. Since there was no significantly greater change effected by the paradoxical treatment at the two or four week observations, no evidence can be demonstrated from this study that paradoxical directives work more quickly with the typical problems of a selected population.

The questions, then, as to what kinds of problems and what kinds of clients are most effectively treated with paradoxical directives are yet to be answered empirically. As has been pointed out earlier, there has been theoretical and clinical claims that they are quickly effective with normal subjects with nonsevere problems. There was no evidence to support this in the present research.

While there was no statistically significant evidence to support the theoretical and clinical claims that paradoxical directives are more effective than attention-placebo messages or no feedback at all in the resolution of relationship issues and in increasing the level of intimacy in married couples, some positive trends should be noted. Hypotheses 5 and 6 stated that there

would be no difference in the level of of perceived intimacy in the paradoxical directive, attention-placebo, and/or control groups. They were not rejected at the .7817 and .6392 levels of confidence, respectively, at two week and four week follow-ups. There was, however, a 19 point separation between the mean of the paradoxical group (354.1818) and the mean of the control group (335.6000) and a 15 point difference between the paradoxical directive group (354.1818) and the attention-placebo group (339.4545) at the two week follow-up. At the four week follow-up, there was a 23 point difference between the paradoxical directive (356.9091) and control (333.9000) groups with a 24 point difference between the paradoxical directive (356.9091) and attention-placebo (332.8185) groups. It can be stated, then, that the paradoxical directive group did report a higher level of perceived intimacy than did the attention-placebo and control groups. This trend, though not statistically significant, is consistent with theory (L'Abate & L'Abate, 1979) and clinical experience (L'Abate & Samples, 1983).

Hypotheses 7 and 8 stated that there would be no difference in the level of expected intimacy in the paradoxical directive, attention-placebo, and/or control groups. These hypotheses were not rejected at the .2037 level of confidence at two weeks and the .1735 level of

confidence at four weeks. There was, however, a trend indicating that the paradoxical group reported a lower level of expected intimacy than the other two groups. At the two week follow-up, there was a 16 point difference between the paradoxical (403.9091) and control (420.0000) groups with a 30 point difference between the paradoxical (403.9091) and attention-placebo (433.6818) groups. At the four week follow-up, there was an 18 point difference between the paradoxical directive (397.9091) and control (416.0000) groups with a 29 point difference between the paradoxical directive (397.9091) and attention-placebo (426.5454) groups. It can be speculated, then, that the paradoxical directive group reported less (not more) expected intimacy after receiving a written paradoxical directive than did the other two groups. The indication from this evaluation of Hypotheses 5, 6, 7, and 8 is that paradoxical directives may increase perceived intimacy while decreasing expected intimacy in married couples. The clinical implication is that the married couple's discrepancy between perceived and expected intimacy narrows with this kind of therapeutic intervention. While this is clinically reasonable, it is not statistically demonstrated. This might profitably be the focus of future theoretical formulation and empirical research into the effects of paradoxical directives on the different

dimensions of marital intimacy.

One way to define intimacy is to refer to the quality of the marital relationship (Schaefer & Olson, 1981). Hypotheses 11 and 12 stated that there would be no difference in the quality of the relationship between mates in the paradoxical directive, attention-placebo, and/or control groups. These were not rejected at the .3520 level of confidence at two weeks and at the .2101 level of confidence at four weeks. There was, however, at the two week follow-up, a 25 point separation between the paradoxical directive (100.9091) and control (76.1000) groups with an almost 17 point separation between the paradoxical directive (100.9091) and attention-placebo (84.1818) groups. At the four week follow-up, there was a 30 point difference between the paradoxical directive (108.2273) and control (78.3000) groups with a 19 point difference between the paradoxical directive (108.2273) and attention-placebo (89.2273) groups. It can be speculated, then, that the paradoxical directive group did report a higher quality of relationship between the mates than did the attention-placebo and control groups. This trend, though not statistically significant, is also consistent with theoretical (L'Abate & L'Abate, 1979) and clinical (L'Abate & Samples, 1983) reports.

While these observations do not allow any of the

hypotheses to be rejected at an acceptable level of confidence, there does appear to be some suggestive evidence that written paradoxical directives can effect some greater change than attention-placebo messages or no feedback at all in the level of perceived and expected intimacy and quality of the relationship in selected married couples. This greater change, however, was not statistically significant at the .05 level of confidence.

#### Limitations of the Study

The limitations of this study will be stated in terms of issues related to internal and external validity.

Only to the extent that the design of this research controlled for extraneous variables which may have in some way impacted the dependent variables was this study internally valid. Failure to control for any of several factors or "threats" to internal validity would have rendered results suspect if not totally meaningless. Lack of adequate controls for threats to internal validity would have kept the researcher from making any meaningful causal inferences between independent and dependent variables.

This experiment was designed to control for threats to internal validity. Subjects from a homeogenous population were randomly assigned treatments. The researcher was kept blind to treatment assignments. While the investigator formulated all the treatments, both paradoxical and

attention-placebo letters were formulated for all couples. This was to assure quality of treatments across the couples. The investigator was blind to which couples received which treatments until all outcome measures had been received and tabulated.

External validity is concerned with the degree to which the results of this study can be generalized outside the sample population. The main issue in this study has to do with the similarity of the procedures used in this experiment to the client-therapist relationship in a clinical setting. While the treatment inductions in this study were formulated to be analogous to therapist-client communications, they did fall short of the real life experience. There was no face-to-face relationship between a client and a therapist. The procedures were not defined as counseling or psychotherapy. Couples were volunteering help, not seeking it. While some subjects were given feedback, they were not given much reason to believe it to be of much help. Client-therapist communications are predominately verbal. Written communications were used in this study. Feedback from a therapist is face-to-face. In this study feedback was from an anonymous source (Hopkinson, 1981).

On the other hand, the two treatment inductions were designed to have an experimentally controlled comparability

to client-therapist communications. Personalized messages were received from a credible source. Real life problems were the focus of the feedback. The couple stated a problem they "would like to see changed." In this manner the situation was defined as one in which change can occur (Haley, 1963).

In this study "experimental realism" (Aronson & Carlsmith, 1968) was sought. As a result, internal validity was enhanced and external validity suffered.

#### Recommendations

Researchers using the same general design in the future might proceed with the following suggestions in mind. 1) Married couples could be selected with more severe relationship problems. 2) Married couples seeking help may be used instead of couples offering help. This would more closely approximate a clinical situation and possibly make available more resistant subjects. 3) A series of two or more written communications might be sent to the couples. 4) A design may be developed where a relationship is established with the subjects in order to investigate the possibility that a personal relationship is prerequisite to the use of an intervention like the written paradoxical directive (Gombatz, 1983). 5) A larger number of subjects should be assigned to each group. Clinical instead of normal norms may be used to exclude volunteers



from participation. 6) An actual committee of experts in the use of paradoxical directives could be used to insure that the most powerful treatment inductions possible are made.

While the present study gives no evidence that written paradoxical directives effect any statistically superior change in the resolution of the problems or in the level of intimacy of selected married couples, it is possible that a larger sample and additional interventions are the ingredients needed to obtain the empirical evidence needed to make the theoretical and clinical claims about paradoxical directives more credible and less incredible.

APPENDICES

Appendix A

Brief Symptom Inventory

**PLEASE NOTE:**

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

Appendix A, Page 196

Appendix F, page 217

Appendix L, pages 276-279

Appendix N, page 283

Appendix O, pages 285-288

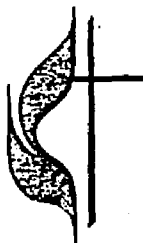
Appendix P, page 290

**University  
Microfilms  
International**

300 N Zeeb Rd., Ann Arbor, MI 48106 (313) 761-4700

Appendix B

Letters from Clergy to Married Couples



# Wellspring United Methodist Church

*Claiming Christ as the Deepest Source for Abundant Life*

Jay M. Hanke  
Pastor

543 Longhill Road  
Williamsburg, Va. 23185  
804-229-3476

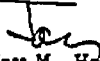
March 7, 1984

I am pleased to be sending you this letter of introduction of the Reverend Daniel T. Avery, who is a colleague of mine involved in research on marriage. His research is being conducted as part of his doctoral study. Dan has approached me to see if I would recommend to him a list of couples who might be interested in being in dialogue with each other and with him about some of the dimensions of their marriage.

Therefore I would like to encourage you to consider investing some of your time in Dan's project. I think that you as a couple would benefit from dialogue which the program will stimulate. There is a significant time commitment involved -- and that would be your gift to Dan, as he continues to increase his skills as a professional in the field of marriage.

Thank you for considering his request -- I hope that you will be able to benefit from this project.

Yours in Christ,

  
Jay M. Hanke

JMH/mhg

## *The Williamsburg Baptist Church*

227 RICHMOND ROAD  
WILLIAMSBURG, VIRGINIA 23185

W. WAYNE PRICE, Pastor

Dear Friends:

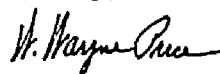
As you know, "Marriage and the Family" is an area of my concern, both personally and professionally. I am constantly seeking to identify problems and solutions in Christian marriages. I am always interested in research, books and activities which promote improved marriages. Therefore, I have volunteered to help the Rev. Daniel Avery in some such research.

I am asking nearly all the couples in the church to consider participation in Mr. Avery's research. Enclosed is a detailed explanation. Ours is one of several area churches from which volunteers are being sought. Of course, I know that not every couple can or will participate. (I will not be given a list of participants.) If, however, you are interested in this project and will invest a few hours in it, you will surely contribute to the efforts of Christian counselors who seek to help couples toward full and happy marriages.

Mr. Avery is my close friend, one of the first I established when I came here. He is a licensed professional counselor, certified as a Marriage Growth Workshop leader by the Southern Baptist Sunday School Board, and an ordained minister. You may recall that Mr. Avery is formerly Baptist Campus Minister at The College. He has led a Bible School group for adults in our church and has preached several times at The Williamsburg Baptist Church.

If you are willing to participate, and I hope you will, simply follow the instructions included with this letter, and I thank you.

Sincerely,

  
W. Wayne Price

WWP:ad  
Enclosure

*St. Stephen Lutheran Church*

*Post Office Box 165  
Williamsburg, Virginia  
23187*

March 20, 1984

Dear Member,

I am writing a cover letter to introduce to you Mr. Dan Avery, who once was the Baptist Campus Minister for William and Mary. He resigned that post to pursue a degree from William and Mary in counseling.

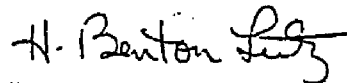
He is requesting that couples in the community help him in a research project that aims at isolating issues/obstacles/problems in marriage.

The Church Council and I have endorsed this project by making available to Mr. Avery our mailing list. We see this as an opportunity for us to assist therapists in a ministry to couples going through crisis.

This letter is going to all couples on our congregational roll as of December 31, 1983.

It is our hope that several of you will assist Mr. Avery and see this as a bonafied ministry whereby information may be gathered and may eventually be used by pastoral counselors in assisting couples in crisis.

