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Intimacy in Marriage: A Comparison between
Married Men With Children and Married Men Without Children

Kurt D. Soell, B.A.

An Abstract presented to the Faculty of the Graduate
School of Lindenwood University in Partial Fulfillment of
the Requirements for the Degree of Master of Art
1999

Abstract

This investigation explored the differences in perceptions of levels of intimacy in their marriage between married men with children and married men without children. Participants completed the Intimacy Scale (IS). Levels of intimacy were compared between both groups using a two-tailed independent T-test. The results showed that married men with children showed significantly lower levels of intimacy than married men without children. This study will review definitions of intimacy, marital satisfaction, the development of intimacy, how to improve on intimacy, how to experience intimacy within marriage, and how intimacy is related to the transition to parenthood.

Intimacy in Marriage: A Comparison between
Married Men With Children and Married Men Without Children

Kurt D. Soell, B.A.

A Culminating Project presented to the Faculty of the Graduate
School of Lindenwood University in Partial Fulfillment of
the Requirements for the Degree of Master of Art
1999

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Dedication

This thesis is dedicated to my family and friends who have supported me during all of my Graduate School days. Although priorities had to be adjusted, schedules changed, family and friends imposed upon, and major mood swings of mine were tolerated, I tried to never compromise my dedication to my wife and child. Although I was not a statistic in this study, the intimacy levels in my marriage have only thrived because of the addition of our first child. For this I can only thank my relationship with Jesus Christ. Finally, I would like to thank the many professors at Lindenwood University and the Doctors, Therapists and Nurses at St. John's Mercy Medical Center who have shared their knowledge graciously and have allowed me to learn from them in ways they will never know.

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Chapter 1

Introduction

The institution of marriage has been around for hundreds of years. In the Bible, the book of Hebrews (dating back to 66 AD) describes the sanctity of marriage and states that marriage should be held in honor among all. Within this honor comes many things; respect, love, nurturing, and humbleness. One major part of marriage that gets very little attention is the intimacy within the marriage.

Defining intimacy in marriage can be a difficult task. Most people's first reaction to intimacy is sexual in nature. Being held, holding hands, communication, and understanding are all apart of intimacy as well. Intimacy has been defined in many different ways. In fact, it has been only within the last 40 to 50 years that researchers have begun to examine intimacy as a serious aspect of the marriage. To help distinguish which relationships were more serious in nature, classic theorists such as Erikson and Sullivan (as cited in Van den Broucke, Vandereycken, & Vertommen, 1995) believed it was important to re-introduce intimacy into the marriage context to delineate between relationships that were "intimate" from those that were "superficial".

In addition, the metamorphosis that intimacy can undergo during the transition to parenthood only compounds this difficult task of defining intimacy. Understanding the changes that take place, in regard to intimacy, after children, is very difficult to understand. Although this topic is still seriously understudied, there have been a few researchers that have investigated this topic of intimacy. Going back to his early work,

LeMasters (as cited in Belsky & Rovine, 1990) had his concerns about the effect that a first child would have upon the marital relationship. It has been assumed that the addition of a child to the marital dyad disrupts intimacy and communication, thereby resulting in the deterioration of marital quality or satisfaction (Belsky, et al. 1990). This assumption has been found repeated in numerous studies throughout the mid to late 1980's. Evidence that is consistent with this assumption that the presence of a child interrupts intimacy can be found in studies by Belsky, Spanier, & Rovine (1983); Belsky, Ward, & Rovine, (1986); Ruble, Fleming, Hackel, & Stangor (1988) and Ryder (1973).

This current research focused specifically on the male population and their perceived views of intimacy within their marriages. Past research has shown that intimacy within the marriage context declines after the birth of children. Ruble, et al. (1988) found that shared expectations concerning responsibilities are believed to be particularly important to the maintenance of ongoing intimate relationships. Empirical data from Ruben's study suggests that agreement between spouses on instrumental roles within the marriage is related to marital satisfaction. After the birth of a child, marital roles and expectations often change leaving the marriage in constant thrust. The marital roles of males after childbirth were of primary concern in this study. Some research has shown that this decline in intimacy was more pronounced for women than for men (Ruble et. al., 1988). A lack of empirical data on men suggests more study of men, directly, would be beneficial.

The theoretical framework for this study was derived from Schvaneveldt's (as cited in Broom, 1983) interactional approach. This theoretical approach focuses on the internal processes of the family,

including communication in which family behavior is viewed as an adjustive process and marital happiness is valued. Schvaneveldt defines basic assumptions of the theory (as cited in Broom,) as: (1) family members respond to the birth of a child in terms of the situation; (2) family relationships are continually in flux; and (3) family members define situations in ways meaningful to them. Schvanelveldt's theoretical approach may be more easily understood in terms of the reaction to the birth of a child which depends on a number of things. Whether or not the birth of a child will be looked at as a positive or negative attribute to a couple's lifestyle will mostly depend on what is going on in the family unit at the time of the birth.

It is not until the child is born that parents will truly understand the changes that are upon them and how their roles will be redefined. Often, problems arise in regards to parental roles and expectations. Parents are also often ambiguous as to how they will adapt to newly acquired duties and responsibilities of parenthood. Within this theoretical framework, problem formulation is one of the first steps in problem solving behavior. It is quite possible that being unable to define the problem, or truly understanding what the problems are when they arise, will lead to lack of communication and understanding which will in turn decrease the levels of intimacy.

Statement of Purpose

The purpose of this study is to determine the levels of intimacy, perceived by the husbands only, in marital relationships. This study will examine the overall differences, relating to intimacy, between married men with children and married men without children, who are married for approximately the same periods of time. Married men will include all men

that are in a heterosexual marriage within the last ten years. Intimacy, for the purpose of this study, will not reflect sexual connotations, but, will be defined as marital partners' caring about each other, and this includes such elements as emotional closeness, affection, altruism, enjoyment, satisfaction, a feeling that the relationship is important, openness, respect, solidarity, and commitment. Intimacy will be operationalized by using the Intimacy Scale (IS).

