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# Differences in Emotional Adjustment of Remainders and Terminators in Marriage Counseling as Measured by the Sacks Sentence Completion Test

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**Differences in Emotional Adjustment of Remainers  
and Terminators in Marriage Counseling as measured  
by the Sacks Sentence Completion Test**

by

**Francisco R. Cruces**



**A Thesis submitted to the Faculty of the  
Graduate School of Loyola University in partial  
fulfillment of the requirements for the degree of  
Master of Arts**

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**1967**

### The Author

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## INTRODUCTION

### CHAPTER I

At the Catholic Family Consultation Service (C.F.C.S.) of the Archdiocese of Chicago a serious need has been felt to solve the problem of dropouts and premature termination in marriage counseling. The percentage of cases who either decline treatment or withdraw before treatment is completed can be placed at the conservative estimate of 30 per cent or more of all cases, which rate follows along the same pattern of dropouts in most family agencies and mental health clinics in this country.<sup>1</sup> The situation becomes more critical in this agency because of the big disproportion between "supply and demand." With only four professional social workers forming the core of the staff and with the help of three part-time caseworkers and some 30 parish priests counselors who do counseling on a voluntary basis, the day-to-day increase in caseload is much too high for this limited personnel.<sup>2</sup> The high demand for counseling arises from the fact that the C.F.C.S. is the only Catholic agency for marriage counseling in the biggest archdiocese of the country. If a certain device could be

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<sup>1</sup>Dorothy Fahs Beck, "Pattern in Use of Family Agency Service," Family Service Association of America, New York, 1962, p. 24.

<sup>2</sup>For more details on the set-up and functions of the C.F.C.S., see Wauck, A. L. "The Clergy as Marriage Counselors." J. of Religion and Mental Health, Vol. 5, No. 3, July 1966.

employed in order to initially identify potential terminators, time and effort would not be wasted on them, and the maximum utilization of agency services would be achieved and profitably so by admitting only likely remainers or giving preferential treatment to them in case the agency wants to offer help to every case.

To identify potential dropouts certain means have been tried with varying degrees of success in some family agencies. In one, Krause (1962) reported that clinical prediction of discontinuance was made after a telephone intake interview. Garcea and Irwin (1962) of the Syracuse Child and Family Service used "limited contract technique" in which applicants were asked to take a trial period of counseling and then later make a limited contract to stay for treatment for at least four months. Most agencies analyzed social workers' reports on clients to find out distinguishing characteristics of terminators and remainers. In mental health clinics the general method of selection is by means of tests like the Rorschach, MMPI and other batteries of tests.

In the C.F.C.S. a member of the professional staff suggested the idea of exploring the suitability and applicability of the Sacks Sentence Completion Tests (SSCT) to identify potential dropouts. Some practical considerations supported the selection of this particular test instead of another. Like all sentence completion techniques, the SSCT lends itself to easy administration and scoring, even for those who are moderately



trained in projective technique methods. Besides, the SSCT would be time-saving by eliminating the need for another test to discover probable terminators. According to agency policy the SSCT is routinely administered to all applicants at intake for diagnostic purposes. During the weekly staff meeting the completed test helps in their decision whether to admit the client for treatment or refer him to a psychiatric clinic as a deeply pathological case which the agency cannot properly handle. In treatment cases the SSCT provides valuable clues for the counselor in his formulations of the clients' personality structure and his problems, before planning treatment procedure. But the SSCT has never been used in the agency for predicting premature termination.

This study was undertaken to investigate the possibility of using the SSCT to identify certain personality variables that would differentiate the couples who remain in counseling from those who terminate prematurely. Specifically it asks: do the differences--if any--in emotional adjustment, as revealed by the SSCT, significantly discriminate between the "terminator" couples and the "remainder" couples? As will be explained later in the chapter dealing with the SSCT, the presence or absence of and the degree of emotional disturbance in 15 attitude areas (towards mother, father, goals, etc.) are among the personality factors revealed by the SSCT. The present investigation was focused on maladjustment in the 15 attitude areas. The aim of this study, therefore, was to investigate whether the SSCT can detect emotional

disturbance in the 15 areas that would significantly differentiate the couples who stay in marital counseling from those who quit prematurely.

A corollary aim of the present investigation was to test the hypothesis of those who claim that "disturbance" as a personality factor does not significantly discriminate between the continuers and discontinuers in therapy. Although Taulbee (1958) reported that continuers scored higher on the MMPI symptom scales than the discontinuers in his sample of out-patients in psychotherapy, Fanshel (1958) contradicts this position and concluded that "mental health" is not related to likelihood of continuance. Similarly, Sullivan (1958) found no difference in MMPI symptom scales, when he studied a similar sample of out-patients like Taulbee's. Lorr (1958) found that terminators had a history of more antisocial acts than the continuers. Levitt (1958) holds the same position as Lorr's. Yet five different studies by Frank (1957), Lorr et al (1958), Sullivan (1958), Gallagher (1958) and Taulbee (1958) reported that "anxiety" was greater in the continuers than in the discontinuers. Unless anxiety is a sign of disturbance, it would appear from these last mentioned five that disturbance is a factor in continuance or discontinuance. Since these conflicting conclusions are unclear in their implications, further investigation of the matter of disturbance like the present study seemed warranted. At least it was expected to shed some light on the present controversy.

## CHAPTER II

### REVIEW OF LITERATURE

The review of literature includes studies that are classified into two broad categories; namely, those about continuance or discontinuance in treatment and those on the sentence completion test, particularly on the SSCT. From this background of past studies the present investigation appeared different and original although it agreed with the first group of studies in trying to identify personality factors associated with premature termination in therapy. With the second group it agreed in exploring the different uses of the sentence completion test but differed from them in employing the SSCT to discriminate terminator couples from the remainers in marriage counseling. In this sense the present study appeared original.

With the abundance of written material on the topic of continuation in therapy one is confronted with two difficulties. First, what should one report among the many studies? A report on all of them would constitute a complete dissertation like one done by Levinger (1960) and another by Fulerson and Barry (1962). Secondly, how to set up a framework for organizing the various findings in order to indicate common factors among them. To solve the first difficulty, only those investigations concerning personality factors which are associated with staying

in treatment will be reviewed. Even among these, only the more important ones were considered since many are mere replications of previous ones.

The present study is not concerned with other variables like therapists' characteristics or other situational factors like distance from clinic, social environment, etc., which other investigators have included in their studies. The investigations done on patients' attributes were divided into those which were conducted by social workers in the setting of social agencies and those by psychologists and psychiatrists in mental health clinics. Incidentally, these have contributed more to the study of continuance than the social workers.

Published reports on sentence completion tests as an instrument to predict continuation in therapy are very few when compared with those studies using other tests like the MMPI, TAT and Rorschach; and with regard to the SSCT as a measure of continuance, no study was reported.

#### Studies by Social Workers

One of the earlier studies about personality factors predicting continuance in treatment was reported by M. Blekner (1953) of the Community Service Society of New York. After analyzing 338 first interview case reports, three judges found four factors to significantly discriminate the one-interview cases from the more-than-one interview cases: (1) The client with a problem of a psychological or interpersonal nature is

more likely to return for further interviews than one with a problem in another area; (2) if the client's response to a worker's proposal or suggestion for solutions of core or basic problems is rejecting or noncommittal he is not likely to return; (3) if the client appears to move forward in accepting the worker as a counselor during the first interview, he is likely to come back. These conclusions according to the author are not definitive. They point to the need for further research aimed at finding reliable quantified measures of certain factors noticeable in a first interview. Also, no objective measure was used except the clinical judgments on case reports.

L. Ripple (1955) conducted a research project to investigate the relationship of continuance with such factors as motivation, capacity, environmental opportunity, and agency service. By means of a rating scale devised for the study, three judges rated case records of 351 clients from two Chicago agencies. Results indicated that these factors differentiated the continuers from the discontinuers. The cut off point between the criterion groups was four interviews or less for the latter and five or more for the former. The author admits that besides these four factors found, there are other discriminating attributes.