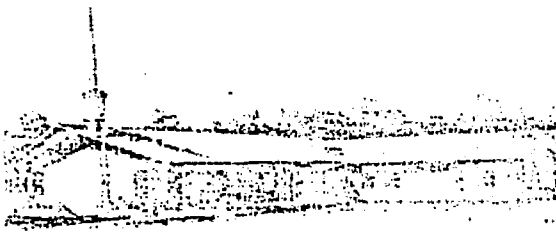
Sincerely,



H. Benton Lutz,  
Pastor

HBL/bpd





JERRY M. HAYWOOD  
PASTOR

**Walnut Hills Baptist Church**  
1014 JAMESTOWN ROAD, WILLIAMSBURG, VIRGINIA 23185  
TELEPHONE 229-0198

March 1984

Dear Friends,

Many of you will remember Daniel Avery. He and his wife, Pat, were members of our church a few years ago, serving in various capacities of leadership.

For some time now Daniel has been working on his doctoral degree in counseling at William and Mary. The research project which he describes in this mailing is an important part of his work.

If the description of the project stirs your interest at all, I encourage you to participate. We all benefit from opportunities to look closely at ourselves and our relationships. At the same time, our efforts can also serve to help others.

I am certain Daniel will treat all information in a confidential manner.

Faithfully yours,



Jerry Haywood

Bruton Parish Church  
WILLIAMSBURG, VIRGINIA

The Reverend Cotesworth Pinckney Lewis, D.D., Rector  
The Reverend Jeffrey S. Dugan, Associate

The Reverend Ronald S. Fitts, Campus Minister  
James S. Darling, Organist & Choirmaster

April 30, 1984

Dear Friends,

I am pleased to be able to send you this letter of introduction for The Rev. Daniel T. Avery, former campus minister at the College of William and Mary, and a colleague of mine involved in research on marriage. His research is being conducted as part of a project in his doctoral study at William and Mary. Dan has approached us at Bruton to see if we could recommend to him a list of couples who might be interested in some dialogue with each other and with him about some dimensions of their marriage.

Therefore, I would like to encourage you to consider investing some of your time in Dan's project. I think that you as a couple would benefit from the dialogue which the program will stimulate. There is a moderate time commitment involved- and that would be your gift to Dan, as he continues to increase his skills as a professional in the field of marriage.

Thank you for considering his request. I hope that this project will be of some personal benefit to you.

Faithfully yours,

  
Jeffrey S. Dugan

Appendix C

Research Introduction Letter to Recruit Married Couples



CHARTERED 1653  
 COLLEGE OF WILLIAM AND MARY  
 SCHOOL OF EDUCATION  
 OFFICE OF THE DEAN  
 WILLIAMSBURG, VIRGINIA 23185

Dear Mr. and Mrs.

As a doctoral candidate at The College of William and Mary, I am engaged in a major research project about issues/obstacles/problems faced by married couples. The research is called "A Survey of Issues/Obstacles/Problems Encountered by Married Couples." The purpose of the research is to become more aware of the concerns of married couples so that we can find better, more effective ways of helping those who do seek help and support. I am writing you to ask you to consider helping me with this project.

No matter how many years you have been married, participating in this project will give you an opportunity to learn more about your marriage. You will take a non-threatening look at some dimension of your marriage that is important to you. This is also an opportunity to be helpful to other couples whose problems may be helped by findings from this research.

You are surely asking "What is he asking us to do?" I will list the steps involved.

1. When I receive the enclosed postcard from you, I will mail you a Survey Packet that will take a maximum of one and one-half hours to complete together. The central question in this survey asks you to specify one particular issue/obstacle/problem in your marital relationship that has persisted to this day and you would like to see changed.
2. You both will be requested to bring this Survey Packet to a 20-25 minute interview with me at your church. The purpose of this interview is to clarify particular parts of the survey with me so I am sure I understand what you are saying.
3. Approximately three weeks after the interview you will receive in the mail a packet of materials that will take about one and one-half hours to complete. You will be asked to return these completed materials promptly in a post-paid envelope.
4. Two weeks later you will receive another packet of materials that will take about one and one-half hours to

complete. You will again be asked to return these completed materials promptly in a post-paid envelope.

5. A few weeks later I will share with you in a letter the general findings of the research.

As you consider this please note that in this research as in most research the emphasis is on group rather than individual responses. No one will ever know how you, individually or as a couple, respond to anything in this research except the researcher himself. While some of you might be selected at random to receive written feedback about what you share from a committee of marriage counseling professionals, only the researcher will ever have access to the connection between your responses and your name.

Anytime any level of self-disclosure is involved you risk some personal anxiety. I promise to relate to you in confidence and to treat you with the utmost professional care. You may, if you so choose, discontinue participation in this project at anytime without giving any reason.

I am conducting this research to meet the requirements for my doctoral dissertation. This is obviously a very important research project for me. I am asking a lot of you. I cannot do it, however, without your help. Your willingness to help me will also help others through the results of this project. I hope we can make a significant contribution to healthier, more joyful marriages.

If you are willing to assist me in this project, please indicate this on the enclosed postcard and place it in the mail by (a preferred deadline date stated here) or sooner so I can mail you the Survey Packet to complete and bring with you to the interview.

I am scheduling to meet individually with couples from your church (there will be no group interviews) at 30 minute intervals beginning at (the time and place of the interviews was inserted here). If it is impossible for you to meet at one of these times, I can make other arrangements to accommodate you. Please indicate on the card the time you prefer to come to your church to meet with me and return it immediately. I will immediately send you the Survey Packet and phone you to confirm an interview time.

Thanking you for your consideration, I am

Sincerely,

Appendix D

Postcard Sent with Research Introduction Letter

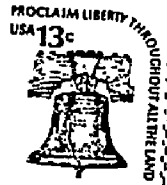
MARITAL RESEARCH PROJECT  
Response Card

Yes, we are willing to assist you in your research for your doctoral dissertation. Send us the survey packet to complete.

We will plan to meet with you at our church on (state a preferred time based on the information provided on the accompanying letter) \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_ o'clock.

We understand you will telephone us to confirm this time or set another time that is acceptable to us.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_



DANIEL T. AVERY  
118 Nina Lane  
Williamsburg, Virginia 23185

Appendix E

Letter to Volunteer Couples





CHARTERED 1682  
COLLEGE OF WILLIAM AND MARY  
SCHOOL OF EDUCATION  
WILLIAMSBURG, VIRGINIA 23185

Dear

Thank you for volunteering to assist me with my doctoral research. I know your time and energy is valuable to you. I deeply appreciate your willingness to share some of your time and energy in a project that is very important to me. The information you provide will be the data used to complete my doctoral dissertation. I take your investment of time, energy, and information very seriously. Your commitment to complete this process with me is a gift I will receive in a spirit of gratitude. At the same time, I anticipate this being a rewarding experience for both of you.

Enclosed you will find the Survey Packet you are to complete and bring to the brief interview with me. I will phone you soon to confirm this interview time with you.

While the enclosed Survey Packet may look massive, you will need only one and one-half hours to complete it. When you sit together to complete the material, remove the one staple holding all the papers together. Other sheets of paper are stapled together and should remain that way. When you complete the entire packet, please staple all the materials together again. All of the materials are designed to be self-explanatory and easy to complete. If, however, you do not understand what you are being asked to do, please complete as much as you can and bring what you have to the interview.

The interview will be brief, lasting no longer than 25 minutes. After I greet you, I will quickly read your responses to the Survey and check to be sure it is complete. I will then ask you questions about what you have written on the Survey. My purpose will be two-fold. First, I want to be sure I understand your responses to the Survey. Secondly, I want us to focus on certain of your responses in order to develop specific, concise statements of certain concepts. You might consider this as you formulate your responses.

Thanking you again, I am

Sincerely,

Daniel Thomas Avery  
118 Nina Lane  
Williamsburg, Virginia 23185

Appendix F

Survey Questionnaire

A SURVEY of Issues-Obstacles-Problems  
ENCOUNTERED BY MARRIED COUPLES

A SURVEY  
of  
Issues-Obstacles-Problems  
ENCOUNTERED BY MARRIED COUPLES

Please follow these

I N S T R U C T I O N S

carefully

1. BEFORE YOU BEGIN, SET ASIDE AT LEAST 1 and 1/2 HOURS AND SIT DOWN AT A TABLE TOGETHER AND COMPLETE ALL PAGES AS INSTRUCTED. Complete all the questions in this Survey Packet--Please do not leave any blanks.
2. DO NOT WRITE YOUR FULL NAMES ON THIS SURVEY except on the Agreement to Participate. Use only your first names when you refer to yourselves.
3. Read the two-page Introduction together.
4. Read the Agreement to Participate carefully, sign and date it in the spaces provided.
5. Each one of you complete the one-page Brief Symptom Inventory (BSI) following the instructions on the inventory.
6. Fill in the DEMOGRAPHIC DATA and INFORMATION sheet.
7. BOTH OF YOU TOGETHER complete the page numbered 1. Read and follow the directions carefully. Please be SPECIFIC and CONCISE.
8. HUSBANDS complete individually pages 2 through 5. WIVES complete individually pages 6 through 9.
9. Bring all of the Survey Packet to the interview with the researcher, Mr. Daniel Avery.

### Introduction

This survey is a part of a major research project being conducted by Mr. Daniel Avery of Williamsburg, a doctoral candidate at The College of William and Mary. Participation is voluntary so please be assured that you may decline to participate without any prejudice against you. In fact, since surveys only have meaning to the extent that they are filled in seriously, thoughtfully, and honestly it would be preferable to the researcher if those not interested would not agree to participate.

The purpose of this study is to identify the problems typically experienced by married couples, the ways in which couples try to solve their problems, and the results of these efforts over time. In general then, the researcher is interested in finding out a problem you have in your relationship and how you have tried to cope with it. More specifically, since all couples typically seem to have one or two problems or issues that "just won't go away," the researcher is interested in you specifying one particular issue-obstacle-problem in your relationship that has been the most persistent and recurring, that continues to this day, and you would like to see changed. As you consider this, please note that in this as in most research the emphasis is on group rather than individual data. The researcher's aim is to make statements like "40% of the sample have problems discussing financial concerns" or whatever.

Major research programs tend to move in planned stages. Usually a minor portion of a current study like this one will be designed to test out ideas or procedures that will be implemented in a formal way at a future step in the research program. This process is part of the current research program. A few of you will be chosen by chance (having no relationship whatsoever with what you put on this survey) to receive written feedback about your stated problem. This feedback will be put together by a committee of mental health professionals who specialize in problem solving with married couples. This committee is also a part of a continuing

## Introduction--page 2

research group of marriage counseling professionals at The College of William and Mary that is investigating ways to help couples help themselves with their problems. These people will examine your survey (but not with your last name or address on it) and send their written feedback to me so I can forward it to you in the mail. Even though this written feedback is a minor part of the current project that will affect only a few of you, you should be aware that you might be part of that subgroup of the major research. If you are one of those by chance, it will be presumed by this researcher that you will treat the feedback as seriously and thoughtfully as you treat this survey. Otherwise, future research of a formal nature will be set back.

Your confidentiality will be carefully guarded. It is necessary to the research plan to have your name and address. This is because all participants will have a brief interview with the researcher to elaborate and clarify your responses, and all couples will twice be mailed follow-up packets a few weeks later at a two-week interval. Your name will tie together these components. Only the researcher himself will ever have access to the connection between your responses and your name. For those of you whose responses will be sent to the committee of marriage counseling professionals at The College of William and Mary, your last name and address will be removed.

Agreement to Participate

We agree to participate in this research project being conducted by Mr. Daniel Avery under the supervision of the faculty of The College of William and Mary, Williamsburg, Virginia.

We understand that we will be asked to complete a survey packet mailed to our home. We are to sit down together and follow the instructions which will take approximately one hour and fifteen minutes to complete. We agree to do this.