The hypothesis for this research will be that married men with children will show significantly different levels of intimacy compared to married men without children.

Chapter 2

Review of the Literature

The relevance of the marital relationship within the social-psychological context has always been of importance. For many years, the study of interpersonal relationships focused on very basic concepts among two people. In more recent times close relationships, especially those between husbands and wives, are considered to be the cornerstones of interpersonal behavior. It is this behavior that will provide for the social context for which humans will not only develop, but also the way in which humans have influence on the well being of others (Jones & Perlman, 1991). The "interpersonal" behavior that is discussed is referred to as intimacy. The act of being intimate can be dated back to the beginning of time. Even in the Bible, in the early verses of Genesis, God talks about how Adam and Eve were "cleaved" together and were not ashamed. Even though intimacy has been prevalent for so many years, most people did not know what it was. The biggest difficulty with intimacy is the task of trying to define the word itself.

Definitions

The Lifespan Developmental Model.

As stated earlier, the concept of intimacy has been around for many years. The Lifespan Developmental Model was basically started from the definitions of intimacy advanced by Erikson and Sullivan (Van Den Broucke, et al. 1995). Sullivan believed (as cited in Van Den Broucke, et al.) that intimacy referred to a need which arises during pre-adolescence and which is filled in a (not necessarily sexual) dyadic relationship characterized by mutuality and collaboration. It was believed that in these intimate relationships both partners would reveal themselves and

validate each other's attributes and ideals about the world in which they live in. In much of the same way, Erikson (as cited in Van den Broucke, et al.) defined intimacy as a fusion of identities between two people who deeply care about each other. It is within this context that the resolution of intimacy versus isolation crisis is a central developmental task determining one of the eight stages of development within human life, notably the progression from adolescence to adulthood.

Further research into Erikson's intimacy concept was validated by Orlofsky, Marcia, and Lesser (1973). These researches were able to distinguish between five intimacy "statuses", depending on the success with which resolution for the intimacy crises is attained: (a) the *intimate* status refers to the fact that one has established an intimate relationship with one or more partners; (b) the *pre-intimate* status means that one has experienced interpersonal contact without having committed oneself to a partner; (c) the *stereotyped* and (d) *pseudo-intimate* statuses indicate the presence of superficial (i.e., traditional or fleeting) relationships only; and (e) the *isolate* status refers to the virtual absence of social contacts. It was these early investigational studies on intimacy that will serve as the foundation of intimacy for this study (Orlofsky, et al.).

The Motivational Model.

This theoretical approach, or definition, evolves from the fact that intimacy must be considered as an enduring motive, which reflects the individual's preference or readiness to experience closeness, warmth, and communication (McAdams, 1982). It is also believed that persons with high intimacy motivation will demonstrate high levels of self-disclosure, engage more in positive nonverbal behavior (e.g., eye contact, smile, etc.), express greater trust in and concern for friends,

report greater marital enjoyment, and have more positive interpersonal thoughts in daily actions.

Summation of Definitions.

Many theorists have evolved their own theoretical models about intimacy. Some theorists have even tried to define the word intimacy. Many researchers have a number of aspects in common and yet tend to "stray" in their own definitions from each other. Clark and Reis (as cited in Van den Broucke, et al. 1995) have done their own research that suggests intimacy could be summed up as being a multicomponent phenomenon that includes such diverse aspects as the disclosure of personally relevant facts and feelings, reciprocal understanding, self-validation, affection, and caring. It is at this point where many people would say intimacy may be defined as a process, that is, a characteristic way of relating which develops over time. Intimacy very well may develop over time, yet other researchers (Acitelli & Duck, 1987) feel that intimacy processes may cause relationships to acquire relatively stable higher-order qualities, such as mutuality, interdependence, trust, and commitment, which can be measured at a given point in time. The term intimacy may also be used to indicate a relationship state (Acitelli & Duck).

Concepts of Intimacy

As noted in chapter 1, many theorists have had their own views or theories about intimacy. It is equally important to know how the common "lay" person would identify intimacy. The word "intimacy" is used in society's everyday language. The word is most often used out of context and used incorrectly. Intimacy can mean one thing to one person and a totally different meaning to somebody else. It is at this point where we

would value what past empirical data has told us about intimacy. Early research by Waring, Tillman, Frelick, Russell, and Weisz (1980) asked that very question, "What is intimacy?" These findings helped stage future research on the topic. The results indicated that the issues of self-disclosure and expression of affection, compatibility, cohesion, identity, and the ability to resolve conflicts were all considered as important aspects of intimacy (Waring, et al.). In contrast, the same study exposed the fact that sexual satisfaction was considered as less important than many formal definitions of the term would suggest (Waring, et al.). When intimacy was studied by other researchers with different samples, the results of sexual satisfaction tended to be the same. Sexual contact was only seen as important in relationships with opposite sex partners, and more so by males than by females (Helgeson, Shaver, and Dyer, 1987 & Monsour, 1992). Apparently, the aspect of sexual satisfaction is not considered a part of the more generic meaning of intimacy.

Continuing with the conceptualizations of lay people, some authors have attempted to develop an empirically-based working definition of intimacy. In particular, one study by Waring et al. (1980) used a standardized interview technique to identify eight components of intimacy in the marital relationship. These components are: (a) affection, that is, the degree to which feelings of emotional closeness are expressed by the spouses; (b) expressiveness, that is, the degree to which thoughts, beliefs, attitudes, and feelings are communicated within the marriage; (c) compatibility, or the degree to which the couple is able to work and play together comfortably; (d) cohesion, that is, the degree of commitment to the marriage; (e) sexuality, or the degree to which sexual

needs are communicated and fulfilled; (f) conflict resolution, that is, the ease with which differences of opinion are resolved; (g) autonomy, that is, the couple's degree of positive connectedness to family and friends; and (h) identity, or the couple's level of self-esteem and self-confidence (Waring, et al.). The problem with this empirical data is the lack of theoretical background. There is no clear conceptual distinction made between experimental variables such as closeness, commitment, caring, or sexual gratification, and behavioral variables such as expressiveness and conflict resolution (Van den Broucke, 1995). Secondly, there is no distinction between dimensions which refer to individual attributes (e.g., the partners' role obligations or capacities to express feelings) or to relational qualities (e.g., closeness or sharing). The following paragraphs on the development of intimacy and ways to improve intimacy will give more details in regards to distinctions and different dimensions of intimacy.