Rogan (1957) found many clients' characteristics that differentiate the "unplanned closers" (discontinuers) from the "planned closers" (remainers). Defining continuers as those who

had at least five interviews and the discontinuers, those with less than five, he reported that caseworkers considered the continuers during the first interview to have greater motivation to solve their problems, less resistance to exploration, attribute responsibility for problems to themselves rather than to others or to circumstance, of a higher educational attainment and better understanding of their problem than the discontinuers. These conclusions were based on the analysis of 250 first interview reports. Judgments were made by the caseworkers who interviewed them.

That continuers tend to attribute responsibility for problems to themselves rather than to others or to circumstances is confirmed by other studies like Lake's (1959), Mitchel's et al (1953). The last authors reported that continuers in a marital counseling agency tended to describe their husbands less negatively, sharing the blame for their troubles instead of blaming the other spouse entirely.

In a summary report of their investigation of family agencies in 8 major cities of the country, A. Shyne (1957) described those "who did not respond for further service (discontinuers) as persons who lack acceptance of responsibility for the existence of problems, who have low motivation for solution of the same, no cooperation in solving them, resistant to workers' exploration." In this study the research worker is aware of his lack of scientific validation and reliability and solely relies

on the criteria of logic and relevance to agency operation.

The findings of Garcea and Irwin (1962) are similar to the conclusions mentioned above. They conducted an experiment called "limited contract," which was mentioned in the introduction of this study. (p.2) Caseworkers in their agency agree on these observations: most dropouts tend to use the defensive mechanisms of impulsiveness, denial and projections; they tend to focus on their environmental pressures, not on personal conflicts and interpersonal relationships.

A study on continuation of treatment was done in a child guidance clinic by Ross and Lacey (1961). The results showed that families who followed treatment to a minimum of 16 interviews, when compared with those who quit before the fifth session, had significantly more developmental difficulties, unusual behavior (would this indicate maladjustment - investigator), marital disharmony, and specific somatic ailments. Terminators had more school truancy and they had less often experienced a waiting period between application and intake. That the remainers significantly had "more developmental difficulties and unusual behavior" would seem to indicate that maladjustment is an indicator of continuance.

Levitt (1958) concluded in his study on 50 "defectors" and 50 "non-defectors" in a Child Guidance Clinic in Chicago, that motivation and severity of symptoms as possible indicators of continuation was not validated. With Fanshel he opines that mental health is no indicator of continuance.

In summary, it appears that the above studies done by social workers have these points in common: (1) except for the factor of mental health mentioned by Fanshel, Ross and Levitt, all investigators mentioned the factors of motivation, cooperation of patient, focusing on personal problems, feeling of responsibility for problems, less resistance to worker's exploration as associated with continuation in treatment; (2) without using any standardized tests to measure continuance--as done by psychologists--these studies employ the clinical approach of investigation. In this method, facts are observed, recorded and analyzed intuitively by skilled judges. Studies of this type lack the scientific validity of those studies done with standardized tests whose data are analyzed by formal statistical procedures.

The present study was also done in the setting of a social agency but differed from the foregoing studies by focusing on the personality factor of emotional adjustment. Lacey and Ross, among the factors they found associated with continuance include defects in personality development and unusual behavior to be related with continuance, while Fanshel and Levitt contradict this opinion. Another difference from the previous studies is the use of the SSCT on a sample of couples, whose data were statistically analyzed and evaluated with regard to their emotional adjustment.



### Studies by Psychologists and Psychiatrists

Premature termination in therapy has been a favorite subject for investigation by psychiatrists in the last decade. There is a wealth of written reports on their findings (One begins to wonder whether there is any sense and value in replicating many of these studies.) on every possible variable influencing premature termination. Patients' and therapist's characteristics, relationship between the two, situational factors, factors associated with success, etc., were measured and evaluated with different tests. Levinger and Fulerson and Barry, as mentioned before (p.5), made a very comprehensive review of the principal studies on continuance.

From the abundance of reports only the principal and more recent ones dealing with personality factors are reported here since the present investigation is concerned with the personality factor of maladjustment as a probable indicator of termination in therapy. In reviewing these articles special consideration was given to the subjects, the instrument used, and the methodology followed in order to point out how the present study differed from them in these respects.

The first reported study on predicting termination by means of the Rorschach scores was done by Rogers, Knaus, and Hammond (1951). The cut point in interviews between "those desiring" treatment (continuers) and those "not-desiring" treatment (discontinuers) was five or more interviews for the continuers and

less than five for the discontinuers. The result was negative: Rorschach scores cannot predict continuance on the basis of motivation (desiring treatment) for those who had 5 or more interviews.

A year or two later Kotkoff and Meadow (1952, 1953) testing the hypothesis that in group psychotherapy, continuance and discontinuance was a function of three Rorschach factors--FC minus CF, D%, and R, and dichotomizing 26 patients with 9 or more interviews as continuers and less than 9 interviews for discontinuers, their findings showed that the FC minus CF, & R but not D% significantly discriminated the criterion groups. These results were interpreted according to a hypothesis that patients with relatively high scores on FC minus CF, and R Rorschach scores have greater capacity to bear anxiety generated by psychotherapeutic process than those with low scores on the same factors.

Auld and Eron (1953) contradicted Kotkoff and Meadow when they found results contrary to Kotkoff's findings. They used the same formula for prediction as that used by Kotkoff and their sample patients were taken from a New Haven clinic.

Gibby et al (1954) also using Kotkoff's prediction formula with five interviews for quitters and 20 or more for stayers, found that only R correlated with continuance but IQ was partialled out.

Affleck and Mednick (1959) used a prediction formula based on R, M, H scores and had for subjects 75 male veterans with

psychiatric disorders. They wanted to see who of the 75 would continue treatment for more than three sessions (cut off point) and found that the "abrupt" terminators were characterized by limited verbal productivity and avoidance of expression of ideas dealing with human activity.

With these conflicting results based on Rorschach scores, only R or verbal productivity seems to be the only indicator of continuance. Gallager (1954) and Taulbee (1958) supports this same hypothesis. But as Fulkerson (1961) says, "the Rorschach is probably an unnecessarily cumbersome way of measuring this R variable and perhaps another instrument like the Mooney Problem Check List is a better one."

Some investigators used other measures than the Rorschach or in addition to it. Taulbee (1958) used the Rorschach and the MMPI to differentiate the continuers and quitters. Working with 85 patients in the Omaha VA Mental Health Clinic and setting 13 interviews as the cut point between the dichotomous groups he found that the remainers as predicted showed greater affectivity, dependence, need to be accepted, less defensive, more anxious, more conscious of inadequacy, inferiority, and depression; more disturbed in sex, immature in attitude to life, fear, and guilt. He found that the continuers scored higher on the MMPI symptom scales but Sullivan (1957) using the same measure in a similar setting did not support this finding

Lorr, Katz, and Rubenstein (1958) using a battery of tests (39-item Behaviour Disturbance Scale, self-rating scale, Taylor MAS, 15-item multiple choice vocabulary test, 20-item F Scale for authoritarianism) and setting extreme groups of continuers with 26 weeks of therapy against terminators with 6 weeks or less, reported these findings: terminators are more likely to have a history of frequent troubles with the law, lack of impulse control, hostility to authority, lack of goal persistence, lack of personal ties and loyalties, less likely to report anxiety and less self-dissatisfied than the remainers. The 300 cases they studied came from 13 mental health clinics, which was a very good sample.

The latest study on premature termination was undertaken by McNair, Lorr, and Calahan (1961), who further validated the predictive validity of the test battery (TB) used in their previous study. The sample consisted of 282 outpatients from 7 VA clinics. With complicated statistical analysis of data they concluded that remainers are less impulsive, less antisocial in behavior, admit more anxious behavior, more critical of themselves, less rigid and irrational in beliefs, more retiring in interpersonal dealings, better educated, better vocabulary, and more motivated for therapy.