We agree to bring this completed survey to the researcher and be interviewed at an agreed upon time. The interview will last approximately 20-25 minutes.

We understand that a committee of mental health professionals may randomly select our survey (after our last name and address have been removed) and give us written feedback on a problem. We agree to treat this feedback seriously and thoughtfully as a vital part of a larger research program.

We understand that in three and five weeks after our brief interview we will receive in the mail a packet of materials that constitute the latter part of the present research. We will receive these at two week intervals. They will take approximately one and one-half hours to complete. We agree to complete them promptly and return them promptly in the stamped mailers provided.

We further understand that the researcher will share with us in a letter the significant findings of this project. You will receive this letter at the conclusion of the research. This should be in about three months.

Since the statement of a personal issue-obstacle-problem in our relationship involves self-exploration and some risk and anxiety, we understand that the researcher is ethically and professionally bound to maintain the information we share with him in confidence, revealing it to no one while our last name and/or address is attached, and treating us with the utmost professional care.

We understand that participation in this project will provide us with some dimension of self-exploration as a couple and also an opportunity to be helpful to other couples whose problems might be helped by findings from this research project.





Complete this page TOGETHER.

DEMOGRAPHIC DATA and INFORMATION

What is your occupation? Husband \_\_\_\_\_  
Wife \_\_\_\_\_

What is your age? Husband \_\_\_\_\_  
Wife \_\_\_\_\_

How long have the two of you been married? \_\_\_\_\_ years \_\_\_\_\_ months

Have either of you been married before? Yes \_\_\_ No \_\_\_  
If yes, check which one. Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_  
If yes, how many times? Husband \_\_\_\_\_ Wife \_\_\_\_\_

How many children do you have? \_\_\_\_\_

How much formal education have you completed? Each mate please circle one.

HUSBAND College  
Grade 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 Master's Doctorate

WIFE College  
Grade 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 Master's Doctorate

Are either of you presently in counseling or seeing someone professionally for a personal problem? Yes \_\_\_ No \_\_\_

Have either of you ever sought professional counseling by a psychiatrist, psychologist, social worker, counselor, or clergyman for help with a personal problem? Yes \_\_\_ No \_\_\_

If yes, please describe briefly the nature of the contact, when it was, and how many times you saw him/her professionally. ((List the number of sessions here. # \_\_\_\_\_))

Describe briefly here:

This page is to be completed by both HUSBAND and WIFE.

((Complete this question while you are sitting down at a table with your mate. Do not take over 15 MINUTES to complete this one page. Record below the actual time you both take to complete this page. The word problem will be used here to refer to some issue, obstacle, or difficulty that causes some amount of conflict between you. You may not consider a particular issue a problem but if it does cause some conflict when it does come up, please state it here.))

What single problem do you see as having been the most persistent and recurring problem in your relationship that continues to this day and you would like to see changed?

Please state the problem as specifically and concisely as you can. Also, state the problem in personal terms that have significance for both of your own points of view. For example, "trouble with in-laws" could be phrased "John's parents do not like the way Mary keeps house. John responds by being angry at his parents (or upset at Mary or responsible for the situation) Mary feels frustrated (or responsible for his parent's feelings, or feels upset, or unconcerned)" OR "trouble with household chores" could be phrased "John agrees to take out the garbage. Mary wants it taken out every night at 9:30 pm. John wants to take it out when he gets to it and does not consider this a problem. Mary is frustrated."

WRITE HERE THE AMOUNT OF TIME IT TOOK YOU  
TO COMPLETE THIS PAGE TOGETHER. \_\_\_\_\_Minutes  
((Complete only the question on this page with your mate. Complete the rest of the questions individually but while you continue to be seated together at a table. However, Please do not talk together about your individual responses until you have completed the entire survey. Do not take over 45 MINUTES to complete the rest of this survey individually. Please indicate at the conclusion of your individual pages how long it took you as an individual to complete the following pages)).

This page is to be completed by the HUSBAND only.  
Record the time you take to complete these four pages.

Please describe the history of this problem. When did it begin? What has been your experience with it since then? Has it been constant or variable? Has it been clear and specific or hard to pinpoint? Be as detailed as you can.

This page is to be completed by the HUSBAND only.

How have you attempted to solve this problem? List as many approaches to dealing with the problem as you can recall trying, and give as much detail as you can. After you list each approach, briefly describe the result of that effort. For example, if the problem was over who was to be in charge of family finances, a solution attempted might have been to take turns every other month in which the result was "there was no conflict for two months until Mary could not find where John put the last month's receipts." Among other approaches to problem solution you may have tried, consider advice seeking, use of will power, reward and punishment, escape and avoidance of something or someone or your mate, etc.

This page is to be completed by the HUSBAND only.

By picturing or imagining in your own mind what the problem/issue you have stated would look like under certain conditions, complete the following possible "picture" outcomes.

If this conflict/problem/difficulty in your relationship were to improve a great deal or get resolved it would look like this:

You would say that the problem had changed for the better (that is, minimal improvement in order to claim change for the better) if it looked like this:

If the conflict remained the same it would look like this:

If the problem got worse it would look like this:

This page is to be completed by the HUSBAND only.

I think about this problem most of the time.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

How often?

I am very anxious over the existence of this problem.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

How anxious?

I am highly motivated to resolve this problem very quickly.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

How motivated? What are you willing to do?

I am able to laugh about the existence of this problem in my life.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

PLEASE INDICATE HERE HOW LONG YOU TOOK TO COMPLETE YOUR  
INDIVIDUAL FORMS. \_\_\_\_\_Minutes

This page is to be completed by the WIFE only.  
Record the time you take to complete these four pages.

Please describe the history of this problem. When did it begin? What has been your experience with it since then? Has it been constant or variable? Has it been clear and specific or hard to pinpoint? Be as detailed as you can.

This page is to be completed by the WIFE only.

How have you attempted to solve this problem? List as many approaches to dealing with the problem as you can recall trying, and give as much detail as you can. After you list each approach, briefly describe the result of that effort. For example, if the problem was over who was to be in charge of family finances, a solution attempted might have been to take turns every other month in which the result was "there was no conflict for two months until Mary could not find where John put the last month's receipts." Among other approaches to problem solution you may have tried, consider advice seeking, use of will power, reward and punishment, escape and avoidance of something or someone or your mate, etc.



This page is to be completed by the WIFE only.

By picturing or imagining in your own mind what the problem/issue you have stated would look like under certain conditions, complete the following possible "picture" outcomes.

If this conflict/problem/difficulty in your relationship were to improve a great deal or get resolved it would look like this:

You would say that the problem had changed for the better (that is, minimal improvement in order to claim change for the better) if it looked like this:

If the conflict remained the same it would look like this:

If the problem got worse it would look like this:

This page is to be completed by the WIFE only.

I think about this problem most of the time.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

How often?

I am very anxious over the existence of this problem.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

How anxious?

I am highly motivated to resolve this problem very quickly.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

How motivated? What are you willing to do?

I am able to laugh about the existence of this problem in my life.

Strongly Agree 5    Agree 4    Uncertain 3    Disagree 2    Strongly Disagree 1

PLEASE INDICATE HERE HOW LONG YOU TOOK TO COMPLETE YOUR  
INDIVIDUAL FORMS. \_\_\_\_\_Minutes

Thank you for completing this survey. It is essential that you bring this entire survey with you since the purpose of the interview is to understand and clarify parts of what you have put on this survey.

Your brief interview with the researcher, Mr. Daniel Avery, is at \_\_\_\_\_ o'clock, \_\_\_\_\_, 1984 at \_\_\_\_\_  
\_\_\_\_\_ . Please be prompt.

Appendix G

Problems In the Words of the Couples

Problems as Initially Stated by the Couples  
on the Survey Questionnaire

Couple 1

"(Wife) has not and still is not happy about (husband's) working hours and number of hours working."

Couple 2

"(Wife)'s sister, (sister's name), at times makes requests of her which are both inconsiderate and impractical. Despite this, (wife) usually complies with them. This makes (husband) angry with both (wife) and (wife's sister). (Wife) thinks (husband) is inflexible and non-supportive."

Couple 3

"(Husband)'s traveling requirements in his job. (Wife) is frustrated and lonely. (Husband) does not consider it a problem."

Couple 4

"The ongoing problem of our 37-year-old daughter, (daughter's name). Is currently living with us with her 11-year-old son, (boys's name). We question her capability to care for herself and son independent of our help." "We think about them all the time, how to do what is best for them."

Couple 5

"trouble with religious matters... We are experiencing a stalemate in our search for a mutually rewarding place of worship."

Couple 6

"Communication--We are unable to express our expectations or feelings with one another. An example is when wife measures love by husband by timeliness of husband's arrival from work."

## Couple 7

"(Husband) has a very precise nature and likes to do things carefully and in a certain way. (Wife) does not always do things carefully, but just wants to get them done. (Example: (Wife) fills up the trash to overflowing and (husband) wants it in 2 bags before this happens). (Husband) gets irritated, then (wife) gets angry. (This happens especially when we are both tired). (Wife) doesn't control anger well, and then it takes a while to feel better again and back to normal."

## Couple 8

"We have trouble talking things over sometimes, mostly concerning money. Usually we wind up mad, and then not talking it through."

## Couple 9

"Concerned with the quality of relationship between (husband) and daughter. When his expectations are not met (husband) comes on immediately and decisively without further thought. This sometimes results in arguments between (husband) and daughter. (Wife) is very uncomfortable with yelling. She believes that it does not resolve anything but makes this worse."

## Couple 10

"Our children have caused an unexpected strain on our relationships. Both our children were planned under different child-rearing perceptions. (Husband) decides punishment for son. (Wife) initially is relieved that it is taken care of and agrees. Then she tends to resent the punishment when she sees the consequences for herself. When she confronts Joel he becomes angry. He will leave because he can't talk and say what he wants to say. This passes, but situation is not resolved completely."

## Couple 11

"In the decision making process we reinforce one another's procrastination and unwillingness to make a firm decision. We seem to hang back from risking and therefore fail to feel as though we are living life fully and accomplishing goals. We continually make lists of projects that seem to get set aside because we let small or hidden obstacles stop us. This causes frustration and resignation to pessimism."

## Couple 12

"Inequity in sharing household and child responsibilities. (Wife) does all the work, (husband) has all the fun."

## Couple 13

"(Wife) is very sleepy in the morning and she (and also (husband)) is very fatigued in the morning. These states (plus our work schedules) reduce greatly the frequency of physical intimacy (specifically, sexual intercourse)."

## Couple 14

"(Wife) is open in stating her feelings and concerns; (Husband) by nature is a much more private person. An early pattern in their marriage would be: (Wife) shares a concern. (Husband) listens but does not state his reactions. He assumes the role of being responsible for resolving the concern (still without sharing his reaction) and simultaneously feels increasing annoyance that the same concerns continue to be brought up by (wife). (Wife) feels that (husband) is hearing but not perceiving what she is saying."

## Couple 15

"We have a tendency when talking to each other to hear what we expect the other to say and not to hear what the other is actually saying. Likewise, we expect the other to understand what we are thinking without fully verbalizing what we are actually thinking."

## Couple 16

"(Husband) is often frustrated because (wife)'s mother treats her as a little child. Since she lives in the same home this happens frequently. When this happens (husband) suddenly has work to do outside."