The Development of Intimacy

The development of intimacy in relationships depends to a large extent on three factors, each of which, is situated on different systems levels. First, on the dyadic level, intimacy is promoted by the partners' mutual self disclosure; second, on the individual level, both partners must have attained a secure identity; and third, on the social group level, the partners must have become emotionally separated from their families of origin (Van den Broucke, 1995).

Self Disclosure.

It is felt by Van den Broucke, et al. (1995) that self disclosure is extremely important in the evaluation of intimacy. What is self disclosure? Jourard defines intimacy (as cited in Van den Broucke, et

al.) as the intentional or unintentional process of making oneself known to another person by revealing personal information. The relevance of making one known to another has overt and often subtle values. Overtly, humans make known certain intentions, likes, dislikes, etc. Subtly, humans often give up a degree of confidentiality. It is the latter quality which Van den Broucke, et al. refers to as the intimacy of self disclosure. It is at this point where one must not be confused with intimacy as a relationship characteristic.

Chelune, Robinson, & Kommor, (as cited in Van den Broucke, et al. 1995) state that self disclosure refers to a particular class of interactive behavior that does not necessarily reflect the meaning of these behaviors for the participants involved. In this case, intimacy represents a higher order quality of a relationship, which emerges from each partner's interactions. Other studies that quantitatively measured couple's levels of self-disclosure show that nearly 50% of the variance in the couple's general level of intimacy was involving self-disclosure (Waring Chelune, 1983). However, as a relationship continues to develop, more self-disclosure of increasing confidentiality is likely to occur. For this reason, most theorists will agree that in developing relationships, self-disclosure is likely to enhance intimacy by promoting mutual liking by reducing uncertainty about the partner (Van den Broucke, et al.). This is why Van den Broucke, et al. feel that self-disclosure is one of the most important ways to develop intimacy.

Identity (Individual).

It was Erikson who often talked about the role that the "identity" played in the psychological development of each individual. The role that identity plays in the development of intimacy is imperative. Erikson (as

cited in Van den Broucke, et al. 1995) believed that the ego identity may be defined as someone's unique, personal lifestyle that is recognized and validated by others, and through which the person acquires a sense of remaining the same individual in varying circumstances. It is well known that identity formation is important during all developmental stages. The fact is that during adolescence, identity formation is pre-eminent, developmentally, for the continuation of future developmental stages. In fact, bringing the so called "identity crisis" of adolescence to a positive solution is considered imperative for moving on to the next task, which is the acquisition of intimacy (Van den Broucke, et al.).

In agreement with Erikson, Marcia (1966) believed that experiencing the crisis and the making of commitments are imperative to the resolve of the identity crisis. In fact, Marcia believed that depending on either the absence or presence of these two factors may lead to the delineation of four "identity statuses," or possible outcomes of the identity crisis. Marcia lists four identity statuses as: 1) *Identity Achievers*. These are people who have gone through a period of "crisis" (i.e., reflection and exploration with regard to occupational, ideological, or religious alternatives), and who have subsequently committed themselves to certain options. 2) *Identity Alternatives*. These persons are exploring alternatives but have not yet made any firm commitments to any particular path. They are said to be in a moratorium status.

3) *Foreclosure Status*. This group contains individuals who have made deep, unchanging commitments to an identity, but without reflection.

And, finally 4) *Identity Diffusion Status*. These are individuals who are not currently exploring alternatives, and who have not made commitments.

Several investigations have relied on Marcia's (1966) identity status construct to explore the relationship between identity and intimacy (e.g., Fitch & Adams, 1983; Kacerguis & Adams, 1980; Orlofsky, Marcia, & Lesser, 1973; Tesch & Whitbourne, 1982). The results of these investigations generally support the developmental hypothesis that someone who has achieved an identity is more capable of establishing an intimate relationship with a partner than someone who has not.

Identity (Couple).

As noted in the above section, individual identity is crucial for the initial development of intimacy. It is also thought to be believed that the identity of the couple, as a unit, is crucial for continued intimacy development. Whitbourne and Weinstock (1979) proposed to apply their intimacy status concept to couples rather than individuals, and therefore to combine the identity status concept with a relational process approach to intimacy. Whitbourne, et al. have put together four relational intimacy statuses: *Mutual intimacy* refers to a relationship in which both partners are committed to the relationship, but maintain their own identities. *Pseudo-intimacy* is used to characterize couples in which the partners interact frequently, yet at a superficial level. *Merger* is used to describe relationships in which one of the partners has a dominant position and thereby absorbs the other partner's identity. Finally, *Isolate status* refers to a situation in which a meaningful involvement with another person is lacking. As with individual intimacy, the higher the level of couple identity, the more likely a deeper level of intimate interaction will take place.

Separation from Family.

Van den Broucke et al. (1995) believe that before an individual can obtain harmonious individual identity which could lead to a beneficial couple identity, one must first be able to adequately achieve an emotional separation from their parents. Mahler (1961) refers to this as the separation-individuation process and believes that the very beginning of this process is situated in the first years of life. However, the process continues and is normally fulfilled during late adolescence, which in many cases may also include the first years of marriage.

In order for a successful completion of the separation-individuation, it is essential that this process be stimulated by each person's social environment (Van den Broucke, et al. 1995). It is extremely important that parents allow their children the opportunity to seek for themselves life outside of being protected and shadowed by their parents' thoughts, words, ideologies and expectations. It is at that point where these young people can experience the consequences of all their decision making processes. Parents may negatively influence the separation-individuation process by restricting their children's autonomy, by imposing their own norms on them, or by threatening to break off the relationship and crippling the adolescent's affective needs (Van den Broucke, et al.). The optimal circumstance would be for the adolescent to participate in a moderate degree of connectedness with the parents combined with the acceptance of the adolescent's own individuality by the parents; all of this will add to the adolescent's attainment of identity.