Among those more recent researchers in the area of premature termination, Hiller has perhaps done most. He is the only one who used a SCT instrument to identify the personality factors associated with premature termination. In several studies

(1958, 1959), he found that continuers significantly differed from the terminators in the following respects: they are better in EQ and verbal but poor in performance, better in similarity subtest but poorer in digit span and digit symbol. All these attributes were measured by the WB test. On the basis of initial complaints presented by the patients, he found continuers presented neurotic symbols like obsessions, phobias, anxiety, and depression; terminators presented organic symptoms, anti-social behaviour or schizoid feelings. Using a third instrument, the Michigan SCT, he found that four significant differences distinguished the two groups: (1) Continuers were less evasive and more willing to reveal personal feelings and confidential matters about themselves and their parents; (2) more concerned about feelings of personal and social inadequacy; (3) greater need for success, status, and achievement; (4) more conscious of emotional needs and generally more psychologically sophisticated. His cut point in the dichotomy was 5 or less interviews for the terminators and 20 or more for the remainers. His subjects were from the VA Mental Hygiene Clinic of Detroit.

The foregoing studies appear to have these common findings: remainers are more anxious, more self-dissatisfied, better motivated, more educated, better vocabulary, less antisocial, more authoritarian. In the area of adjustment and mental health there appear some opposite findings. While Sullivan did not find the remainers more disturbed than the terminators, Taulbee and Hiler

seem to consider them "sicker." Even Lorr et al considers them more anxious and more self-dissatisfied (feelings of inadequacy and inferiority for Hiler and Taulbee) than the terminators whom they (Lorr et al and Hiler) consider more impulsive, authoritarian, antisocial (psychopathic disturbance, it seems.)

The present investigation also deals with personality factors, or more specifically, with emotional adjustment; but it does not consider such variables as education, vocabulary, motivation, psychological sophistication, etc. The present study also differs from the foregoing in using the SSCT to measure maladjustment or disturbance and it does not measure the predictive validity of the SSCT as Lorr and Hiler, Eron and Kotkov did in their studies.

This is more of an elementary investigation trying to find significant differences between terminators and remainers by means of the SSCT and by implication, the ability of this test to distinguish the criterion groups.

#### Studies on the Sentence Completion Technique

The use of the sentence completion method in the evaluation of personality has not caught up with the popularity enjoyed by other measures like the Rorschach, MMPI, and the TAT. In the area of premature termination only one study by Hiler (1958) is reported.

Perhaps the best sources of information on the historical background and subsequent studies on the SCT is an article by

Sacks and Levy which forms a chapter in the Abt and Bellack's Projective Psychology (1950). In this article the authors trace the origin of the SCT from as far back as Ebbinhaus (1897) through Tandler (1930), Lorge and Thorndike (1935), Payne and Rhode (1946), Rotter and Willerman (1940-1947), Stein (1947), Symonds (1941), and ends up with their version, the SSCT, the form used in this study. It is apparent from this historical study that the SCT admits of many forms, different scoring methods and interpretations according to the various objectives and the theoretical orientations of their authors. This variety of forms, scoring, interpretations and the lack of normative studies have discouraged many researchers who prefer to use better standardized and validated instruments. More investigations are needed on the SCT.

In later years the literature on the SCT is increasing. Cromwell and Lundy (1954) in trying to find the stems that consistently produce many clinical hypotheses found that the "more productive stems refer to the first person, to the future, and to the present, and to the emotional aspects of their subjects." Stephen (1960) reported that change in a retest of the SCT-Rotter form on the same subject reflects the real change in his adjustment, 3 to 6 years later.

The use of the SCT in differentiating two or more groups with regard to personality traits is reported in many interesting articles. Henry Gowden et al (1955) used the SCT with the Bender

Gestalt to predict adjustment outside the hospital by testing those who improved from the unimproved. The Murray MacKinnon SCT was used by Hadley and Vera (1949) to investigate the influence of emotional disturbance on academic success and they found out that low scholastic achievement may in part be attributed to emotional disturbance. Rotter & Rafferty (1949) used their own SCT form to screen applicants for college. Efron (1955) devising his SCT form and testing three groups of patients the suicidal, assaultive and non-assaultive found the SCT to be a good indicator of the suicide-bent patients. In the area of marriage counseling Inselberg (1964), using the Rotter-Rafferty form, tried to measure marital satisfaction. Although her study needed further validation, it showed some evidence of the potentiality of the SCT as a measure of marital satisfaction.

Studies with the Sack form of the SCT were naturally started by the author himself. In order to explore the relative influence of stems referring to the first person (Form A) and that of stems referring to other persons (Form B) he administered both forms to 100 patients. The results show that Form A proved more effective than Form B in discovering the subject's disturbance in attitudes: towards sex, father, mother, family unit, heterosexual relations, colleagues, superiors, goals and the future. Because of the many variables involved Sacks himself is not too confident of the results of his test.



Another study with the SSCT was done by Brody (1957) who compared chronic violators, accident repeaters and a control group for reaction time, visual field, and depth perception. Kingsley (1961), using SSCT, compared the personality structure of psychopaths, and non-psychopaths among the prisoners with non-prisoners as controls. He found that psychopaths scored significantly higher than non-psychopaths in the areas of hostility, heterosexual relations, attitude toward authority, subordinates and guilt feelings. In these same areas the psychopaths scored higher than the non-prisoner normals. He concluded that the SSCT, like the MMPI, can differentiate the non-prisoners from the prisoners. The SSCT was also used by Vaughn (1963) to explore the personality disturbance between seminarians who remained in the seminary and those who left. He found significant differences between the two. This study is a study on termination, not in therapy but in seminary training.

Of all the studies done with the SCT method, the most similar to the present investigation is that of Hiler (1958) mentioned in the preceding section (p.16), who wanted to differentiate terminators from remainers in therapy by means of the sentence completion technique. Although pursuing the same objective of differentiating remainers and terminators, it is different from this project in the following respects:

(1) His subjects were out-patient therapy patients while this

study is concerned with couples who come for counseling. It is assumed that patients in mental clinics are more emotionally disturbed than clients in counseling; (2) He used the SCT Michigan form, with 100 stems and scored differently than the SSCT which consists of 60 stems: (3) in methodology Hiler's study is again different. He employed one rater; he evaluated the responses on the basis of 25 personality variables like evasiveness, desire for status, feelings of inadequacy, etc. He further validated his findings by cross validation and determined the predictive validity of the significant factors found. In this study, there are two raters; the responses are rated for emotional adjustment in 15 attitude areas. No determination of predictive validity is made. In short, it may be said that Hiler's is a more advanced study, superior to the present investigation, which is solely exploratory.

None of the other studies using the SCT technique dealt with termination in marriage counseling. And Hiler's study is in many respects different from this investigation. It is therefore a pioneering attempt in studies on premature termination.

CHAPTER III  
METHOD AND PROCEDURE

Subjects

The material for the study was the SSCT protocols of couples who came for counseling to the C.F.C.S. between 1964 and 1966. Of the 312 tests drawn from the files only 140 could meet the following three selection criteria: (1) the clients must be paired as couples; (2) each couple had 5 or more interviews for the remainder group and three or less for the terminators; (3) the number of responses or sentences completed on the test were sufficient enough to be rated on the 15 attitude areas. The first condition rests on the assumption that marriage counseling is most effective when both parties take part and cooperate in counseling. Thus marriage counselors generally involve both marital partners (and children when needed) in counseling. Furthermore, it is a common observation in counseling practice that when one of the partners quit, the other also withdraws. Thirty-five pairs or 70 cases in the remainder group and 35 couples in the terminator group met this condition. Protocols of 24 men and 32 women were disqualified on this score.

The number of interviews was arbitrarily set at 5 or more for the remainers and 3 or less for the terminators. Many investigators put a sharp dividing line in the series of interviews by taking a definite number as cut off point below which are the terminators and at this cut off point and above are the

remainders. It was thought more reasonable to assume that differences would occur if a certain gap or distance separated the criterion groups; one-interview difference does not seem to make much difference between the two groups. Therefore two interviews separated them in this study. By interview is meant a session of 45 minutes to an hour and the definition includes both intake and treatment. Although the intake interview is primarily a data gathering process, it has many of the characteristics and effects of a treatment interview. For example, the relief felt by the counselee when he unburdens his problem to an understanding counselor, the rapport established on first contact, the manner in which counselor handled counselee's questions; all these are therapeutic, like the treatment interview, and they have much influence on the next contact after the intake. Holding to this second condition were the remainder couples whose numbers of sessions (whole group of couples) ranged from 5 to 17 with each spouse (either husband or wife) averaging 8.8 counseling sessions. The 35 terminator couples had from 1 to 3 sessions and each client averaged 1.6 session. For each couple in each group the counseling was conducted either separately or jointly.