## Couple 17

"Our problems arise as we approach a problem and try to solve it. We look at it from different points of view and feel our way is best to solve the problem. Therefore, we have conflict over reaching a compromise to resolve the problem."

## Couple 18

"The wife has often different opinions how to use the family budget. This is leading to arguments. The husband is irritated about repeated advises in minor matters in daily life. And sometimes "the cup flowed over"!

## Couple 19

"Both (wife) and (husband) feel that the other partner has family responsibilities that are not taken care of adequately. (Husband) feels that (wife) should be more concerned about the appearance of the house. (Wife) feels that (husband) should be more aware of the children's concerns and specific household duties, like repairs."

## Couple 20

"(Husband) is religiously tardy while (wife) is fanatically on time, especially in the mornings."

## Couple 21

"(Wife) feels that (husband) doesn't pay enough attention at home, although (husband) feels he is attentive at home."



## Couple 22

"The problem is the situations arising which requires disciplining of the children. The conflict develops over reaching a consensus on an appropriate approach to the discipline, meaning what kind and to what extent discipline will be executed and the expression to each other the manner of the discipline. This causes tension in our relationship."

## Couple 23

"Our greatest concern and frustration is finding unencumbered time for each other as a family, time that is not dedicated to yard work or household chores that are limited to weekends."

## Couple 24

"We have a problem of accepting criticism when it seems unjustifiable to us. Specifically, when blame is given for lack of progress in ministry, and appreciation is seldom given for the many hours of service given to people."

## Couple 25

"We have difficulty communicating our expectations of each other when it comes to how much affection we want from each other."

## Couple 26

"We have difficulty finding enough time for each other. This causes a lack of quality communication which we feel contributes to many of the misunderstandings and frustrations we sometimes experience with each other."

## Couple 27

"Once (husband) has considered all alternatives to solve a problem and arrived at a conclusion Elaine takes exception to the decision made. (Wife) feels that (husband)'s decisions are often dogmatic and made without any

consideration for (wife)'s point of view. (Husband)'s response to (wife)'s suggestions might be 'no' without any reason being verbalized."

Couple 28

"On occasion, (wife) yells at the children for discipline. (Husband) disagrees with this and believes she should be more firm in a lower tone."

Couple 29

"(Husband) is too strict in the disciplinary measures of the children. (Wife) is too easy. The children take advantage of this and play one parent against the other."

Couple 30

"Our primary interest are widely divergent. (Wife) enjoys most working with plants, swimming, hiking, and (husband) enjoys most reading, listening, to classical music and opera, and most recently, exploring the possibilities of a computer. In other words, (wife) prefers outside activities and (husband) prefers inside activities." You apparently would like to share more mutual interest together.

Couple 31

"(Husband) is a perfectionist and a workaholic and has very high expectations of what his wife should be accomplishing and (wife) feels she cannot live up to his expectations."

Couple 32

"(Husband) puts the family second because he is involved with too many other things. (Wife) gets angry and frustrated over this. (Husband) believes there is some truth to this but hasn't made sufficient efforts at change."

Appendix H

Letter Sent with Treatment Letters

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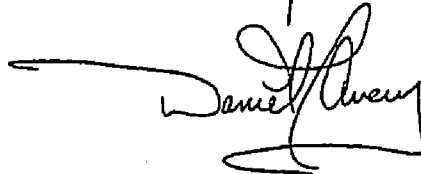
Daniel T. Avery  
118 Nina Lane  
Williamsburg, Virginia 23185

(Date)

Dear

Enclosed you will find an envelope given to me by the group at the College to send to you since I have your name and address.

Sincerely,

A handwritten signature in cursive script that reads "Daniel T. Avery". The signature is written in black ink and is positioned below the word "Sincerely,".

Appendix I

Paradoxical Directive Treatment Letters  
For All Participating Couples

PROJECT FOR THE RESOLUTION  
OF PROBLEMS OF MARRIED COUPLES  
The College of William and Mary  
Williamsburg, Virginia 23185

CODE #{ 1 }

Dear

As has been explained to you, we are a group of mental health professionals investigating ways to help married couples help themselves with their problems. Although we do not know your last name, we have examined the survey which you recently filled out as a part of the separate research being done by Mr. Daniel Avery. We picked your survey at random from all the surveys, before we had read any of them. Although some of our feedback is likely to sound peculiar, a great deal of clinical experience has shown that following our suggestions can be quite helpful for problems such as yours.

We understand that you are concerned with the effects of (husband)'s work schedule on your relationship. It sounds as if you both would like to be together more and feel like you could live like you think normal people live.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire your courage in giving each other so much space in your relationship. We suggest you keep on doing this so you can take even better advantage of the little time you do see each other. Your time apart gives you the opportunity to think about how your lives could be even better together. We encourage you to set aside a half-hour each day to think about this. (Wife), you should continue to remind (Husband) at least once every two weeks about his work schedule so you both can experience what it is like to be normal people.

PROJECT FOR THE RESOLUTION  
OF PROBLEMS OF MARRIED COUPLES  
The College of William and Mary  
Williamsburg, Virginia 23185

CODE #{ 2 }

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We understand that you have trouble relating to (wife)'s sister, (wife's sister), and feel frustrated at having to meet so many demands from her. It sounds as if you would like to have a more reasonable relationship with her and, consequently, less disagreement between you about her demands.

We have encountered many couples who have problems with relatives similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, (wife), we admire your devotion to meeting the needs of the family and your willingness to sacrifice yourself to bring peace and comfort to others. We commend (Husband) for his ability to give you and (wife's sister) space by sometimes leaving the house and not making any demands of his own while (wife's sister) visits. To make things simpler, we suggest that you contact (wife's sister) ahead of the visits that you know she will be making, like Easter, tell her you want her to have a peaceful, comfortable visit so you want her to tell you everything she will need so you can be prepared to meet her needs during her visit. This will also help (Husband) plan not to be involved and not make any demands.

PROJECT FOR THE RESOLUTION  
OF PROBLEMS OF MARRIED COUPLES  
The College of William and Mary  
Williamsburg, Virginia 23185

CODE #{ 3 }

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We understand that you are concerned about the feelings that occur in response to a very demanding travel schedule for (husband). It sounds as if you would really like to resolve your differences here so that you would both feel like you were getting your needs met.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire how you can so effectively handle this issue by not dealing with it. We suggest that (wife) start signaling to (husband) when she perceives he is getting ready to leave but not share her hurt feelings. We believe (husband) should continue to deal effectively with this issue by defining it as not a problem. This gives (wife) the opportunity to study her worries and frustrations in private, so she will be better prepared to take them up with (husband) when the time is right.



PROJECT FOR THE RESOLUTION  
OF PROBLEMS OF MARRIED COUPLES  
The College of William and Mary  
Williamsburg, Virginia 23185

CODE #{ 4 }

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We understand that you are concerned that you cope appropriately with your epileptic daughter and her son. It seems that you care for them very much in a very difficult situation.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire your ability and stamina in protecting your daughter and grandson by thinking of all the things you need to sacrifice for her. We are impressed with the amount of thoughtful reflection you are both able to give this situation. We suggest you continue to spend at least as much time as you do now thinking about her needs. Your sacrifice of your own marital interest may seem reasoned and difficult now, but you don't know how much you will be appreciated in time.

PROJECT FOR THE RESOLUTION  
OF PROBLEMS OF MARRIED COUPLES  
The College of William and Mary  
Williamsburg, Virginia 23185

CODE #{ 5 }

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We understand that you are concerned about the fact that you have not been able to find a mutually rewarding place of worship for you as a couple. It sounds as though you are disappointed that this has been a concern for several years but hopeful that you will find a place of worship where you can experience significant inner satisfaction.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire your ability to be so discerning of the kind of religious experience that is acceptable to you. We suggest that you accept no religious community that doesn't meet the highest of both of your expectations. We encourage you to continue talking at least as much as you do now about your present dissatisfaction and your desire for greater inner satisfaction from a religious community. Do not make any commitment until you are sure this will also be provided for your children. Eventually, they will be able to make this decision for themselves having learned from you how to make wise religious decisions.

PROJECT FOR THE RESOLUTION  
OF PROBLEMS OF MARRIED COUPLES  
The College of William and Mary  
Williamsburg, Virginia 23185

CODE #{ 6 }

Dear

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We understand that you are concerned with your way of communicating or not communicating feelings and expectations that you have in your relationship. We also understand that you would like to deal more effectively with your expectations when (husband) takes advantage of social opportunities after work and arrives home late. It seems as if your love and care for each other is so important to you that you would like to use even times of conflict to enhance your relationship.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire your ability to protect each other from your own personal expectations and needs. Your sacrifice is probably appreciated more than you will ever know. (Husband), we suggest you come in late one night during the coming week (without telling (wife)) in order to give (wife) a chance to continue protecting you from her expectations. (Wife), you can do this by being silent for at least ten minutes when he gets home. (Husband), you should formulate an apology in order to protect (wife) from her feelings and to clarify those parts of your own expectations that may be too demanding on her.

PROJECT FOR THE RESOLUTION  
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Williamsburg, Virginia 23185

CODE #{ 7 }

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We understand that you are concerned about the conflicts that develop between you as a result of (husband)'s very precise nature and (wife)'s sensitivity to criticism. It seems as if you would like to be able to resolve these kinds of differences between you in a more understanding and patient manner.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are impressed with how clearly you are able to share your expectations with one another. This is extremely valuable in a growing marriage. We suggest you continue to be direct and clear in sharing your expectations and feelings with each other. (Husband), we would like to see you observe all details around the house even more so you will clarify your own expectations and share them with (wife). (Wife), we believe you need to immediately remind (husband) of your feelings when you have them even if they frighten you. This gives you both the opportunity to be caring and understanding of each other. We believe it would be particularly helpful to try this the first chance you get this week when you are too tired to do anything else and can be very aware of your feelings and expectations.

PROJECT FOR THE RESOLUTION  
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CODE #{ 8 }

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We understand that you are concerned with the fact that you find it difficult to talk concerns through, especially things like money. When these concerns come up, you usually end up angry and then not talking. It seems as though you would really like to be able to talk with each other more openly without arguing.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire how you are able to control talking about things when you are angry and upset. We suggest continue not sharing about concerns, especially about money, when strong feelings surface. We hope you will just drop it and wait until the right time. This may seem difficult to do at first but the sacrifice of the expression of your genuine feelings will demonstrate how sensitive you are toward your mate. Successful marriages have mates who know when to keep quiet and reflect on something rather than discuss it.

PROJECT FOR THE RESOLUTION  
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CODE #{ 9 }

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We understand that you are concerned with the way (husband) communicates with your children and how this affects your relationship. It is clear that both of you are very concerned with the welfare of your children and the impact your relationship to them has on your marriage relationship. It seems as though you want an open, caring family life that you can share together.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you both underestimate the valuable impact of precise, direct and clear communication between parents and children, especially older ones. This often helps establish who you are with them and they with you. It can generate issues for you as a couple that gives you the opportunity to enhance your marital intimacy. It is important, however, that one of you continue to remind the other of your appropriate parental roles. We suggest that you continue to play your complementary roles of direct communication and mediator in every possible circumstance. We believe this to be valuable modeling for your children and will help you more clearly complement each other in your marital relationship.