Ways to Improve Intimacy

Cognitive Marital Therapy.

Not to assume that the improvement of intimacy is easy or trite, or that the level of intimacy in every marriage can be increased to extreme levels, but there are a few ways in which past research has accumulated findings which may enhance intimacy within the marriage.

One way to help enhance intimacy within a marriage is the use of Cognitive Marital Therapy (CMT). CMT is a short term psychotherapy aimed at helping spouses improve their marital satisfaction and develop intimacy through cognitive self-disclosure (Dandeneau & Johnson, 1994). Waring (as cited in Dandeneau, et al. 1994) describes cognitive self-disclosure as the verbal expression of thoughts, beliefs, attitudes, and assumptions. It is at this point where each spouse is required to disclose their thoughts, beliefs, attitudes, and assumptions regarding their marital relationship and the influence of their parents' relationship on their own. Cognition is seen as a primary determinant of affective variables such as feelings associated with closeness (Dandeneau, et al.).

Waring (as cited in Dandeneau, et al. 1994) suggests that marital partners develop cognitive schemas to understand the relationship they observe and experience as they are growing up. It will be important to take these developed schemas and transfer them to the present marriages. After this is completed, Dandeneau et al. states that a number of things may happen: 1) Partners then confirm these beliefs by means of selective attention and ignore evidence that may be discrepant. 2) Both spouses are encouraged to see how each others' schemas are different from each other which will help lead to deeper intimacy. And, 3) Spouses are encouraged to disclose key personal constructs and explore how they were developed. Waring (as cited in Dandeneau, 1994) believes that CMT helps facilitate cognitive self-disclosure by asking only

"why" questions and avoids and suppresses affective interchange and/or behavioral interpretation or confrontation. This is when each person talks only directly to the therapist. The therapist continues to ask only "why" questions to each member of the couple to increase the couple's understanding of each other and increase intimacy.

Emotionally Focused Therapy.

Another successful therapy style to increase intimacy in marriage is the use of emotionally focused therapy (EFT). Greenberg & Johnson (as cited in Dandeneau, 1994) state that EFT is an integration of experiential and systemic traditions in psychotherapy. In EFT, partners are encouraged to interact directly with each other in the sessions and particularly explore and to disclose the underlying feelings and needs which arise at the current moment. It is these feelings that are heightened and reprocessed with the help of the therapist to allow each person in the couple to express themselves and respond to what has been said (Dandeneau). The techniques used are mostly from Client-Centered Theory in which the therapist reframes and restructures interactions among the couple. Hopefully, this will also bring a new level of intimacy within the marriage context.

Relationships with Parents.

It was discussed earlier how the separation of adolescents from their parents was healthy in the development of intimacy. In the same respect, we find the positive significance that parents have on their children to help ascertain future levels of intimacy. Taylor, Parker, & Roy (1995) studied the affects that mothers have on their sons and found that men who reported high maternal care and high positive attachment to their mothers during adolescence were significantly more likely to

report higher positive attachment to current intimates in adulthood.

Taylor, et al. sum up their study this way:

Early socialization experiences with both parents shape and dictate the structure and/or function of adult interpersonal relationships.

There is an alternate explanation that links between parental and adult social relationships may be confounded, if not created, by the respondent's personality and temperament characteristics

influencing reports of key interpersonal and intimate relationships

p. 199.

Although it is important for parents to adequately allow their children to gain their own autonomy, it is also important for parents to give emotionally and physically to their children. It is these behaviors that children will hopefully model as adults in their own intimate relationships.

Increasing Intimacy.

If an increase in the levels of intimacy is what one desires then according to Rampage (1994) one should do just that, increase the levels of intimacy. Increasing the level of intimacy in a marriage means increasing the proportion of intimate versus non-intimate encounters (Rampage). If the goal of a couple is to increase levels of intimacy, Rampage believes the first step in the process involves assessing what obstacles to intimacy exist in the relationship as currently construed. Three areas in particular need specific inquiry: First, are there sufficiently high levels of attachment and caretaking behaviors on both sides to provide a foundation of goodwill and trust that is so essential to the intimate experience? Second, to what extent and in what domains do these marital partners experience equal power to define meaning and participate collaboratively? And thirdly, do the partners feel known to

each other, which is to say, does each person believe that she or he is understood and accepted by the other? It is believed by Rampage that if these three questions can be answered and evaluated that the road to higher levels of intimacy is under way.

Factors of Successfully Experiencing Intimacy

Maximum of Positive Interpersonal Affect.

Whether intimacy succeeds or fails may be determined by a number of different factors. These factors may be obvious or obscure. Kelly (1993) has assembled a list of three factors that may successfully help couples experience intimacy. The first is maximizing positive interpersonal affect. The origins of the interpersonal patterns for maximizing positive affect are found in the earliest caretaker-child interactions and are based in large part upon a principle known as *contagion* (Kelly). This term simply means that being in the same room with someone is enough to trigger one's own affect. This contagion may be regularly stimulated by chance interactions with other people and/or by oneself. This contagion may be referred to as interpersonal affect. Kelly believes that the maximizing of interpersonal affect will help lead to deeper intimate relationships.

For example, when a person begins a relationship many things can occur. If it is a successful relationship, experiences of high enjoyment and intense excitement will develop. This new "love" presents a multiplicity of natural resources of interpersonal novelty, each of which activates levels of interest and excitement (Kelly, 1993). As with the course of normal relationships, this novelty will diminish as people get to know each other; the intensity of positive affect must decrease simply because the relationship is successful. If the interpersonal patterns

carried from childhood either do not include or defensively exclude methods for generating interest or excitement, then this can be a time in the life history of a couple when many of the complications of failures in maximizing positive affect are likely to surface (Kelly).

Minimum of Negative Interpersonal Affect.