Terminator couples were those who stopped counseling before the fourth session against the advice or consent of the counselor. Those who for a reasonable cause--death of spouse, referral to the chancery for separation or to psychiatric treatment--

were not included in the terminator group. In one case, the husband died, 10 couples stopped because their situation had improved, 5 pairs insisted on separation and therefore their case was referred to the chancery, and 23 couples were advised to see a psychiatrist.

The last condition required a sufficient number of completed sentences to be meaningfully rated according to the 15 categories or attitude areas. Lacking this condition 48 cases or 24 couples were not included in the study. Table I summarizes this process of elimination.

TABLE I  
SELECTIONS OF SUBJECTS

Subjects	Men	Women	Couples	Total of cases
<b>Included:</b>				
Remainers	35	35	35	70
Terminators	35	35	35	70
<b>Not included:</b>	<b>24</b>	<b>32</b>		<b>56</b>
<b>Unpaired</b>				
<b>Paired but closed because:</b>				
(a) husband died	1	1	1	2
(b) psychiatric	23	23	23	46
(c) to chancery	5	5	5	10
(d) improved	25	5	5	10
Incomplete resp.	24	24	24	48
<b>Total</b>	<b>152</b>	<b>160</b>	<b>128*</b>	<b>312</b>

\*Total does not include unpaired clients.

### Matching Criterion Groups

Most of the investigators in the area of premature termination do not match their subjects according to the factors that are associated with continuance. Sullivan (1957) says that it is impossible to control or even specify all or many of the factors which affect outcome of therapy and therefore large samples are needed. Another reason seems to be what Taubbee (1958) adduces: "Regardless of the way in which certain identifiable personality variables interact with other variables in the therapeutic relationship, they will be reflected in certain psychological tests." This opinion appears tenable if the aim of the investigation is to explore the potentiality of a certain measure in identifying some personality factors. But when one wants to test how closely associated is this one factor (among others) to termination in order to prove its predictive accuracy in influencing termination, then it seems the control of other factors is necessary. For how can one claim that termination was due to this factor when there are others that may have influenced it? The present study tries to explore the possibility of using the SSCT to identify some personality factor; namely, maladjustment that would significantly discriminate between terminators and remainers in marriage counseling. As such, it did not require matching the subjects on all possible factors. Nevertheless, upon inspection of the data, it was found out that the subjects or criterion groups could be

matched on many factors. This matching may come in handy for further investigation. Table 2 shows how the dichotomous groups were matched on some factors. It was not possible to match them on such variables as therapist's influence, type of counseling, situational variables and many others that are associated with continuance and outcome of therapy. In all, the factors in which the groups are matched no significant differences.

TABLE 2

## GROUPS MATCHED ON ALL POSSIBLE FACTORS

Factors	Remainers		Terminators	
	Husband	Wife	Husband	Wife
1. Education:				
College (average* 3 years)	14	6	14	5
High Sch. (average 3½ yrs.)	20	20	19	28
Grade 8th	1	4	2	2
2. Occupation:				
Skilled labor	20		16	
Professional or semi-professional	15		16	
Housewife		25		22
Working**		10		13
3. Income (average annual)	\$7,000		\$7,400	
4. Age (range)***	22-57	21-52	21-53	17-48

\*The average years of college and high school education was taken for the group.

\*\*They do clerk-sales, telephone operators, and semi-skilled kinds of tasks.

\*\*\*Age is not considered by most investigators as associated with termination.

### The Instrument:

The Sacks Sentence Completion Test (SSCT) used in this study will be briefly described and commented on. For a detailed description of the same the reader is referred to the article by the author in Abt & Bellak's Projective Psychology (1950).

Joseph M. Sacks and other psychologists of the New York Mental Hygiene Service designed the test (for screening therapy patients) to discover significant clinical material in four representative areas of adjustment: sex, family, interpersonal relations, and self-concept. Fifteen attitudes were comprised under these four general areas with either three or four attitudes under each general group. Each of the 15 attitudes contains 4 items or stems that are designed to elicit responses pertaining to that particular attitude area.

In the general heading of sex, are 2 attitudes, towards women and towards heterosexual relationship. Among the 8 items, (4 in each attitude) are such items: "I think most girls are...", "If I had sex relations..." The area of the family includes three attitudes: towards mother, father, and family unit with such stems like, "I wish my father," "I love my mother but..." The area of interpersonal relationship includes attitudes toward friends, colleagues at work, superiors and people supervised. The complete test is found in Appendix I.

The final 60 items incorporated in the test were selected from 280 stems submitted by 20 psychologists and from other



stems taken from existing SCT tests. The 20 psychologists were asked to pick out 4 stems for each of the 15 areas which they deemed most appropriate to elicit the significant attitude in that category.

The reliability of the test was determined by correlating the independent ratings of three psychologists (two in agreement in 92% and the three in 40-45%) with the ratings of the psychiatrists who treated the same subjects. The contingency coefficient was from .48 to .57 with standard errors of .02 and .03. According to the authors, these figures showed significant relationships between the psychologists and psychiatrists.

The validity was determined by comparing the psychologists' interpretive summaries of the 50 subjects' responses with the clinical findings of psychiatrists. Some 77% of the psychologists' interpretations were in agreement with clinical findings. These results, according to the authors, compare favorably with validation scores of the Rorschach and the TAT.

In the administration the subject is told to read the stem and complete it as quickly as possible. Responses can be given orally, but generally they are written.

The scoring takes the following steps: (1) the scorer makes an interpretative summary judgment based on his clinical experience of the four responses in each attitude area, taken together; (2) he rates the degree of disturbance according to a 4-point scale: X = unknown; 0 = no disturbance; 1 = slight

and no need for therapeutic aid; 3 = severely disturbed, requiring therapeutic aid. Instead of a global score by adding all ratings of individual items as Rotter did, Sacks rates each attitude with a combined rating of the 4 responses under it. He then makes a statement of those areas in which the subject is more or less disturbed and then he makes a description of the interrelationship of the attitudes with respect to content. Finally, a personality structure of the subject is given as regards his mode of response, emotional adjustment, maturity, reality level, and manner in which conflicts are expressed. A rating sheet in which these various phases are illustrated is found in the Appendix.

Some observations on the SSCT seem appropriate in relation to the present investigation. One weakness of the test is its lack of standardization and empirically established norms like most of the projective techniques. The validity of the test when applied to another population from the one on which it was originally devised may be questioned. But on inspection of the stems, except some few items, they are, in general, applicable to any population. They do not seem specifically structured for "sick" people. In fact, the authors of the test formulated it to "screen" or select patients for therapy. Thus it may be administered to normals and "sick."

Of the few items that should be modified when applied to the population in this study (married) some need revision in

the opinion of the investigator. In rating such responses like "compared with others, my family...", he noticed that the response referred ambiguously to his own family or to his parents', of which he is (was) a member. Another item, "Those I work with...", "When I see the boss coming..." Most wives answered, "I do not work, I have no boss" Also the stem, "Before the war..." Many answered, "I was not yet born." With this response, one cannot rate his attitude towards the past. The authors themselves (p. 370) admit the need for revision of some stems. With regard to scoring, the SSCT has the advantage over the Rotter and Rohde method in that it localizes the maladjustments instead of giving a general emotional adjustment of the subject. A general rating cannot be given. It is true that in the end a general summary statement is given, but no degree of general "mental health" is "quantitatively" given for statistical evaluation.

### Rating Responses

Before the tests were scored, the responses of the 140 clients were copied and arranged according to the 15 categories with 4 stems in each. In all, there were 2100 attitude scores to be rated, 15 ratings for each of the 140 subjects. Although some investigators changed the rating code by substituting 0 for X, 1 for 0, 2 for 1, and 3 for 2, the Sacks' rating code was followed in this study.