PROJECT FOR THE RESOLUTION  
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CODE #{ 10 }

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We understand you are concerned with the unexpected strain your children have placed on your relationship since you both have different perceptions of child-rearing. It seems like you would like to have some of the tension resolved that this sometimes causes in your relationship.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we commend you for the great amount of energy you invest in your relationships. We think you underestimate the value of your different perspectives on raising your son. This can teach him that there are different views out there in the real world with which he will have to cope. We suggest that you continue to discuss your difference at least as often as circumstances permit, all the while sharing your sense of resentment and helplessness. This would be especially helpful after quick and decisive action has been taken by one of you to discipline your son. We hope you will be slow and cautious about changing the way you complement each other in rearing him.

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CODE #{ 11 }

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We understand you are concerned with the way you generally make decisions by procrastinating and sometimes being unwilling to make a firm decision. It seems as though you would like to experience less frustration and resignation so that you could see more of the fruits of your creative minds.

We have encountered many couples who have problems making decisions similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire the way you are able to be reflective about decisions you have to make. We think you underestimate the importance of considering every detail and aspect of a decision before it is made. We suggest that you continue to reflect upon and delay any decision you have to make until you are absolutely sure beyond any doubt whatsoever that you are making the right decision. Even then you may need to put it off a little while to be sure you are doing the very best thing. In this way you will be good stewards of your creative abilities.



PROJECT FOR THE RESOLUTION  
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Williamsburg, Virginia 23185

CODE #{ 12 }

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We understand that you are concerned with the way you divide up responsibilities between you in your married and family life. It seems as if you would feel much better if you shared responsibilities more equitably.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire how you have so clearly defined and played out your marital roles. You seem to underestimate how fortunate you are to know who will do something and who will not do something in every circumstance. Not having to discuss who will do what saves you large quantities of time that you can devote to each other. We suggest that you continue to retain your clearly defined roles in your partnership. We encourage one of you to take even more responsibility for the other. Your sacrifice may not seem appreciated or worthwhile now but you don't know what it will mean in the future.

PROJECT FOR THE RESOLUTION  
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CODE #{ 13 }

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We understand that you are concerned about what you consider to be the low frequency of physical intimacy, specifically, sexual intercourse, in your relationship. It seems as if you would like to increase the frequency of sexual intercourse in your relationship so you won't feel deprived and can enhance this dimension of your relationship.

We have encountered many couples who have sexual intimacy problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we commend you for your ability to give each other adequate space in your marital relationship. We are encouraged that you recognize that there are more important things in marriage life than sexual intercourse. We admire your ability to support each other by spending so much time thinking about important things in your life. We suggest you continue to give each other the space needed to do what you each want and need to do. This may involve thinking about your important projects more but this can be a valuable way of taking each other and the things important to each of you more seriously. Naturally you will continue to require at least as much sleep and rest as you get now when you are together.

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We understand that you are concerned about continuing to develop clearer communications between you. While (husband) is a rather private person and (wife) is more outgoing, you have worked hard to better understand and appreciate each other. It seems important to you that you learn even better how to hear and understand each other clearly.

We have encountered many couples who have problems with communication similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, however, we are concerned that you may move too fast on this problem. You may be underestimating the value of married couples perceiving the world in different ways. We suggest that (husband) appreciate and use even more his quiet and precise thinking skills to discern signals coming from (wife). If he happens to misperceive, (wife) should remind him as much as necessary. We encourage (wife) to express even more her ability to be expressive in your relationship. We think these kinds of interactions serve as a model for the children to learn how to interact with different perspectives and styles of thinking when they grow up. So we caution you not to give up your special gifts too fast.

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We understand that you are concerned with your tendency when talking to hear what you expect the other to say and not to hear what the other is actually saying. You also tend to expect the other to understand what you are thinking without fully verbalizing what you are actually thinking. It seems that you would like to be able to listen to what is actually being said and intended by the other.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are impressed with your ability to each maintain your individuality and protect yourselves from the demands of the other. This is often necessary when you might otherwise be consumed by the marriage and lose your individuality. We suggest you continue to assert your own interpretations upon the signals coming from your mate. You are the only person in the position to interpret what you hear. When your mate interprets it for you then you lose your ability to interpret their messages. We don't think you want to lose that. We suggest that the next time your mate tells you something you go ahead and do what you think they are asking and do not ask them to interpret their messages to you.

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We understand that you are concerned that (husband) often becomes frustrated when (wife)'s elderly mother treats her like a little child. It seems that you would like to be treated your age so you would not feel this way.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are pleased to see that (husband) can effectively deal with (wife)'s mother by leaving the house when he becomes frustrated. We believe (husband) should do this every chance he can. It might be most effective if, for example, (husband) would become even more frustrated at her during an evening meal when she is especially strong in her expression of feelings and needs and get up and leave the table to work in the yard. This will be most effective if he plans this ahead. We believe your sacrifice in doing this will, in the long run, be appreciated.

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We understand that you are concerned over the fact that you often have conflict over ways to solve problems. It seems like you would like to come to some common points of view as to how problems should be approached, for example, the discipline of your daughter.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you are underestimating the value of having more than one approach to dealing with problems that arise in your relationship. We encourage you to remind each other of your own points of view even more often, especially in regard to the discipline of your daughter. Not only does this give you an opportunity to be sensitive to each other's point of view, it also demonstrates to your daughter that there are many different approaches to dealing with a problem. This is a valuable lesson for her to learn before she gets out into the real world where there are many different views with which she will be confronted.

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We understand that you are sometimes concerned that you have arguments over minor things like the way money is spent and the giving of constant advise over minor matters in your daily lives. It seems you would like to have more similiar views on these things so you would not have periodic arguments.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you underestimate the value of vigorously discussing your differences with each other. We suggest you do this at least as often as you do now. We encourage you to even look for times when you can be fully aware of your feelings and differences and share them with each other. This helps keep life vigorous and active and intimate.

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We understand that you are concerned with the fact that each of you expects things from the other that are not taken care of adequately. It seems that (husband) feels that (wife) should be more concerned with the appearance of the house. At the same time, (wife) feels that (husband) should be more aware of the children's concerns and other needs around the house, like repairs.

We have encountered many couples who have problems with expectations similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are impressed with how clearly you are able to formulate your expectations of each other. We suggest you continue to expect even more of each other. (Husband), we believe you should be even more aware of the appearance of the house so you can clarify your own expectations of (wife). (Wife), we believe you should expect even more from (husband) in regard to his being aware of the children's concerns and specific household duties such as repairs. However, we encourage you not to be too demonstrative in stating your expectations. Sometimes we need to hold things inside. Problem solving can sometimes cause a need for more problem solving.



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We understand that (wife) is concerned with (husband) being constantly late to things, especially to work in the mornings while (husband) does not consider this as a problem. It seems you would both like to have this concern resolved so there would be no need to discuss this issue.

We have encountered many couples who have problems similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are pleased to see how you can use this issue of tardiness to engage in meaningful, intimate conversations in the mornings. We suggest you continue to discuss the merits and disadvantages of tardiness every chance you get, especially in the mornings. This will give (wife) a chance to show (husband) how concerned she is with his welfare. (Husband), by continuing to be late to things you can provide (wife) with opportunities to show you how much she cares for you. It really is very important that spouses provide these kinds of opportunities for each other. We hope you will continue attending to each other in these ways.

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We understand that (wife) feels that (husband) doesn't pay enough attention at home while (husband) feels he is attentive enough at home. It seems that you would like to say that this was not really an issue with your family.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are delighted to see how you can deal with this issue with a sense of humor and laugh at it. We encourage you to continue to make a joke of it as often as you can. We suggest, (husband), that you practice not listening even more than you do now. You can provide the family with the chance to laugh a lot together. We hope you will work hard at this.

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We understand that you have conflict over how to approach the discipline of your children. This appears to cause a good deal of tension in our relationship. It seems that you would like to come to some acceptable approach that will be effective and cause less tension in your relationship.

We have encountered many couples who have conflict over the approach to the discipline of children similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you are underestimating the value of holding strongly to your own complementary parenting values and sharing your differences with each other whenever an issue comes up. We suggest you continue to hold firmly to what you have learned about parenting and discuss this with each other at least as much as you do now. It is in this way that your children can be taught that there is more than one approach to a problem. They need to know this before they get out into the "real world." We think you are the best ones to teach and model for them the inevitability of people having different viewpoints on an issue.

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We understand you are frustrated and concerned with not having enough time together. To be financially secure (husband) needs to work overtime and do extra yardwork for his mother. It seems that you would like to have more time together for leisure as a family.

We have encountered many couples who have problems similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we are concerned that you may be moving too fast in giving up things you need in order to have more time together. We suggest you continue to make the sacrifices you have to make in order to have the things you need. The sacrifices you make now will certainly pay off in the future when you can genuinely enjoy your time together. We believe (husband)'s parents, his employer, and your children will appreciate the sacrifices you are both making.

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We understand that you both have difficulty accepting criticism of you and your ministry when it seems unjustified to you. It seems as if you would like to have others respect you and show some appreciation for your continuous efforts to minister to them.

We have encountered several couples in Christian ministry who have problems with criticism similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you do well to listen to the small, influential minority that criticizes you even when it is unjustified. We suggest you take their feedback at least as seriously as you do now. When these critics see you take their undeserved comments seriously, they will be more open to share with you their real concerns. This surely is a difficult sacrifice to make now but those you take this seriously will certainly be grateful in the future even if they have difficulty expressing it.

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We understand you have difficulty communicating your expectations of what you find desirable in terms of affection in your relationship. This sometimes causes anger and hurt in your relationship. It seems like you would like to be able to openly express your own expectations of affection and work together to achieve a mutual satisfaction.

We have encountered many couples who have problems with communication of the desire for affection similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we believe you will find it helpful if one of you would agree to play the role of "hard-to-get" in your relationship. We suggest you maintain this romantic dimension in your relationship. When couples try to communicate everything and meet every need in their relationship it often becomes very boring for both. The "hard-to-get" affection dynamic in your relationship can generate a lot of excitement and life into your relationship. We encourage you to pursure this.

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We understand you have difficulty finding enough time for each other. You believe this sometimes causes a lack of quality communication which may contribute to misunderstandings and frustrations you sometimes experience. It seems like you would like to have the time to do the things you need and want to do as well as have quality time together to more satisfactorily develop your relationship.

We have encountered many couples who have problems similar to yours developing the quality time they think they should have together. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we believe you need to go slow on any specific effort to give up things you do in order to have more time together. We suggest you continue to remind each other that you do not have enough quality time together while continuing to do at least as many activities as you do now. When couples believe that they should fill all their time doing things they believe they need to do, we are concerned that giving up even one or two of these might cause unexpected difficulties if done before the time is right.

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We understand that you sometimes experience conflict over decisions made in you household. (Husband) often makes unilateral decisions which usually differ from what (wife) may want. It seems you would like to listen more closely to each other and to have decisions made in your relationship that you both feel are in your best interest.

We have encountered many couples who have problems with couple decisionmaking similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we admire the ability you both have to stand firm for the things you think are best for your relationship. This is the kind of commitment to each other that makes for a caring, growing marriage. It is out of their differences that a couple can achieve real intimacy. (Husband), we suggest that during the next two weeks you make some decisions according to what you believe is best for (wife) but, at the same time, think (wife) will disagree with. (Wife), you should observe the decisions that (husband) makes the next two weeks and point out your different position on them even when you agree. (Wife), you should tell him you question the decision even though you may not really, but don't let him know that. We believe this will help give you additional opportunities to learn to respect and care for each other the way you already do.