In the same manner, people whose earlier parenting provided inadequate relief from negative affect are more likely to experience failures of intimacy due to the fact that they are unable to minimize negative interpersonal affect (Kelly, 1993). Kelly (1993) goes on to explain that the normal distresses of a child (e.g., crying because of hunger pains or a wet diaper) are relieved only when the caretaker comes to relieve the distress (e.g., feed the baby or change a diaper). As young babies grow and mature they learn and develop the memory that is used to help them remember that their caretaker will come and suffice any distresses. This trust will resonate as the child gets older and the child will learn to trust others and will learn continued enjoyment and trust from the relief of others as well. This is what is referred to as minimizing negative affect. Negative interpersonal affect would be more in the realm of deep romantic or marital relationships. Kelly predicts that children whose distress is inconsistently relieved by another will be more likely to rely solely on themselves and/or develop exaggerated or unrealistic expectations of those who might help them with negative affect.

Minimum of Affect Inhibitors.

It is the way that parents modulate or socialize the affect of their children that generates most problems later associated with the inability to openly show affection and love to a spouse (Kelly, 1993). The best

way to describe this concept is in the way of a very common parenting example. A very pervasive culture wide message is that good boys and girls do not get angry. Kelly feels the danger in doing this often leaves the child feeling ashamed for getting angry in the first place and learns as a pattern that free expression of anger will eventually result in feeling ashamed of oneself. The child may learn to hide all feelings of future anger from themselves and others to avoid the feeling of shame. What needs to be taught to our children is that there is a healthy form of selfishness that allows oneself to try and care for a damaged self. It is more of a temporary focus on the self out of love and respect for the needs of the self. When this is complete one can give back to the relationship more fully and with more intensity. The process here is being able to take any negative affect (e.g., anger, jealousy, resentment, etc.) and work through it using a process of personal reflection. It is only this orientation that can encourage openness, recognition of ambivalence, the evolution of responsible choice, and the clarification of personal boundaries (Kelly). There is no way to totally avoid negative affects in our relationships, but without the skills to convert it to positive affect, one will never achieve intimacy (Kelly). It is based on what we have been talking about: The healthy ability to maximize positive affect and minimize negative affect.

Adjustments in Marriage After Children

The birth of a child forces the married couple to adjust the focus from adult centered to one that focuses on a child just as much. This transition requires balancing individual needs and new parent relationships with the continuing needs of the marital relationship of the parents.

Broom (1993) offers up some specific explanations why the initial adjustment to parenthood may be difficult: There is usually a lack of preparation for parenthood because of the insufficient educational awareness in the community; There also tends to be very limited learning times during the pregnancy period; The abruptness of transition to being a parent is so quick and fast paced; and finally, there is usually a lack of guidelines to being a successful parent.

There are other reasons why the adjustment to parenthood can be difficult. LeMasters' previous studies (as cited in Broom, 1983) emphasized that the romanticized concept of parenthood in our culture is a major factor contributing to the difficulty in adjustment to parenthood. Being a parent is not always as easy or tolerable as the way Hollywood portrays it or the way classic novels read. The relationship between husband and wife is one of the most satisfactory and stable of all relationships. The addition of a child may become a pair and an isolate, the most volatile of all relationships. Understanding the concerns of the parents and their relationship before and after the birth of a child will greatly help the adjustment to being parents. The adjustment to having a child has a direct impact on the level of intimacy within the marriage.

Intimacy and the Transition to Parenthood

Parental Concerns.

Many studies have been conducted over the years to determine what most concerned parents. Broom (1983) felt that the majority of studies conducted to determine postnatal parental concerns focused on child care, development issues, and the physical adaptation of the mother. Other studies by Cibulka and Price (as cited in Broom, 1983) found that new mothers were most concerned with their energy levels, emotions

and body images while new fathers were most concerned about their spouse's bodily discomforts and energy levels. Other researchers, Sumner & Fritsch and Falicov (as cited in Broom, 1983) reported anxiety about resuming sexual intercourse and concern that sexual contacts would be less spontaneous and less leisurely after the baby's birth; also, many of the men were concerned about the wife's potential discomfort due to breast engorgement and the episiotomy, which may interfere with full resumption of sexual interaction.

Other studies concerning parental concerns focuses on the non-sexual. Sometimes wives concerns were clustered around the emotional and physical self, such as concerns about loss of figure and feeling emotionally upset. Husband's concerns covered a broader range of problems, including in-laws and economics (Russell 1974). Other studies noted that new fathers often felt excluded from family life because of work schedules. They wished that they had more time to spend with their spouses and felt somewhat needy because of their responsibility to care for their wives and their infants while receiving less attention themselves (Fein, 1974; Waletzky, 1979). May (as cited in Broom, 1983) found that men were more concerned about changes in the couple's relationship (intimacy), but this category of concern was not heavily investigated.

Spousal Roles.

When a child enters the world the relationship between husband and wife are bound to change. One of these changes is the spousal role. Shared expectations concerning responsibilities are believed to be particularly important to the maintenance of ongoing intimate relationships, and recent empirical evidence suggests that agreement

between spouses on instrumental roles within the marriage is related to marital satisfaction and intimacy (Bahr, Chappell, & Leigh, 1983). In addition, it seems that the division of labor within the marriage is important to wives, because feelings of well being and depression are related to the husband's participation in household chores (Vanfossen, 1981). In addition, Ruble, et al. (1988) believe that the demands of child care could add an extra dimension to the existing division of labor, which would provide further opportunity for strain on the marital relationship.

The stereotype in the movies is that the father plays a very small role in the daily aspects of child care compared with that of a mother. Fathers take time to work the yard, change the oil in the cars, and take a leisurely break to watch sports on television. Ironically, the stereotype is true. For males, occupational roles generally are assumed to have higher priority than family roles, and conflicts between occupational and family demands are resolved in favor the former (Steffensmeier, 1982). Leifer (as cited in Ruble, et al. 1988) states that first- time mothers have a great desire for their husbands to learn basic child care skills and take a more active role in daily child care, when in actuality, only a small amount of fathers actively participate in child care. Another study by Cowan & Cowan (as cited in Ruble, et al.) showed that fathers reported spending an average of 26 hours per week in child care related tasks compared to the 121 hours per week reported by mothers. Again, showing the lopsided responsibilities for women.