The scoring was independently done by two judges. One is a Ph.D., professor in Psychology, a practicing clinical psychologist and counselor with several years of background experience. The other is a practicing counselor at the C.F.C.S. working for his M. A. in Pastoral Counseling. Although the former is better qualified, both seem competent enough to pass clinical judgments and rate the responses properly.

After the scoring was done, the scores were compared for reliability. This was done by percentage agreement, as Sacks (1950) and Kinsley (1961) did when they used the SSCT. Table 3 shows the percentage of agreement including deviations of 1 or 2 points from each other's scores, and the number of items where these deviations occurred.

The table shows that the percentage of perfect agreement is 81 and the agreement with 1 point is 88. This compares favorably with the reliabilities of other judges' ratings on studies with the SSCT, namely with Sacks' 92% in two of three raters and Kinsley's 77% for two scorers. The percentage agreement between the two raters is high enough to warrant their compatibility. Greatest disagreement with a deviation of 1 was most noticeable in areas of anxiety, self-esteem, and goals. Perhaps if the two sat down together and agreed on some criteria for evaluating responses, it is possible that there would have been less disagreement.

TABLE 3

PERCENTAGE OF AGREEMENT BETWEEN TWO RATERS  
IN RATING 2100 ATTITUDES

Attitude towards:	Perf. agreement	N.*	Percentage of Deviation of 1 N.		Agreement Deviation of 2 N.	
Mother	.87	122	.11	16	.02	2
Father	.90	126	.10	13	.01	1
Family Unit	.82	115	.17	24	.01	1
Women	.86	120	.13	19	.01	1
Heterosexual Rel.	.79	110	.20	29	.01	1
Friends	.79	109	.21	31		
Authority	.88	123	.12	17		
Subordinates	.86	119	.13	20	.01	1
Colleagues	.96	134	.04	6		
Fears & Anxiety	.67	94	.32	45	.01	1
Guilt Feelings	.75	103	.21	31	.04	6
Self esteem	.70	96	.30	44		
The Past	.84	118	.16	22		
The Future	.83	116	.17	24		
Goals	.70	98	.30	42	.01	1
<b>Total</b>	<b>.81</b>	<b>1703</b>	<b>.18</b>	<b>383</b>	<b>.01</b>	<b>14</b>

\*Number of items or attitudes

The marked differences are obviously due to the raters' differences in training, experience and orientation from which rating ultimately depends. But the percentage agreement of 81% perfect, and 88% within 1 point was deemed high inter-rater reliability for the present investigation. In those areas where raters disagreed, the final score or rating taken for statistical computation of significant differences was the mean of the two scores.

### Method of Analysis

The object of the investigation was to see whether there are significant differences in maladjustment in the fifteen attitude areas between remainder and terminator couples. For this, three groupings were set from which three comparisons were made; namely, remainder husbands vs. terminator husbands; remainder wives vs. terminator wives; and finally, remainder couples vs. terminator couples. The assumption underlying these groupings is that marriage is a relationship where both partners interact and mutually influence one another. Thus, if emotional disturbance is noted in either partner, the marital situation is aggravated.

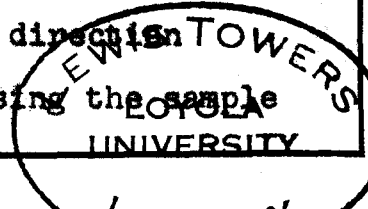
No overall maladjustment rating is provided for in the Sacks scoring system. If one wants to know whether a significant difference between couples exists in general personality adjustment and not according to attitudes, then some means would be devised for calculating that. The investigator attempted

to do so by filling in a 3 x 2 contingency table the summed scores of the terminators in the lower row and  $\chi^2$  value was computed. The same procedure was followed when comparing wives vs. wives and husbands vs. husbands for general maladjustment differences.

In all the foregoing comparisons the  $\chi^2$  technique was applied to test the null hypothesis of no significant differences between the criterion groups. This was deemed the most appropriate statistic because the scores are expressed in frequencies. The "X" scores were eliminated from analysis because X ratings are unknown and valueless. Of the 2100 items there were 76 X's or 4% or all ratings.

In some cells score frequencies were so small, less than 5, that they were combined with cells to which they belong logically. For example, a small frequency in cell of rating "2" (severe disturbance) would naturally belong to cell "1" (mildly disturbed) instead of cell "0" or no disturbance. Small cell "0" was combined with cell "1." With these combinations the degree of freedoms (df) varied, either 1 or 2 depending on whether the table was 3 x 2 or 2 x 2.

Only significant differences at the .05 level of confidence were considered valid to reject the null hypothesis. However, differences in the .20 or .10 level approaching the .05 level, were considered in order to see the direction towards which they tended. Probably by increasing the sample



these values would reach the .05 level.

The chi-square value does not show where the significant difference is located, whether in cell "0", normal, or cell "1", slight disturbance, or "2", severe. One must inspect the contingency table and see which rating contributed most scores and by what group and then where the difference is most noticeable between the two groups as regards both observed and expected frequencies. For example, the biggest difference in observed frequencies and biggest deviation differences from expected frequencies is noted in cell "1", then one may say the significant difference shown by chi-square value is located here and the corresponding maladjustment is "1", mildly disturbed.

The direction towards continuance or discontinuance was determined by the group in the dichotomy to which the greater disturbance is attributed. For example, if greater disturbance in attitude towards self-esteem was attributed to the remainder group, then the direction of this personality factor was positive towards continuance; and the direction is negative if the greater disturbance is found in the terminator group.

In other words, the more disturbed in self-esteem tended to remain and those less disturbed in that area tended to withdraw. The assumption is that this greater disturbance in self-esteem which is characteristic of the remainder group is a personality factor associated with continuance in therapy: remainers are more disturbed in self-esteem.



## CHAPTER IV

### RESULTS AND INTERPRETATION

The comparative analysis by chi-square of the various groupings yielded results that gave a basis to either accept or reject the null hypothesis of no significant difference in the various attitudes. Table 4 shows the results of the husbands vs. husbands comparison.

TABLE 4

REMAINDER AND TERMINATOR HUSBANDS COMPARED

Attitude towards:	X <sup>2</sup>	df	Direction	Degree	P
1. Mother	1.90	2	+	2	ns
2. Father	6.38	1	+	2	.05
3. Family unit	3.02	2	+	2	ns
4. Women	2.12	1	+	1	.20
5. Heter. relations	1.86	1	+	2	.20
6. Friends	1.74	1	+	1	.20
7. Authority	.26	1	none		ns
8. Subordinates	.49	1	none		ns
9. Colleagues	2.92	1	-	1	.10
10. Fears & anxiety	3.29	1	+	2	.10
11. Guilt feelings	.91	1	+		ns
12. Self-esteem	5.37	1	+	1	.05
13. The past	1.10	1	none		ns
14. The future	.24	1	none		ns
15. Goals	.06	1	none		ns

Degree means that of maladjustment  
 + positively associated with continuance; - negatively  
 ns, not even at the .20 level.

Table 4 shows that the Remainer husbands are significantly more disturbed than the Terminators in variable or attitudes 2 (Father) and 12 (Self-esteem). In attitudes 4 (Women), 6 (Friends), 9 (Colleagues) and 10 (Anxiety) they tend to greater maladjustment but not significantly so, the X<sup>2</sup> values being less than at the .05 level. In the other areas no significant difference was noted.

It is interesting to note that in the attitude towards colleagues the terminators appeared more maladjusted, but the significance did not reach the .05 level. The degree of disturbance where the significant differences were noted for the remainers was 2 (severe) in the attitude towards Father and 1 (mild) in the attitude towards Self-esteem. The direction the remainers have in these two attitudes is positive or towards continuance. Except in these two areas the null hypothesis is accepted.

The results of the comparison of remainder wives and terminators are shown in Table 5. It shows that the remainers are more disturbed than the terminators in attitude 12; namely, towards Self-esteem. The direction the remainers have in these two attitudes is positive or towards continuance. Except in these two areas the null hypothesis is accepted.