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We understand that on occasion you disagree as to how your children should be disciplined. On occasion, (wife) will remind the children in a very firm voice. (Husband) believes that (wife) should be firm but in a lower tone of voice.

We have encountered many couples who have disagreements over the discipline of children similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you may not be doing what is best for the children by moving to solve this issue now. When parents disagree over a small part of the discipline, the children are exposed to the fact that people see things differently. This is the way things are in the "real world" and the home is the best place to learn this. We suggest that you coordinate your efforts by (wife) continuing to on occasion strongly remind the children in a firm voice. (Husband) can then continue to remind (wife) that there are different ways to discipline. We believe that by doing this you can model for your children how to handle real differences between people. They will certainly be better prepared to deal with individual differences later on.

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We understand you have some frustrations with the way you discipline your children. While (husband) is generally very strict, (wife) is less so and confronts (husband) about being so strict. Your children often take advantage of this and play you off against each other. It seems as if you would like to find some mutually agreed upon, effective methods of discipline for your children.

We have encountered many couples who have problems with the discipline of children similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you underestimate the value that your different approaches to childrearing and discipline can have for you and your children. We suggest you continue to hold different and divergent views of how the children can and should be disciplined. This can be valuable for your children because they can learn that there are different ways to deal with a problem. They learn that people react differently and in different ways. Children really need to learn these kinds of lessons before they can deal effectively with the "real world." We cannot think of a better place to teach them than in your home.

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We understand that over the years of your marriage you have gone from a strong mutual interest in your fields of study to very divergent individual interests. You now participate in each others activities but without much enthusiasm. It seems you would like to again find areas of mutual interest that allow you to spend more meaningful and leisure time together.

We have encountered many couples who have problems with different interests similiar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you may be underestimating the value of your pursuing your individual interests without concern for the others involvement. We suggest you continue to pursue you own individual interest at least as vigorously as you do now. We admire you ability to let each other "do their own thing." We encourage you to continue to hold back you enthusiasm when involved with the other in their interest. This gives them space and privacy in their own unique interests. We all need this so we can bring our fully developed and unique interests into a growing, dynamic relationship.

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We understand you have conflict sometimes over the fact that (husband) is a perfectionist and (wife) feels she cannot live up to his expectations all the time. It seems you would like to be able to sit down and talk reasonably about situations as they arise so that a mutual agreement can be reached.

We have encountered many couples who have problems with personal expectations similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts.

Specifically, we think you should continue to avoid discussing this issue when it comes up. As they say, "Let sleeping dogs lie." Your sacrifice in this area will benefit both of you in the long run.

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We understand that you have conflict over the fact that (husband) is involved in several different committee and sports activities. This takes away from time which (wife) feels he should be home and involved with the family. It seems like you would like to spend more time each week doing things as a family.

We have encountered many couples who have problems finding time for family activities similar to yours. We have found that the situation often improves if you just stay with it and keep trying. Generally, it often helps to focus on positive thoughts and to avoid negative thoughts toward each other.

Specifically, we want to encourage you to go slow on any changes you might think necessary. It can take a lot of adjustment on the part of parents and children when the parents suddenly "force" togetherness. Because of this we suggest, (husband), that you continue at least as many involvements as you have now until the time is right. We suggest, (husband), that you continue to remind (husband) at least as much as you do now of his responsibility to the family. This will let him know when the time is right for change.

Appendix J

Letter Sent to Couples Excluded from the Research

Dear Mr. and Mrs.

I have a deep sense of graditude for your efforts to help me in my doctoral research. As a result of the design of my research study, I will not be able to use the additional information I would have obtained from you in the next few weeks. As a result, I will not be sending you packets of this material to complete and return to me. I have been able to use the materials you have already provided to me and I thank you for that. I will be mailing you a summary of my research when it is completed.

Sometimes when couples surface a problem or issue in their relationship which they want to change they sometimes want to seek professional counseling to help them search for some solutions. If this happens to be the case with you, I will be glad to refer you to another appropriate counselor. Just give me a call.

Again, I thank you for your interest, time and energy. My hope for you is the best that married life has to offer.

Sincerely,

Daniel Thomas Avery  
118 Nina Lane  
Williamsburg, Virginia 23185

Appendix K

Marital Problem Solving Scale



Code # \_\_\_\_\_

Marital Problem Solving Scale

Please circle the letter which most closely represents your feelings and beliefs regarding problem solving or decision making in your marital relationship.

1. Compared to other couples, how confident do you feel about your problem-solving abilities?

Not at all Confident- A B C D E F G -Very Confident

2. To what extent are your solutions to relationship problems effective?

Very Ineffective- A B C D E F G -Very Effective

3. How comfortable do you feel about offering solutions to a problem to your spouse?

Very Uncomfortable- A B C D E F G -Very Comfortable

4. How much input do you have in decision making within your relationship?

None- A B C D E F G -Much

5. How happy are you with the decision making within your marriage?

Very Unhappy- A B C D E F G -Very Happy

6. How well does your spouse understand your feelings when the two of you are discussing problems?

Never- A B C D E F G -Always

7. How satisfied are you with your chosen solutions to problems?

Never satisfied- A B C D E F G -Always satisfied

8. How comfortable do you feel about engaging in problem solving with your spouse?

Very Uncomfortable- A B C D E F G -Very Comfortable

9. How would you rate your ability to resolve relationship differences or problems as a couple?

Very Ineffective- A B C D E F G -Very Effective

Appendix L

Barrett-Lennard Relationship Inventory

Appendix M

Relationship Inventory Scoring Sheet

Code:..... *RELATIONSHIP INVENTORY SCORING SHEET* Date answered:  
 R.I. form: ..... 64 item forms .....

Type of relationship (e.g., husband/wife) .....  
 Respondent's position in relationship (e.g., husband) .....

*Hypothetical  
 data inserted  
 for one scale,  
 to illustrate  
 the scoring  
 procedure.  
 (Plus signs omitted)*

Level of Regard		Empathy		Unconditionality		Congruence	
Positive items	Answer	Positive items	Answer	Positive items	Answer	Positive items	Answer
1	3	2		7		4	
5	2	10		15		12	
13	2	18		23		20	
25	1	30		31		28	
37	-2	34		39		36	
41	3	42		47		44	
57	-1	54		51		48	
61	2	62		59		56	
Sum: Sub-total #1	10						
Negative items	Answer	Negative items	Answer	Negative items	Answer	Negative items	Answer
9	-2	6		3		8	
17	-3	14		11		16	
21	-3	22		19		24	
29	-2	26		27		32	
33	1	38		35		40	
45	-2	46		43		52	
49	1	50		55		60	
53	-3	58		63		64	
Sum (for neg.items)	-13						
-1 x Sum: Sub-total #2	13						
Sub-totals #1 + #2 = Scale Score:	23						

Appendix N

Adjective Check List

Appendix O

Personal Assessment of Intimacy in Relationships Inventory  
Item Booklet

Appendix P

Personal Assessment of Intimacy in Relationships Inventory  
Answer Sheet

Appendix Q

Letter Sent With Outcome Instruments at Two Week Follow-up



Dear

The research project you are assisting me with is going well. I continue to need your help to see it completed. I am grateful for your commitment.

Enclosed you will find the forms to complete at this point in the project. I believe you will find these very interesting and maybe even fun to complete. Please complete them today if at all possible and return within two days.

Each of the enclosed forms has the instructions you are to follow to complete that particular form. I will give you general instructions here.

1. While it is not necessary to complete all the forms at one sitting, it is desirable to complete each form at one sitting. If you will set aside one and one-half hours, you will be able to complete all of them in one sitting.

2. There are two identical sets of forms included--one set for the husband to complete and one set for the wife to complete. They are clearly marked.

3. Complete the forms without consulting with each other about the content of any of the forms.

4. Complete the forms promptly, place all forms from both sets in the enclosed pre-stamped envelope, and place in the mail.

In two weeks I will be sending you each another set of forms to complete and return to me promptly.

Thanking you for your continuing help, I am

Sincerely,

Daniel Thomas Avery  
118 Nina Lane  
Williamsburg, Virginia 23185

Appendix R

General Instructions for Outcome Instruments  
At Two and Four Weeks

Please Follow These  
I N S T R U C T I O N S  
carefully

1. Please do not write your name on any of these forms.
2. Please respond to ALL items. Please mark all items clearly.
3. All the sheets marked HUSBAND should be completed by the husband only. All the sheets marked WIFE should be completed by the wife only.
4. Complete the Problem Solving Questionnaire by circling one of the descriptive phrases.
5. Complete the Adjective Check List (white sheet) by following the directions attached to it. Since you should work quickly on this check list, it generally takes about 10 minutes.
6. Complete the Marital Problem Solving Scale (pink sheet) by following the directions at the top of that page.
7. Complete the PAIR Inventory (yellow Item Booklet and yellow Answer Sheet) by placing your responses on the PAIR Answer Sheet. Read the directions carefully since they ask you to complete the questions in two stages. Please do not write in the Item Booklet. This inventory generally takes 20-30 minutes to complete both steps 1 and 2.
8. Complete the Relationship Inventory (light blue) inserting your mate's name in the blank as you read each question. Read the directions carefully. This inventory generally takes 30-40 minutes to complete.
9. Check to be sure you have completed all your forms. Place all of the completed forms in the pre-stamped envelope and place in the mail promptly.
10. Thank You.

Appendix S

Letter Sent With Outcome Instruments at Four Week Follow-up

Dear

Here it is! The last packet for you to complete as a part of your participation in my research project. It is hard for me to put into words the sense of appreciation I have for your going the whole distance with me on this project.

Enclosed you will find the forms to complete at this point in the project. They are in most respects identical to the ones you completed two weeks ago. The reason for this is to get a perspective over a short period of time. Please complete them today if at all possible and return within two days.

Each of the enclosed forms has the instructions you are to follow to complete that particular form. I will give you general instructions here.

1. While it is not necessary to complete all the forms at one sitting, it is desirable to complete each form at one sitting. If you will set aside one and one-half hours, you will be able to complete all of them in one sitting.
2. There are two identical sets of forms included--one set for the husband to complete and one set for the wife to complete. They are clearly marked.
3. Complete the forms without consulting with each other about the content of any of the forms until you have completed all forms.
4. Complete the forms promptly, place all forms from both sets in the enclosed pre-stamped envelope, and place in the mail.

In about eight weeks I will be sending you a summary of the findings of this research.

Thanking you for your continuing help, I am

Sincerely,

Daniel Thomas Avery  
118 Nina Lane  
Williamsburg, Virginia 23185

Appendix T

Debriefing Letter

Dear

I have a deep sense of gratitude for your faithfulness in assisting me to the completion of my doctoral research project.

The plan of the research called for you to be unaware of certain aspects of the procedures. In order to maintain the credibility of the research project you were exposed to some deception of purpose and procedure. I would like to share these with you now. While I was very much interested in a specific issue/obstacle/problem in your relationship, I was also interested in any effect that you might have experienced as a result of your exposure to a certain kind of feedback. This was accomplished through some of you being sent written messages in the mail. While some of you received no written feedback, some of you received a message simply giving attention or recognition that your problem had been heard and understood. The rest of you received a written message known technically as a paradoxical directive. The purpose of the paradoxical directive was to assist you in solving the problem you presented. Your individual written message attempted to develop a rationale as to why you should and then told you that you may or should continue engaging in some salient aspect of the problem you presented. If you followed the directive, you would possibly see that you have control over your problem, that is, you can continue the behavior or not. If you did not follow the directive, then you no longer are engaging in the behavior your reported as a problem.