In addition to the main responsibility for child care tasks, mothers may also be faced with the majority of the housework after the children are born. This is true even though household chores were split evenly before the birth (Ruble, et al. 1988). Evidence suggests that gender roles

become more differentiated and traditional after the birth of a child. With this differentiation can come a decrease in marital satisfaction and intimacy.

Children and the Affects on Intimacy

Negative Central Tendencies.

Now that the children are here and social and gender roles are decided or pending, the question still remains, "Is there a significant difference in levels of intimacy since the baby was born?" Belsky, et al. (1990) have done numerous amounts of research over the years in regards to marital satisfaction and intimacy and their results were as follows: Significant decline in marital quality was discerned over time, and the measured change was generally more pronounced in the case of wives than of husbands. It might be easy to assume that this "decline in marital quality" hits the wives more than the husbands do to some of the things that were talked about in earlier sections (i.e., parental concerns, spousal roles, etc.). Belsky, et al. findings concluded that the strongest decline in marital satisfaction and intimacy occurred within the first year, but did continue to decline in subsequent years as well. Feelings of love for the spouse declined while ambivalence about the relationship increased, and conflict increased, for the wife, as open communication slowly decreased (Belsky, et al.).

Other studies by Wallace, et al. (1990) showed that compared with non-parents, couples with children were more likely to report higher levels of conflict and disagreement in their marriages and were less likely to view themselves as "lovers" in their relationship.

Positive Central Tendencies.

Along with the many things that can negatively affect a marriage, after a child has been born, there have been some positive central tendencies proven as well. Wallace, et al. found that different infant characteristics, such as activity level, may affect the nature and quality of the parent-child relationship. In addition, Lachmen (as cited in Wallace, et al.) found that parents were more likely to report a positive change in their own personalities and relationship with their spouse after the birth of their child if they were able to rate their infants as easy. The same study showed that parents were able to report a negative change when they rated their babies as difficult. Ironically, these associations were more pronounced for fathers, particularly in relation to their expectations regarding their efficacy as parents (Wallace, et al.). It is suggested that having an infant who is rated low in fussiness and difficulty predicts high postbirth marital functioning (Wright & Henggeler, 1986).

Summary

Past research indicates that intimacy in marriage has been rather under researched. Even more importantly, the affects that children bring to a marriage, specifically in regard to intimacy, have been under studied as well. This study included the following: The definitions of intimacy, different theoretical concepts of intimacy, the development of intimacy, ways to improve on intimacy, ways to enhance intimacy within marriage, factors for successfully experiencing intimacy, adjustments in marriage after children, intimacy and the transition to parenthood, parental concerns, spousal roles, children and the affects on intimacy, and positive and negative central tendencies. Current research provides some evidence concerning wives and their interpretations of intimacy after children, but the lack of empirical studies on the husbands, in

particular, make this study even more valuable for understanding the interpersonal lifestyles that marriage and families place on the individuals.

Chapter III

Method

Subjects

Subjects for this study were selected in two different ways. For the first group, married men with children, who have been in a marital relationship from 1 to 10 years (Group I), 25 volunteer subjects were contacted from a local church in St. Peters, Missouri. Out of the 25 contacted, 20 responded to the questionnaire yielding a 80% return rate. The age range for Group I men was 27 to 40, ($M = 32.75$, $SD = 3.32$). The length of marriage varied from 1 to 10 years, ($M = 6.55$, $SD = 2.68$). The number of children for this group ranged from 1 to 4 ($M = 2.05$, $SD = 1.183$). Levels of education ranged from Highschool Graduate to Advanced Degrees with the average having a College Diploma. Most of these men fell into the middle to upper-middle socioeconomic class. The mean annual family income for this group was between \$60,000 to \$79,000.

The second group, married men without children, who have been in a marital relationship from 1 to 10 years (Group II), the subjects were selected using convenient sampling or "yoked sampling". Potential subjects in group I were asked to nominate an additional "potential subject" that would be adequate for group II. The researcher then made contact with these persons to verify their availability for the study. Out of the 25 contacted, 21 responded to the questionnaire yielding a 84% return rate. The age range for Group II men was 24 to 34, ($M = 28.67$, $SD = 2.89$). The length of marriage varied from 1 to 7 years, ($M = 3.48$, $SD = 2.25$). Levels of education ranged from Highschool Graduate to Advanced Degrees with the average having a College Diploma. These

subjects also fell into the same socioeconomic class. The mean annual family income ranged from \$60,000 to \$79,000.

As far as Group I is concerned, the subjects consisted of 95% white, non-Hispanic Caucasians. One subject (5%) was Hispanic American. This tends to reflect the ethnic status of St. Charles. The ethnic composition of Group II was 100% white, non-Hispanic Caucasians.

Instrumentation

The Intimacy Scale (IS) was used to help measure the levels of intimacy for each of the two male population groups. The instrument, designed by Alexis J. Walker and Linda Thompson, is a 17 item questionnaire that allows the reader to indicate his/her perception of their relationship in regards to intimacy. According to the authors, this instrument is appropriate for anybody interested in having their level of intimacy measured.

The Intimacy Scale was originally studied using 480 woman between the ages of 20 - 79. These subjects were all tested within the same college town. For each item, subjects can choose from the following seven choices: 1 - Never; 2 - Occasionally; 3 - Sometimes; 4 - Often; 5 - Frequently; 6 - Almost always; and 7 - Always. The possible range is 1 to 7 with higher scores reflecting greater levels of intimacy.

With respect to reliability, the IS has excellent internal consistency, with alphas that range from .91 to .97. No stability data were reported. It might be suggested that the relatively high levels of estimated reliability indicate that the patterns of ranking were stable across respondents, and this stability pattern may be related to the homogenous groups being studied.