The results of the comparison, of remainers and terminators are shown in Table 5. It shows that the remainers are more disturbed than the terminators in attitude 12, towards Self-esteem. Like the remainder husbands they tend to stay in counseling. Also like their husbands the disturbance is mild, (1) In areas, 1 (Mother), 2 (Father), 3 (Family unit), 7 (Authority), and 10 (Anxiety). The remainder wives also showed more disturbance but not significant enough to reject the null hypothesis of no significant difference. In attitude towards colleagues, the terminator wives, like their terminator husbands,

appeared more disturbed but significance is practically nil.

TABLE 5

## REMAINDER WIVES AND TERMINATOR WIVES COMPARED

Attitude towards:		$\chi^2$	df	Direction	Degree	P
1.	Mother	5.31	2	+	2	.10
2.	Father	4.24	2	+	1	.20
3.	Family unit	2.11	1	+	1	.20
4.	Women	1.22	1	none		ns
5.	Heter. relations	.32	1	none		ns
6.	Friends	.17	1	none		ns
7.	Authority	2.44	1	+	1	.20
8.	Subordinates	1.09	1	-	1	ns
9.	Colleagues	.25	1	-	1	ns
10.	Fear & anxiety	3.72	1	+	2	.10
11.	Guilt feelings	.17	1	none		ns
12.	Self-esteem	3.93	1	+	1	.05
13.	The past	.44	1	none		ns
14.	The future	.06	1	none		ns
15.	Goals	.24	1	none		ns

Four areas showed significant differences between Remainder couples and Terminators as shown in Table 6. It appeared that at the .05 level the remainders were more disturbed in the attitudes towards mother, father, anxiety and self-esteem. The direction of these four areas is positive; that means the remainder couples tended to stay in counseling. Disturbance in area or attitude towards mother is 2 or sever; in attitude towards Father, it is 1 and 2; that means, significant differences upon inspection of the contingency tables were noted in cells for sever and mild disturbance. The same degrees are noted in attitude towards anxiety, but in self-esteem the

disturbance is only mild (1). In attitudes towards family unit, hetero-sexual relations, friends, authority figures, and guilt feelings, the remainers also tended to be more disturbed but not at a significant difference from the terminators. The terminators, on the other hand, tended to be more disturbed in areas or attitudes towards subordinates and colleagues; but neither to a significant degree.

TABLE 6

## REMAINDER COUPLES AND TERMINATORS COMPARED

Attitude towards:	X <sup>2</sup>	df	Direction	Degree	P
1. Mother	6.44	2	+	2	.05
2. Father	7.99	2	+	1-2	.05
3. Family unit	4.95	2	+	2	.10
4. Women	.12	1	none		ns
5. Heter. relations	2.54	1	+	2	.10
6. Friends	1.70	1	+	1	.20
7. Authority	2.18	1	+	1	.20
8. Subordinates	1.38	2	-	1	ns
9. Colleagues	3.31	2	-	2	.20
10. Fears & Anxiety	7.80	2	+	1-2	.05
11. Guilt feelings	3.25	2	+	2	.20
12. Self-esteem	7.00	2	+	1	.05
13. The past	.14	1	none		ns
14. The future	.26	1	none		ns
15. Goals	.26	1	none		ns

The results of the chi-square computation of differences for general personality adjustments are as follows: for Remainer husbands vs. Terminators,  $x^2$  is 4.51, significant at .20 level; for wives  $X^2$  is .872, not significant and for couples,  $X^2$  is 5.73, which is near significant at .05 level with 2 df. This shows that in general maladjustment there were

no significant differences except near significance in the comparison by couples.

## CHAPTER V

### DISCUSSION

From an inspection of the results it appears that the aim of the investigation was achieved. The SSCT has the potentiality of significantly discriminating between remainder couples and terminators in marriage counseling by showing significant differences in emotional adjustment in some attitude areas; namely, attitudes towards mother, father, guilt, anxiety, and self-esteem. With the differences significant at the .05 level, it can be admitted with confidence that the remainder couples are more disturbed in these areas than the terminators. With caution and less confidence, because their levels of confidence are less, the attitudes towards family, heterosexual relations, friends, authority, and guilt feelings may also be considered disturbed areas of the remainers and more so than for the terminators. In the attitudes towards subordinates and colleagues, the terminators appear more disturbed with significance approaching the .05 level, or tending to that direction.

These findings seem consistent with the findings of previous studies on personality factors associated with premature termination. It is generally admitted by investigators, as shown in the review of literature, that remainers appear more anxious than terminators. In this study, this was also found. Remainer couples were more disturbed in this area than the terminators, and their difference was significant at .05 level.

Another personality variable commonly admitted by investigators to significantly discriminate remainers from terminators is the feeling of inadequacy and dissatisfaction with themselves. McNair et al (1962) says that "compared with Remainers, Terminators admit less dissatisfaction with their behavior." Hiler (1958) expresses the same by "feelings of personal and social inadequacy." With such responses like "I feel sorry for myself," "I get mad," "Inability to solve problems" which the remainder couples wrote to complete stems in the area of self-esteem, one may notice such feelings of inadequacy and dissatisfaction. Again in this area the Remainer couples appeared more disturbed at the .05 level of significant difference.

If some free interpretation is allowed, the greater disturbance of the remainder couples in the attitudes towards mother and father may mean what Taulbee (1958) calls "remainers are more more dependent and more in need of affection." Responses of the remainder couples in those areas like "he is a failure," "she's a mean, scheming woman," "he's an alcoholic," "she left me," seem to indicate their need for love which was denied them by their parents.

In the two areas where the terminator couples appeared more disturbed although not at the .05 level, the results seem consistent too with previous investigations. Terminators are generally considered more anti-social, more authoritarian and

rigid. It would seem that their bad attitude towards their subordinates and colleagues show such anti-social and authoritarian traits. Although within the limits of this study, these personality factors were shown to discriminate the Remainer couples from the Terminators by means of the SSCT, still one may consider the validity of the test in discovering these factors dubious because the study lacks cross-validation; it may have the merit of blazing the trail but further cross-validation is surely called for.

With this cross-validation study one could also set up a prediction formula by comparing an original sample with the cross-validation sample or samples and see how accurate do these significant differences in these areas predict remaining in counseling. Or, as Hiler did, predictive validity could also be established by having a counselor predictive on these areas from his clinical judgment.

Upon inspection of the results of the comparisons of husbands vs. husbands and wives vs. wives, the significant differences found in the comparison of couples vs. couples do not appear so except in the area of self-esteem. There seems to be some inconsistency here. The objection can be met in two ways. Firstly, if actual difference will tend to increase as the sample size increases because chi-square is related to size of the sample. In attitudes "mother," "father," and "anxiety," the  $X^2$  values of the wives vs. wives comparison were



below chi-square values significant at the .05 level but near or tended to that direction. When added to the values of the husbands in those areas which were also near or tended to the .05 level (sized increased), the difference in value also increased in the couple vs. couple comparison. Secondly, the husbands and wives are not considered separately but jointly in marriage counseling.

On the question of whether general maladjustment is a factor associated with continuance or not, the results in the comparison of total ratings in all the 15 areas seem to indicate that disturbance is related to continuance. Since the SSCT scoring system does not provide for global disturbance it cannot be concluded that according to the scoring of the test general disturbance is related to continuance. All one can say is disturbance in some areas was shown in this study to discriminate remainder couples from the terminators. The attempt which the investigator made for a global disturbance evaluation is only tentative and is not at all indicated in the scoring method of the SSCT. Nevertheless, upon inspection of the chi-square values of the "tentative" evaluation, one sees that the values tended to the direction of significant and near or above values at .50 level: couple vs. couple = 5.732 (between .10 and .05); husband vs. husband = 4.51 (between .20 and .10); wives vs. wives = .872 (near .50) and if general disturbance is evaluated from the number of areas in the SSCT where remainder

groups (husbands, wives, couples) showed more disturbance, then it seems that remainder groups are more disturbed in general than the terminators. This conclusion lends support to Taulbee's (1958) findings that "remainers" scored higher in the symptom scale of the MMPI.

That remainers appear more disturbed than terminators would contradict the position of Fanshel (1958) and Levitt (1958) who claim that "mental health" is not associated with continuance. These opposing viewpoints show the state of confusion and contradictory findings of many research projects on termination. The reason for this is that investigation in this area is not conducted in the same setting, the same methodology, the same sample and similar statistics involved. Specifically, there is no notable tendency for the verification of findings through repetition of identical experiments to be able to state categorically that such and such are the findings. Obviously with all these differences in experimental set-up, results vary.