Paradoxical directives have been used with impressive results in many clinical practices that help married couples solve their problems. This research was designed to seek out scientific evidence regarding the use of this technical procedure with married couples. As I stated to you in my invitation letter, I anticipate that the results of this study will enable us to help in more effective ways couples that do seek help.

While it was not suggested that I was or was not a member of the committee of mental health professionals that composed the written messages some of you received, you should be aware that I actually composed the messages with the assistance of my faculty supervisor. We are both mental health professionals licensed by the State of Virginia to give the kind of advise some of you received

and other kinds of professional advice to married couples.

I am pleased to report to you the following results from this project. Based upon the responses you made to the instruments in the two packets of forms you returned to me, the following observations can be made. While the feedback appears to have been helpful to some of you, the paradoxical feedback was apparently no more helpful than the feedback simply giving "attention" to and acknowledging that you had reported a problem. In fact, those of you who received no feedback appear to have, in general, gained just as much relief from the problem you reported as those who did receive feedback. Those of you who received the paradox letters did report a higher level of perceived marital intimacy than the other couples. The same couples reported a lower level of expected intimacy. The implication is that the kind of feedback these couples received helps resolve the discrepancy between their level of expected and perceived intimacy. The result in this case was increased intimacy. Other responses indicated that couples who had received the paradoxical letters also reported a higher quality of relationship than the other couples. While there was a higher quality of relationship and increased intimacy reported by the couples who had received the paradoxical messages, the difference was not statistically significant.

I will phone you within a few days to see if you are interested in a face-to-face debriefing of your participation in this process and any interests or concerns that may have arisen for you. If you desire further information about this project, please let me know and I will see that it is made available to you.

With all good wishes for a joyful marriage, I am

Sincerely,

Daniel Thomas Avery  
118 Nina Lane  
Williamsburg, Virginia 23185



Appendix U

Raw Scores on Outcome Instruments  
At Two and Four Weeks

Raw Scores on the  
PROBLEM SOLVING QUESTIONNAIRE  
used for Hypotheses 1 and 2

Randomly Assigned Couple      1 = Worsened  
   2 = Remained the Same      4 = Greatly Improved  
   3 = Minimally Improved

#	Two Weeks		Four Weeks	
	Wife	Husband	Wife	Husband
<b>PARADOXICAL GROUP</b>				
5	2	2	2	2
2	2	2	2	2
3	2	3	3	4
14	4	3	4	4
11	3	3	3	3
21	4	2	4	2
16	2	3	3	3
23	3	3	3	2
29	3	2	3	3
31	2	2	2	2
30	2	2	2	2
<b>ATTENTION-PLACEBO GROUP</b>				
8	3	3	3	3
1	2	2	2	2
4	1	1	2	2
12	2	2	2	3
13	3	2	3	3
20	2	2	2	2
19	3	2	3	3
17	3	3	3	3
27	3	3	3	2
24	4	4	3	4
28	4	4	2	2
<b>CONTROL GROUP</b>				
7	2	3	3	3
6	2	3	3	2
9	3	3	4	3
10	3	2	2	2
15	2	2	2	2
18	2	3	3	3
22	2	3	4	4
26	3	2	3	3
32	2	2	3	2
25	2	3	3	3

Raw Scores on the  
MARITAL PROBLEM SOLVING SCALE  
used for Hypotheses 3 and 4

Randomly Assigned Couple #	Two Weeks		Four Weeks		Possible Score Range 0 to 63
	Wife	Husband	Wife	Husband	
<b>PARADOXICAL GROUP</b>					
5	51	51	57	56	
2	51	58	53	54	
3	59	50	63	51	
14	62	54	62	59	
11	51	50	51	49	
21	58	63	57	63	
16	56	41	54	51	
23	57	45	54	55	
29	54	48	50	46	
31	47	53	48	50	
30	40	54	40	52	
<b>ATTENTION-PLACEBO GROUP</b>					
8	29	43	30	40	
1	55	35	51	29	
4	54	51	60	63	
12	40	48	39	41	
13	47	56	47	58	
20	62	61	63	63	
19	49	49	53	49	
17	46	42	55	44	
27	38	43	47	40	
24	60	60	59	60	
28	60	63	59	63	
<b>CONTROL GROUP</b>					
7	50	47	55	51	
6	43	52	44	50	
9	49	52	61	57	
10	44	53	52	48	
15	57	45	55	46	
18	55	50	56	47	
22	50	35	53	35	
26	58	50	57	54	
32	41	51	49	52	
25	54	42	55	43	

Raw Scores on the  
PERSONAL ASSESSMENT OF INTIMACY IN RELATIONSHIPS INVENTORY  
"How it is NOW" Perceived Scale  
used for Hypothesis 5

Randomly Assigned Couple		Scores at Two Weeks											
		Wife						Husband					
#	Em	So	Sx	Int	Rec	Co**	Em	So	Sx	Int	Rec	Co**	
PARADOXICAL GROUP													
5	76	60	64	60	76	60	72	52	40	76	64	80	
2	88	72	96	88	96	80	88	48	96	80	80	84	
3	60	84	88	56	52	76	80	60	72	52	60	68	
14	92	72	96	96	88	80	84	52	96	92	72	96	
11	88	80	92	84	92	76	88	84	84	88	92	80	
21	72	40	64	84	56	48	92	80	80	88	92	92	
16	76	96	72	84	88	80	52	64	72	48	64	48	
23	72	76	88	84	64	76	72	56	44	56	36	52	
29	68	72	52	60	72	64	36	60	36	48	76	28	
31	76	80	96	76	72	48	68	76	96	68	76	76	
30	32	28	68	36	44	32	68	44	56	44	48	56	
ATTENTION-PLACEBO GROUP													
8	24	60	88	20	36	68	32	56	80	32	44	44	
1	52	76	68	80	80	48	48	60	72	40	40	52	
4	96	96	96	84	92	92	92	84	92	76	80	96	
12	44	80	88	52	40	28	12	56	64	24	36	32	
13	64	36	52	76	56	28	88	56	36	84	56	56	
20	96	92	96	96	96	88	92	88	96	92	84	92	
19	56	76	76	84	72	68	72	72	44	76	60	72	
17	44	48	72	60	68	28	44	60	60	36	48	40	
27	56	64	72	44	68	44	32	84	64	24	40	40	
24	84	88	84	92	60	72	84	96	72	92	96	72	
28	68	92	84	76	80	80	92	88	76	92	92	96	
CONTROL GROUP													
7	80	56	92	76	80	64	76	60	84	56	64	56	
6	60	56	84	68	60	48	84	64	72	92	80	68	
9	72	56	44	84	76	76	84	56	68	64	64	76	
10	84	64	96	72	60	88	68	36	76	48	36	88	
15	84	72	92	84	60	76	40	48	40	68	68	40	
18	92	96	68	68	80	76	76	92	72	72	76	76	
22	56	72	84	68	52	52	48	64	48	52	48	28	
26	80	88	56	92	76	68	80	92	48	72	60	40	
32	48	32	80	48	44	48	76	48	96	64	60	36	
25	64	76	52	80	76	68	52	32	52	64	32	48	

\*\*The Co Scale was not included in the Couple Score.

Raw Scores on the  
PERSONAL ASSESSMENT OF INTIMACY IN RELATIONSHIPS INVENTORY  
"How it is NOW" Perceived Scale  
used for Hypothesis 6

Randomly Assigned Couple		Scores at Four Weeks											
		Wife					Husband						
#	Em	So	Sx	Int	Rec	Co**	Em	So	Sx	Int	Rec	Co**	
PARADOXICAL GROUP													
5	84	60	56	84	76	68	80	48	44	80	48	80	
2	88	64	96	80	96	88	96	32	96	92	96	92	
3	72	72	84	56	72	88	80	60	88	60	64	72	
14	84	80	96	96	88	84	92	44	96	80	68	80	
11	96	88	88	92	92	76	96	88	88	96	92	92	
21	60	48	48	72	60	60	96	96	80	96	96	96	
16	68	76	80	72	80	60	48	72	56	52	68	56	
23	68	64	88	76	68	68	56	52	44	52	28	60	
29	68	68	56	64	72	60	40	56	28	56	92	60	
31	88	80	96	96	84	56	68	52	92	64	80	80	
30	32	32	80	44	40	40	68	36	52	52	52	60	
ATTENTION-PLACEBO GROUP													
8	36	52	92	32	40	48	56	44	88	86	52	64	
1	40	72	52	44	76	40	40	52	56	28	40	56	
4	96	96	96	80	92	96	96	96	96	84	92	92	
12	28	80	76	84	32	16	20	40	56	24	32	40	
13	56	76	60	56	64	28	80	44	44	80	60	52	
20	96	96	96	96	96	92	92	72	84	88	84	92	
19	72	72	56	84	76	76	88	76	32	84	64	68	
17	32	48	52	68	60	20	44	40	52	32	56	32	
27	40	56	80	48	68	48	28	64	60	28	36	32	
24	84	68	84	84	64	68	72	96	68	96	92	68	
28	84	92	88	76	76	84	88	76	84	84	76	92	
CONTROL GROUP													
7	92	48	96	72	86	60	88	64	96	72	80	52	
6	52	48	88	60	56	48	72	68	76	84	76	72	
9	64	60	36	76	72	72	88	72	52	60	56	84	
10	84	64	96	76	64	84	72	36	88	60	40	84	
15	80	40	76	80	64	64	32	32	44	76	64	44	
18	84	80	60	68	84	80	68	80	76	68	64	84	
22	60	64	80	80	60	60	24	60	40	36	40	32	
26	76	96	60	88	72	64	80	96	48	76	64	60	
32	48	48	76	60	48	48	88	40	96	68	60	48	
25	72	76	56	76	72	64	60	64	52	52	48	36	

\*\*The Co Scale was not included in the Couple Score.