One limitation to this study will be the IS test itself. Although the reliability and validity of this test are remarkably high, the subjects used in its original test use were strictly females. Although all of the questions appear to be androgynous in nature, there very well could be a different level of reliability and validity when only men are taking the test. There are other current measures of intimacy used in research, but the questions on the IS seemed to fit this study more appropriately. Past research by Metts, Sprecher, & Cupach (as cited in Van den Broucke, et. al. 1995) state that many past instruments that measured intimacy suffered from shortcomings that were typical of self report measures, such as vulnerability to different types of influences such as social desirability, defensiveness, and carelessness. These "shortcomings" can easily add to social desirability and affect the validity of research.

Procedures

The husbands in Group I were contacted by the researcher, by phone, and asked if they would be interested in participating in this research. If interested, subjects were given strict instructions about the questionnaire and how to proceed. Since yoked sampling will be used for Group II, subjects were contacted from names given from Group I subjects. Subjects in Group II were then contacted by phone and told their names were referred to this researcher by the common acquaintance. Subjects were asked if they were willing to participate in this research as well. If interested, they were given strict instructions about the questionnaire and how to proceed.

Each husband was given a packet of information that contained the Intimacy Scale instrument, demographics sheet and a separate informed consent form. The subjects from both Group I (married men with

children) and Group II (married men without children) were asked to sign an informed consent form. Subjects were told that the purpose of the study is to examine levels of intimacy within each of their marriages. Subjects were also told that participation is voluntary and that responses will be kept completely confidential. After filling out the questionnaire, subjects were asked to return the packet back to researcher. To help protect confidentiality, subjects were asked to keep the questionnaire and informed consent form separate and mail them back in separate envelopes.

After all the data was received, the answers were tallied and analyzed using a Two tailed Independent T-test to compare results between Group I and Group II. Verification was then assessed to verify the significant difference in levels of intimacy between Group I and Group II.

Chapter IV

Results

This research sought to examine the non-directional hypothesis that married men with children would show significantly different levels of intimacy compared to married men without children. With past research directed towards mothers and their reactions to having children, the researcher in this project was unsure how the men would respond.

Table 1 presents the correlations of intimacy levels between married men with children (Group I) and married men without children (Group II). In general, married men with children showed significantly lower levels of intimacy as compared to married men without children.

Table 2 shows a histogram with the range of scores for both groups. Group I subject's scores ranged from 80 to 117 ($M = 103$, $SD = 9.54$). Group II subject's scores ranged from 100 to 114 ($M = 109.2$, $SD = 3.71$). Group I and II, both show a negatively skewed curve.

Although variables were not manipulated to verify this, there is a correlation between age of subjects and levels of intimacy. T- tests were run to test for differences in age and length of marriage between the two groups. The ages of Group I subjects ($M = 32.75$, $SD = 3.32$) were significantly different from the ages of Group II subjects ($M = 28.67$, $SD = 2.89$). There was a significant difference at the 0.05 level ($t = 4.207$, $p = .000$). The results suggest that men in Group I, who are older, have lower levels of intimacy compared to their younger counterparts in Group II.

Research has also indicated that the length of the marriage is also correlated to the levels of intimacy. The length of marriage of Group I subjects ($M = 6.55$, $SD = 2.68$) was significantly different from the length

of marriage of Group II subjects ($M = 3.48$, $SD = 2.25$). There is a significant difference at the 0.05 level ($t = 3.981$, $p = .000$). The results suggest that men in Group I, who have been married longer, have lower levels of intimacy compared to the members in Group II, who have been married for a shorter length of time.

TABLE 1. A comparison of the means of scores on the Intimacy Scale (IS) for married men with children and married men without children.

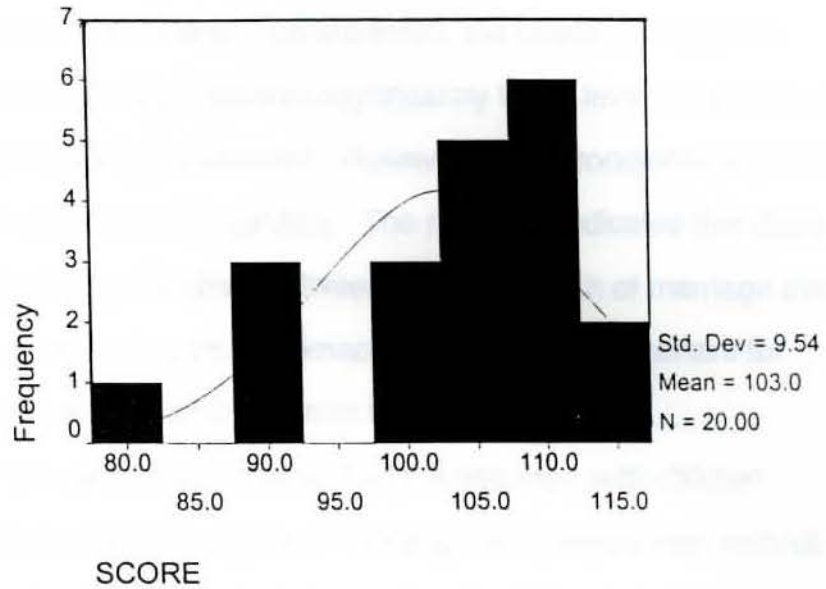
Groups	N	M	SD	t	Sig
Married Men with Children	20	103	9.54	-2.713	.012*
Married Men without Children	21	109.2	3.71		

* $p < .05$

TABLE 2. A histogram comparing the means of scores on the Intimacy Scale (IS) for married men with children and married men without children.