The very term "disturbance", "maladjustment", "mental health" must be defined in order to show its association with termination or continuance. McNair et al (1962) for example, found that "terminators are less anxious and admit less "neurotic" behavior than remainers"; Hiler (1956) found that remainers presented neurotic symbols like obsessions, phobias, anxiety, etc., while terminators presented anti-social behavior

and schizoid feelings. These terms seem to indicate maladjustment and emotional disturbance. Unless anxiety, neurosis, anti-social tendencies mean something other than disturbance, then one can say that maladjustment is not related to continuance.

A final consideration is concerned with the practical implications for marriage counseling the results and findings of the study have. The usefulness of this research lies in its predictive value for selection of patients. As stated in the introduction to this study, this was undertaken in order to help solve the drop-out problem of the agency. It must be admitted that the study has accomplished just the beginnings of further studies. The results must be validated by cross-validation in order to determine its predictive value. Further still, it is suggested that studies be made with proper controls on cases of actual "terminees" in order to show to what extent are personality factors related to termination or continuance. As Gundlach and Geller (1958) asked: "Is it really the terminee, or is duration and termination partly administrative artifacts and partly reflection of the kind of personality problems that staff are interested in or skilled at handling?" Besides, it has been observed that terminators in one clinic go to others.

Control of factors other than personality attributed are therefore necessary in predicting continuance. But if the control of all factors is an impossibility, then at least large samples (further validations), as Sullivan (1958) suggested, are needed.

CHAPTER VI  
SUMMARY AND CONCLUSIONS

This study was undertaken to explore the possibility of using the SSCT for discrimination of remainder couples from terminator couples in marriage counseling by significant differences in their emotional adjustment. A corollary hypothesis tested in this study is that maladjustment is not a personality factor related to continuance.

The material for the investigation were protocols of 35 remainder couples and 35 terminator couples who met the three selection criteria: (a) paired clients as husband and wife; (b) three or less sessions for the terminators and five or more interviews for remainers; (c) sufficient sentences completed to receive ratings in all 15 categories of the test.

The independent raters showed 88% agreement within one point, which was considered sufficient inter-scorer reliability. Comparisons of terminator husbands vs. remainder husbands, terminator wives vs. remainder wives, and remainder couples vs. terminator couples were made with the chi-square method of analysis.

The results showed significant differences between terminator couples and remainder couples in four attitude areas of emotional adjustment. The remainder couples were found to be more disturbed in their attitudes towards Father, Mother, Anxiety, and Self-esteem, with significant differences at the

.05 level of confidence. In the attitudes towards family unit, heterosexual relations, friends, authority, and guilt, the remainers also showed differences or more disturbance than the terminators but were not significant at the .05 level although they approached or tended towards that direction. In the attitudes towards subordinates and colleagues, the terminators appeared more disturbed but again the differences were below the .05 level of significance. These results were discussed and interpreted and were found consistent with some of the previous findings in the area of premature termination. Within the limitations and restrictions of the research design and related solely to the particular sample studied, the following conclusions appeared warranted:

(1) The SSCT has the potentiality of discriminating remainder couples from the terminators in marriage counseling by revealing significant differences in emotional adjustment between the dichotomy.

(2) The remainers appeared more disturbed in their attitudes towards Father, Mother, Anxiety, and Self-esteem.

(3) Maladjustment (specifically in these areas) seemed related to continuance in marriage counseling.

It is suggested that future research aimed at checking these results should include more samples for cross-validation. Some items in the SSCT, particularly those referring to the Family, Subordinates, Colleagues, and the Past should be

revised for testing marriage counselors. The present study can be described as a modest beginning and has the merit of "blazing the trail" for other research projects in the field of premature termination in marriage counseling.

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APPENDIX I

THE SSCT USED AT THE CATHOLIC FAMILY CONSULTATION SERVICE  
PLEASE FILL OUT THE FOLLOWING INFORMATION

Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_

AGE \_\_\_\_\_

AGE AT MARRIAGE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

INCOME (NET) \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_

Draw a circle around the highest school grade which you have completed, and indicate whether the school attended was public or catholic.

GRADE 1 2 3 4 5 6 7 8                      Catholic                      Public

HIGH SCHOOL 1 2 3 4                      Catholic                      Public

COLLEGE 1 2 3 4                      Catholic                      Public

POST GRADUATE 1 2 3 4                      Catholic                      Public

APPRAISAL OF YOUR MARRIAGE: (Please check one of the following)

Very Happy \_\_\_\_\_; Happy \_\_\_\_\_; Average \_\_\_\_\_; Unhappy \_\_\_\_\_;

Very Unhappy \_\_\_\_\_

Please check one of the following if it applies to you:

1. Have you ever had psychiatric care \_\_\_\_\_
2. Have you ever had marriage counseling \_\_\_\_\_
3. Do you feel there is a need for marriage counseling \_\_\_\_\_

Time Began: \_\_\_\_\_

Time Finished: \_\_\_\_\_

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTIONS: Below are sixty partly completed sentences. Read each one and finish it by writing the first thing that comes to your mind. Work as quickly as you can. If you cannot complete an item, circle the number and return to it later.

1. I feel that my father seldom
2. When the odds are against me
3. I always wanted to
4. If I were in charge
5. To me the future looks
6. The men over me
7. I know it is silly but I am afraid of
8. I feel that a real friend
9. When I was a child
10. My idea of a perfect woman
11. When I see a man and a woman together
12. Compared with most families, mine
13. At work, I get along best with
14. My mother
15. I would do anything to forget the time I
16. If my father would only
17. I believe that I have the ability to
18. I could be perfectly happy if
19. If people work for me

Name \_\_\_\_\_

20. I look forward to
21. In school, my teachers
22. Most of my friends don't know that I am afraid of
23. I don't like people who
24. Before the war, I
25. I think most girls
26. My feeling about married life is
27. My family treats me like
28. Those I work with are
29. My mother and I
30. My greatest mistake was
31. I wish my father
32. My greatest weakness is
33. My secret ambition in life
34. The people who work for me
35. Some day I
36. When I see the boss coming
37. I wish I could lose the fear of
38. The people I like best
39. If I were young again
40. I believe most women
41. If I had sex relations
42. Most families I know
43. I like working with people who

Name \_\_\_\_\_

44. I think that most mothers
45. When I was younger, I felt guilty about
46. I feel that my father is
47. When luck turns against me
48. In giving orders to others I
49. What I want most out of life
50. When I am older
51. People whom I consider my superiors
52. My fears sometimes force me to
53. When I'm not around, my friends
54. My most vivid childhood memory
55. What I like least about women
56. My sex life
57. When I was a child, my family
58. People who work with me usually
59. I like my mother but
60. The worst thing I ever did

APPENDIX II

SSCT RATING SHEET

Subject:

Sex: Date:  
Time: Age:

Instructions: On the basis of your clinical judgment, taking into account such factors as inappropriate responses, sysphoric references and manifestations of conflict, rate the SSCT responses of the subject in the fifteen categories listed below, according to the following scale:

- 2 - Severely disturbed. Appears to require therapeutic aid in handling emotional conflicts in this area
- 1 - Mildly disturbed. Has emotional conflicts in this area, but appears able to handle them without therapeutic aid.
- 0 - No significant disturbance noted in this area
- X - Unknown. Insufficient evidence

Note: The SSCT stimulus is typed in lower-case letters, the subject's response in capitals. When the number of an item is circled, it means that the subject did not complete it at first but returned to it later.