Raw Scores on the  
 PERSONAL ASSESSMENT OF INTIMACY IN RELATIONSHIPS INVENTORY  
 "How I would LIKE it to Be" Expected Scale  
 used for Hypothesis 7

Randomly Assigned Couple		Scores at Two Weeks									
		Wife					Husband				
#	Em	So	Sx	Int	Rec	Em	So	Sx	Int	Rec	
PARADOXICAL GROUP											
5	96	68	72	96	72	80	52	64	76	78	
2	96	92	96	96	96	96	44	96	96	80	
3	64	60	60	52	76	84	60	88	68	72	
14	96	72	96	96	88	92	68	96	96	88	
11	96	84	96	92	96	96	88	96	92	96	
21	84	60	64	84	68	92	80	80	88	92	
16	80	96	76	92	92	64	60	68	64	60	
23	88	80	92	84	76	76	60	72	72	60	
29	76	72	64	68	72	92	76	96	60	92	
31	96	96	96	96	96	96	80	92	76	80	
30	92	68	76	76	72	76	64	96	72	72	
ATTENTION--PLACEBO GROUP											
8	96	80	92	92	96	96	71	96	96	84	
1	96	92	96	96	96	84	64	72	76	76	
4	96	96	96	84	92	96	84	96	80	80	
12	60	80	92	68	40	92	52	88	64	72	
13	96	76	96	96	76	96	68	88	88	84	
20	96	92	96	96	96	96	88	96	96	84	
19	96	88	92	96	92	96	96	96	88	84	
17	80	68	92	88	88	80	76	72	68	68	
27	96	92	88	88	92	92	76	92	76	80	
24	96	68	84	88	64	96	96	96	84	96	
28	96	88	92	96	96	96	88	88	96	96	
CONTROL GROUP											
7	96	64	96	96	96	96	84	92	88	92	
6	96	76	96	92	88	96	68	96	92	92	
9	96	76	96	96	92	96	84	84	88	96	
10	88	44	96	80	68	60	48	76	52	48	
15	96	60	96	92	64	96	92	96	88	96	
18	84	92	88	68	88	96	96	84	88	84	
22	92	76	84	88	72	80	64	92	80	68	
26	96	96	92	92	92	88	92	84	76	84	
32	96	80	84	96	88	76	52	96	88	88	
25	96	80	96	96	92	76	64	36	64	68	

Raw Scores on the  
 PERSONAL ASSESSMENT OF INTIMACY IN RELATIONSHIPS INVENTORY  
 "How I would LIKE it to Be" Expected Scale  
 used for Hypothesis 8

Randomly Assigned Couple	Scores at Four Weeks									
	Wife					Husband				
	#	Em	So	Sx	Int	Rec	Em	So	Sx	Int
<b>PARADOXICAL GROUP</b>										
5	92	60	80	88	76	84	48	76	80	48
2	96	96	96	92	96	96	32	96	96	96
3	80	68	68	52	76	88	76	72	64	64
14	88	80	96	96	96	96	72	96	84	76
11	96	88	96	96	96	96	84	96	96	96
21	60	48	48	72	60	96	96	80	96	96
16	80	76	80	80	80	76	76	64	72	68
23	96	88	80	92	80	72	60	72	64	44
29	72	72	64	68	72	88	72	88	68	88
31	96	92	96	96	80	68	52	96	68	92
30	88	60	88	82	92	72	52	88	68	72
<b>ATTENTION-PLACEBO GROUP</b>										
8	96	60	96	72	84	96	64	92	92	80
1	96	92	96	96	88	80	68	80	72	76
4	96	96	96	80	92	96	96	96	84	92
12	72	80	80	72	68	96	68	84	84	76
13	96	68	96	92	92	96	56	76	80	76
20	96	96	96	96	96	96	72	84	92	96
19	96	84	96	92	92	96	84	96	88	88
17	72	56	48	80	72	76	68	84	60	80
27	96	92	96	92	92	84	72	88	80	80
24	96	72	80	88	68	96	96	96	96	96
28	96	96	96	80	96	96	72	92	88	80
<b>CONTROL GROUP</b>										
7	96	52	96	96	96	92	80	96	76	92
6	96	64	96	92	96	84	60	96	88	88
9	96	76	96	96	96	96	80	92	92	92
10	88	64	96	84	60	76	36	88	60	36
15	80	40	76	80	64	96	96	96	88	88
18	92	84	76	88	68	96	96	88	88	80
22	76	72	84	88	84	76	68	72	80	72
26	92	96	84	92	80	92	96	88	84	76
32	96	68	88	92	92	96	52	96	72	88
25	96	88	96	96	92	80	68	72	80	68

Raw and Standard Scores on the  
Favorability Scale  
ADJECTIVE CHECK LIST  
used for Hypothesis 9

Randomly Assigned Couple #	Scores at Two Weeks					
	Wife			Husband		
	#ckd	Fav	Std	#ckd	Fav	Std
<b>PARADOXICAL GROUP</b>						
5	64	37	56	99	64	65
2	66	33	51	61	39	54
3	88	52	56	64	42	57
14	106	57	61	83	58	59
11	68	37	56	79	46	47
21	115	56	50	89	48	49
16	86	48	52	80	40	41
23	70	44	65	54	20	51
29	99	59	63	77	34	48
31	101	54	58	89	57	58
30	73	29	47	120	54	46
<b>ATTENTION-PLACEBO GROUP</b>						
8	101	39	43	155	55	41
1	52	34	53	62	21	33
4	111	64	58	76	43	59
12	31	5	30	106	62	63
13	89	47	51	58	32	46
20	125	72	65	81	52	53
19	77	38	42	61	39	54
17	40	17	47	46	18	44
27	123	50	44	112	49	50
24	89	55	59	147	70	58
28	65	42	62	89	58	59
<b>CONTROL GROUP</b>						
7	118	54	48	99	38	39
6	106	49	53	111	61	62
9	78	33	37	81	43	44
10	117	57	51	93	56	57
15	142	73	62	64	33	47
18	136	69	62	77	29	47
22	92	50	54	60	34	48
26	121	74	67	95	52	53
32	121	48	42	76	48	64
25	99	60	64	136	56	48



Raw and Standard Scores on the  
Favorability Scale  
ADJECTIVE CHECK LIST  
used for Hypothesis 10

Randomly Assigned Couple #	Scores at Four Weeks					
	Wife			Husband		
	#ckd	Fav	Std	#ckd	Fav	Std
<b>PARADOXICAL GROUP</b>						
5	65	37	56	112	66	67
2	48	27	61	78	48	64
3	96	59	63	50	30	44
14	114	62	56	91	58	59
11	87	52	56	95	58	59
21	95	56	60	88	58	59
16	89	49	53	43	23	52
23	80	46	50	38	13	39
29	117	67	60	120	53	44
31	98	53	57	77	46	62
30	87	42	46	121	58	50
<b>ATTENTION-PLACEBO GROUP</b>						
8	135	50	44	148	52	38
1	63	43	66	46	18	45
4	108	63	66	92	56	57
12	35	3	27	91	38	39
13	76	42	46	65	37	52
20	128	73	66	77	50	67
19	69	43	63	66	42	57
17	75	39	43	52	30	61
27	99	49	53	80	28	29
24	94	55	59	150	72	60
28	64	44	65	110	66	67
<b>CONTROL GROUP</b>						
7	138	65	59	102	50	51
6	100	47	51	94	52	53
9	85	43	47	75	40	55
10	145	68	56	73	43	59
15	109	68	71	53	25	54
18	129	68	61	84	35	36
22	94	59	63	57	29	42
26	111	69	62	91	54	55
32	105	42	46	77	48	77
25	101	56	60	133	56	48

Raw Scores on the  
Barrett-Lennard Relationship Inventory  
used for Hypothesis 11

Randomly Assigned Couple #	Scores at Two Weeks							
	Wife				Husband			
	A**	B	C	D	A	B	C	D
<b>PARADOXICAL GROUP</b>								
5	44	13	9	22	47	15	20	26
2	37	15	-12	22	41	22	13	31
3	34	16	10	21	40	7	7	23
14	44	41	40	48	48	29	40	38
11	46	36	40	47	48	36	34	46
21	36	32	3	37	48	36	42	36
16	35	13	2	17	25	16	5	18
23	41	-1	18	30	40	4	19	23
29	32	15	2	19	39	2	18	7
31	41	26	0	39	43	20	15	27
30	30	-4	-5	19	39	5	16	16
<b>ATTENTION-PLACEBO GROUP</b>								
8	13	-7	-10	0	35	-11	34	25
1	33	13	6	25	38	2	29	17
4	48	32	23	41	43	29	25	36
12	26	-4	4	15	30	-21	-18	-12
13	35	15	-12	1	44	19	24	32
20	47	38	42	48	47	38	42	46
19	37	18	16	24	42	-1	15	30
17	25	-3	-15	6	25	4	-9	1
27	34	7	-17	6	31	21	-3	22
24	46	25	10	40	41	27	5	40
28	41	20	22	29	48	29	26	42
<b>CONTROL GROUP</b>								
7	32	13	9	26	38	-7	-15	-11
6	41	7	-17	16	44	17	5	23
9	45	23	26	33	32	12	23	22
10	43	10	-6	17	42	5	10	21
15	44	0	29	25	46	6	18	7
18	41	19	4	29	45	13	20	21
22	45	11	11	30	27	2	-13	3
26	46	21	25	35	44	3	-8	21
32	32	17	-17	13	43	18	3	17
25	43	22	14	33	30	-8	2	11

\*\*A = Level of Regard    C = Unconditionality  
B = Empathy                D = Congruence

Raw Scores on the  
Barrett-Lennard Relationship Inventory  
used for Hypothesis 12

Randomly Assigned Couple #	Scores at Four Weeks							
	Wife				Husband			
	A**	B	C	D	A	B	C	D
<b>PARADOXICAL GROUP</b>								
5	48	14	22	22	48	16	21	31
2	38	10	-10	28	42	21	14	35
3	43	20	5	27	41	11	-1	29
14	48	30	45	47	47	24	44	43
11	47	35	43	48	48	38	42	48
21	38	26	6	30	48	36	42	48
16	37	21	-12	24	20	11	4	15
23	39	11	23	34	42	13	28	27
29	26	4	2	22	41	20	25	18
31	36	24	13	40	42	13	22	23
30	33	-10	5	25	36	20	15	23
<b>ATTENTION-PLACEBO GROUP</b>								
8	17	-7	1	-6	36	5	32	31
1	28	-1	6	16	38	0	31	13
4	47	32	33	48	42	30	24	42
12	18	9	6	18	36	-18	-33	-17
13	37	13	-2	3	46	17	11	38
20	48	32	29	42	48	39	46	45
19	40	23	18	24	43	16	19	24
17	38	-2	7	23	35	11	10	8
27	39	-2	-16	6	35	13	1	25
24	43	18	8	35	47	23	-8	31
28	47	24	30	35	47	21	39	36
<b>CONTROL GROUP</b>								
7	39	28	25	38	44	-8	-19	26
6	40	-10	-27	13	40	11	4	21
9	45	14	20	36	39	18	36	32
10	46	18	-14	41	42	16	12	26
15	42	-11	24	20	42	0	22	5
18	41	18	-12	16	45	16	8	15
22	39	21	17	33	25	5	-15	-4
26	46	18	25	34	48	13	24	33
32	32	14	-22	15	42	14	-25	9
25	40	21	13	29	30	-9	5	3

\*\*A = Level of Regard    C = Unconditionality  
B = Empathy            D = Congruence

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## Abstract

## THE EFFECTS OF WRITTEN PARADOXICAL DIRECTIVES ON PROBLEM RESOLUTION AND LEVEL OF INTIMACY IN SELECTED MARRIED COUPLES

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The College of William and Mary in Virginia, September 1984

Chairman: David Hopkinson, Ph.D.

The purpose of this study was to investigate the effectiveness of written paradoxical directives on problem resolution and level of intimacy in selected married couples.

The population selected was married couples participating in selected churches in the geographical region of Williamsburg, Virginia. Volunteer couples completed a survey questionnaire stating one problem in their relationship they would like to see changed. The sample consisted of 32 married couples with 11 couples randomly assigned to paradoxical directive and attention-placebo treatment groups and 10 couples to a no-treatment control group.

Couples in the paradoxical group were sent a four-paragraph paradoxical letter encouraging them to continue or exaggerate the stated problem. Couples in the attention-placebo group received structurally identical letters but without the paradoxical component. The control group received no letter.

It was hypothesized that couples in the paradoxical group would show greater 1) perceived problem relief, 2) perceived problem-solving ability, 3) level of perceived intimacy, 4) level of expected intimacy, 5) favorable perception of the mate, and 6) quality of the relationship than couples in the attention-placebo and control groups.

It was concluded that no statistical evidence existed to support the hypotheses.

Further study is needed to investigate the effectiveness of paradoxical directives on marital problem-solving and the several dimensions of intimacy.