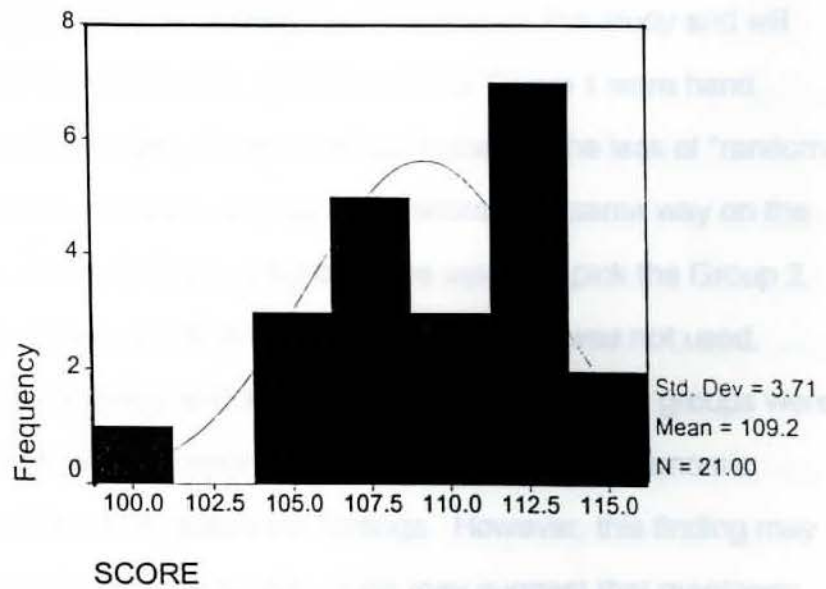
Histogram

GROUP: 1.00 Married Men with Children



Histogram

GROUP: 2.00 Married Men without Children



Chapter V

Discussion

The non-directional hypothesis for this project was that married men with children would show a significantly different levels of intimacy than married men without children. As predicted, the outcome suggests married men with children showed significantly lower levels of intimacy than married men without children. However, these conditions are very tentative and are subject to scrutiny. The research indicates that there may be confounding variables between age and length of marriage that may impact expected levels of intimacy. It will be very important for future research to control for age and length of marriage.

Although the evidence suggests that married men with children showed significantly lower levels of intimacy than married men without children, it is important to note mean scores for both groups show relatively high levels of intimacy with both groups scoring within the fourth quartile. These scores clearly indicate that all members show a relatively high level of intimacy. This indicates that a well representative sample, of general population, was most likely not obtained for this study and will definitely add to the limitations. Participants for Group 1 were hand selected and called to see if they would participate. The lack of "random sampling" could be a reason why so many scored the same way on the questionnaire. Since Group 1 subjects were asked to pick the Group 2 subjects, there is little question that random sampling was not used.

The educational levels and socioeconomic status of both groups were also highly similar which support that education and socioeconomic status would not have impacted the findings. However, this finding may be a limitation to the generalizability. One may suggest that marriages

with higher combined annual incomes, and hence higher socioeconomic status, may score higher on the Intimacy Scale than subjects in lower socioeconomic statuses. However, there is currently no research to support this.

This was a causal comparative study between non-randomly selected groups of participants and in no way suggests that all married couples with children have low levels of intimacy and are in need of marital counseling. In the same manner, it also does not suggest that all married couples without children have high levels of intimacy and are trouble free.

Many theories and reasons come in to play when people try to figure out why intimacy in marriages with children tends to be lower than marriages without children. Spousal roles were discussed in the literature review. Knowing that husband's contributions to housework and child care after the birth of a child are known to be small, it is unclear why women have such unrealistic expectations, with one third or more, in Ruble's (Ruble, et. al. 1988). study, expecting equal division of both housework and child-care expectations . In addition, women who found themselves doing relatively more of the household or child-care duties than they had originally expected reported more negative feelings about the husband's involvement in the child care and about the effect of the child on the marital relationship (Ruble, et al.). It is important to consider that if married men with children feel this disappointed outlook from their wives, it very well could add to their perception of levels of intimacy within each of their own marriages. Ruble et al. felt that it may be safe to suggest that women who expect that they will be doing a majority of the housework (or that their husbands would be doing relatively little) may feel closer to their husbands than woman with expectations at the other

extreme. It is felt by Ruble et al. that the increased support most women feel during pregnancy and the increased closeness they feel towards their husbands may lead them to believe that their relationship is "different". Regardless of the reasons, these findings suggest that many first time mothers enter this difficult period of transition with unrealistically high standards. These expectations are likely to be violated.

It is important to note that marital intimacy may not be the goal of every married couple, but it certainly is for many couples. Marital therapy can facilitate this goal by helping couples focus on the specific interactions in their relationships which produce or may impede intimacy. Careful therapeutic attention to issues of caregiving, power, knowledge about the other, and mutual acceptance can productively increase the experience of collaboration and partnership that seem inextricably tied to the intimate moment (Rampage, 1994).

Appendix A

Intimacy Scale (IS)

Alexis J. Walker & Linda Thompson

Directions

Please indicate your perception of your relationship with your wife using the following scale:

- 1 = Never
- 2 = Occasionally
- 3 = Sometimes
- 4 = Often
- 5 = Frequently
- 6 = Almost always
- 7 = Always

Record your perception, in regards with your wife, in the space to the left of each item.

- ___ 1. We want to spend time together.
- ___ 2. She shows that she loves me.
- ___ 3. We're honest with each other.
- ___ 4. We can accept each other's criticism of our faults and mistakes
- ___ 5. We like each other.
- ___ 6. We respect each other.
- ___ 7. Our lives are better because of each other.
- ___ 8. We enjoy the relationship.
- ___ 9. She cares about the way I feel.
- ___ 10. We feel like we are a unit.
- ___ 11. There's a great amount of unselfishness in our relationship.
- ___ 12. She always thinks of my best interest.
- ___ 13. I'm lucky to have her in my life.
- ___ 14. She always makes me feel better.
- ___ 15. She is important to me.
- ___ 16. We love each other.
- ___ 17. I'm sure of this relationship.

Appendix B

Demographic Sheet

AGE:

ETHNICITY:

COUNTY (where you reside):

LENGTH OF MARRIAGE (in years):

NUMBER OF CHILDREN & AGES(S):

ANNUAL FAMILY INCOME (please circle appropriately):

0 - \$19,999 \$20,000 - \$39,999 \$40,000 - \$59,000 \$60,000 - \$79,00 \$80,000 +

YEARS OF EDUCATION (please circle appropriately):

Some highschool Highschool grad Some college College grad Advance Degree

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