- I. Attitude Toward Mother. Rating: Nos. 14, 29, 44, 59
- II. Attitude Toward Father. Nos. 1, 16, 31, 46
- III. Attitude Toward Family Unit: Nos. 12, 27, 42 57
- IV. Attitude Toward Women: Nos. 10, 25, 40, 55
- V. Attitude Toward Heterosexual Relationships. Nos. 11, 26, 41, 56
- VI. Attitude Toward Friends, Acquaintances. Nos. 8, 23, 38, 53
- VII. Attitude Toward Superior. At Work or School. Nos. 6, 21, 36, 51
- VIII. Attitude Toward People Supervised. Nos. 4, 19, 34, 48



- IX. Attitude Toward Colleagues at Work or School. Nos. 3, 28, 43, 58
- X. Fears. Nos. 7, 22, 37, 52
- XI. Guilt Feelings. Nos. 15, 30, 45, 60
- XII. Attitude Toward Own Abilities. Nos. 2, 17, 32, 47
- XIII. Attitude Toward Past. Nos. 9, 24, 39, 54
- XIV. Attitude Toward Future. Nos. 5, 20, 35, 50
- XV. Goals. Nos. 3, 18, 33, 49

#### GENERAL SUMMARY

1. Principal areas of conflict and disturbance.
2. Interrrelationships among the attitudes.
3. Personality structure.
4.
  - A. Extent to which subject responds to inner impulses and to outer stimuli.
  - B. Emotional adjustment.
  - C. Maturity.
  - D. Reality level.
  - E. Manner in which conflicts are expressed.

## ILLUSTRATIVE CASE

The following responses, interpretative summary, and independent clinical impression of the psychiatrist who treated the subject were obtained during the course of an experimental study of the SSCT by Sacks.

SUBJECT NO. 6 Male Age 19 Diagnosis: Psychoneurosis, mixed, Severe

## I. Attitude Toward Mother. Rating 2

- 14. My mother has been a problem to me.
- 29. My mother and I - are closely tied together.
- 44. I think that most mothers - love their children.
- 59. I like my mother but - she has been a big problem to me.

Int. Sum: Greatly concerned about emotional ties between mother and self and the problems involved in this relationship. (Clinical impression: Ambivalent dependency with incestuous wishes and hostility.)

## II. Attitude Toward Father. Rating 2

- 1. I feel that my father seldom - has shown affection toward me.
- 16. If my father would only - act like a father.
- 31. I wish my father - were more of a man.
- 46. I feel that my father is - not much of a man.

Int. Sum: Shows need of relationship with an adequate father-image. Feels that his own father fails to fulfill this role. (Clinical impression: Father not a strong person. Can't identify with him.)

## III. Attitude Toward Family Unit. Rating 2

- 12. Compared with most families, mine - is more strict and European.
- 27. My family treats me like - an intelligent person.
- 42. Most families I know - are happy.
- 47. When I was a child my family - didn't pay much attention to me.

Int. Sum: Feels he was rejected by family in childhood, but that he is respected by them now. Feels he has been handicapped

by parents' rigid attitudes and old-world ways. (Clinical impression: Compulsively loyal based on dependency.)

IV. Attitude Toward Women. Rating 0

- 10. My idea of a perfect woman - is one who is beautiful and smart.
- 15. I think most girls - are looking for husbands.
- 40. I believe most women - have good abilities.
- 55. What I like least about women (no response).

Int. Sum: Favorable but timid. (Clinical impression: Extreme libidinous impulses which he fears.)

V. Attitude Toward Heterosexual Relationships. Rating 2

- 11. When I see a man and a woman together - I envy them.
- 26. My feeling about married life is - that it is swell.
- 41. If I had sex relations - I'm not certain as to how I'll react.
- 56. My sex life - has created feelings of guilt in me.

Int. Sum: Lacks confidence in his sexual prowess or ability to enjoy relationships. Laden with guilt feelings. (Clinical impressions: severe superego. Rigid upbringing.)

VI. Attitude Toward Friends and Acquaintances. Rating 2

- 8. I feel that a real friend - would stick by me.
- 23. I don't like people who - are high and mighty.
- 38. The people I like best - are those who like me.
- 53. When I'm not around my friends - they talk about me.

Int. Sum: Dependent and passive. (Clinical impression: Socializes well. Well-liked.)

VII. Attitude Toward Superiors at Work or School. Rating 0

- 6. The men over me - are responsible men.
- 21. In school, my teachers - liked me.
- 36. When I see the boss coming - I continue with what I am doing.
- 51. People whom I consider my superiors - should be smarter than I.

Int. Sum: Respects them and feels accepted by them.  
(Clinical impression: Dependency well controlled.)

IX. Attitude Toward Colleagues at Work or School. Rating 0

- 13. At work I get along best with everyone.
- 28. Those I work with are - good people.
- 43. I like working with people - who work with you and do their share.
- 58. People who work with me usually - like me.

Int. Sum: Feels that all are co-operative and well disposed toward him. (Clinical impression: Co-operative, considerate.)

X. Fears. Rating 2

- 7. I know it is silly but I am afraid of - being outstanding and rejected.
- 22. Most of my friends don't know that I am afraid of - being rejected and outstanding.
- 37. I wish I could lose the fear of - letting myself go.
- 52. My fears sometimes force me to - crawl into my shell and even throw up.

Int. Sum: Fear that any prominence on his part, rejection by others, causes him to withdraw or to take refuge in digestive symptoms. (Clinical impression: Libidinous impulses, hostility, seduction.)

XI. Guilt. Rating 2

- 15. I would do anything to forget the time - I became hysterical.
- 30. My greatest mistake was
- 45. When I was younger, I felt guilty about - all my sex feelings.
- 60. The worst thing I ever did - was to keep myself from advancing to my fullest capacity.

Int. Sum: Guilt involved in sex feelings has prevented development of his personality potentialities. (Clinical impression: Masturbation, libidinous feelings toward girls, mother and sisters.)

XII. Attitude Toward Own Abilities. Rating 1

- 2. When the odds are against me - I get blue.
- 17. I believe that I have the ability to do - anything I chose to do.
- 32. My greatest weakness is - fear.
- 47. When luck turns against me - I wait for it to change.

Int. Sum: Feels he has high potentialities but is depressed when confronted with obstacles. Passive and frayed in dealing with them. (Clinical impression: Over-ambitious in relation to abilities. Would like to be more brilliant than he is.)

XIII. Attitude Toward Past. Rating 1

- 9. When I was a child - I received little attention.
- 24. Before the war, I - was happy.
- 39. If I were young again - I'd probably get the same way as I have.
- 54. My most vivid childhood memory - ~~is~~ my experience with a girl.

Int. Sum: Felt rejected. Impressed with childhood sexual experience. (Clinical impression: Preoccupied with masturbation and with illness.)

XIV. Attitude Toward Future. Rating 0

- 5. To me the future looks brighter.
- 20. I look forward to - when I'm well.
- 35. Some day I - will be truly happy.
- 50. When I am older - I will be wiser.

Int. Sum: Optimistic with respect to health, happiness and intellectual growth. (Clinical impression: No conflict. Feels able to do things he wants to do.)

XV. Goals. Rating 1

- 3. I always wanted to - be outstanding.
- 18. I could be perfectly happy - if I had peace of mind.
- 33. My secret ambition in life - is to be famous.
- 49. What I want most out of life - is peace of mind, then I'll get all the rest.

Int. Sum: Wants to be famous and outstanding despite fears previously mentioned. Goals seem somewhat vague. (Clinical impression: Wife, family, middle-class living.)

## GENERAL SUMMARY - (Subject 6)

1. Principal areas of conflict and disturbance: Mother, Father, family unit, heterosexual relations, superiors, fears and guilt feelings.

2. Interrelationships among the attitudes: Problem of close emotional tie with mother, lack of father-figure, and strict upbringing results in timidity toward women, lack of confidence in his sexual prowess, and a strong guilt in his feelings with regard to sexual desires. Feeling of rejection in childhood and inadequate father-figure leave him with fear of handling hostility when he is in position of authority.

### 3. PERSONALITY STRUCTURE:

- A. Mode of response: Responds primarily to inner impulses (X and XI)
- B. Emotional adjustment: Emotionally constricted (37)
- C. Maturity: Self-centered goals and lack of sexual adjustment moderate immaturity
- D. Reality level: Tends to overevaluate his potentialities (17)
- E. Manner in which conflicts are expressed: Need for recognition and acceptance (VI, VIII, IX), conflicts with fear of hostility and rejection by others (X). Conflict expressed through withdrawal, passive dependency, and digestive disturbances.