A COMPARISON OF THE EFFECTS OF HIGHLY STRUCTURED,

PARTIALLY STRUCTURED, AND NON-STRUCTURED HUMAN

RELATIONS TRAINING FOR MARRIED COUPLES ON

THE DEPENDENT VARIABLES OF COMMUNICATION,

MARITAL ADJUSTMENT, AND PERSONAL

ADJUSTMENT

### DISSERTATION

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raphy, 117 titles.

This study compared the effects of three treatment approaches to training married couples in communication skills on the dependent variables of marital communication, marital adjustment, and the personality characteristics of extraversion/introversion and stability/instability. initial focus of the study was to determine whether any of the treatment programs--a highly structured  $(T_3)$ , a partially structured ( $T_1$ ) or a non-structured ( $T_2$ ) program --were superior to any other or to the control group in affecting change in the participants level of communication or in their marital or personal adjustment. The structured programs were derived from the human relations training programs of Carkhuff as well as Rappaport and Harrell's Behavior Exchange Model of conjoint marriage counseling, and adapted for use in a short-term group training procedure. The unstructured training utilized the client-centered approach to couple counseling as developed by Rogers. number of activities and amount of time spent on each

exercise was more rigidly set in the highly structured training than in the partially structured approach. The twenty-four training programs were conducted by two doctoral students in counseling over a seven-week period. A pretest/post-test, control group experimental design was employed in the research; the data were analyzed using the analysis of covariance statistic, with pre-test scores as the covariate.

The sixteen couples in the experimental groups had enrolled for the communications training as a practicum course for married couples offered at a local community junior college. The five control group couples were obtained from a local church group. Couples were administered pre-test on the Marital Communication Inventory, the Primary Communication Inventory, the Marital Adjustment Test, and the Eysenck Personality Inventory just prior to and post test subsequent to the training program. It was hypothesized that there would be no differential effects for the three treatments on the dependent variables under investigation.

Results showed that there was no statistical difference between pre-aand adjusted post-test mean scores for any of the three treatments or the control group, and all hypotheses were retained. Thus, it was concluded that one modality of treatment did not prove superior to any other in improving the communication or marital and personal adjustment of the subjects. Significance was approached on the Primary

Communication Inventory and the Neurosis Scale of the Eysenck Personality Inventory. Greater movement toward improvement in communication was noted in treatment group  $\mathbf{T}_1$ and group  $T_2$  than in the other two groups. The movement toward reduction in neurosis occurred in group  $\mathbf{T}_1$  as compared to the other groups; statistical significance was found for within group changes between pre- and post-test mean scores for group  $T_1$  (p  $\langle$  .05) on the Neurosis Scale of the EPI when applying the analysis of variance statistic. Slight improvement in marital adjustment was noted for group T2. A correlation was found between communication and marital adjustment, as previous research has indicated. No correlation was found between marital adjustment and personal adjustment. The lack of movement on any dimensions for the couples in group  $T_3$  was explained in terms of the demographic variables for that group. It was found that the couples in  $\mathbf{T}_3$  were significantly older than the couples in  $T_2$ , were significantly less educated than the couples in group  $\mathbf{T}_1$  and the control group, and were married significantly longer than the couples in group  $T_2$  and the control group; the results were at the .05 level of significance.

It was suggested that several factors could account for the null results. The moderate to severe disturbance manifested by some of the couples in marital communication and marital adjustment necessitated a longer treatment program. Another factor mentioned was the lack of matching of personality variables to type of treatment procedure. It was also noted that some improvements in the control group were probably due to the participant's level of motivation and the seeking of non-professional facilitative help.

It was concluded that, although the present study did not produce evidence for the efficacy of one treatment modality over another, some support for the efficacy of the newly designed treatment  $\mathbf{T}_2$  was provided with suggestions for further research. Recommendations include the matching of couples on age, level of education, and length of marriage when treatments are being compared. Other suggestions include the consideration, in short-term marriage counseling, of pre-therapy selection variables such as level of motivation for change, preparation for the group experience, level of maladjustment, and length of marriage.

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#### CHAPTER I

#### INTRODUCTION

The difficulties inherent in interpersonal relationships are evidenced daily. Disharmony abounds in international diplomacy as well as in small family units, especially in the marital dyads as can be seen from the growing number of divorces in the United States. It is in this dyad that interpersonal skills are the most crucial. Some theoreticians believe that communication skills are a major element of adequate interpersonal skills functioning in marital interaction. Bernard (2) believes that one of the major dimensions of human adjustment is the nature of interpersonal communication between the parties involved and Satir (13) sees these skills as a blueprint by which children grow from infancy to maturity and learn to live fully functioning or maladaptive lives according to the patterns of interaction they observe at home. Smith and Anderson (14) believe that adequate knowledge of human relations skills is necessary for the cooperative effort necessary in marital decisionmaking and planning.

Furthermore, it has been observed that there is an increasing lack of communication, both talking and listening, in marriage. Jourard (8), in his self-disclosure studies, found the lack of understanding and empathy between many

couples to be incapacitating. Over and above the need for the adequate development of human relations skills to prevent marital malfunctioning, faulty communication patterns have been explored by some theoreticians in relation to its effect on the production and maintenance of pathology in individuals. Bateson, Jackson, and Haley (1), in their review of the "double bind" concept in schizophrenic families, showed that a child can be given a contradictory set of messages and punished for either response in such families. This particular theory of schizophrenia conceptualizes pathological symptomology as the product of the faulty group process within the family. Symptoms are viewed as communications, and not signs of intra-psychic forces. Therapeutic intervention involves direct, clear, and congruent feedback to the family in the "here and now." Mishler and Waxler (10) mention another kind of faulty communication which can have a detrimental effect on individuals and the family. It is the inability to take personal responsibility for feeling states, for past action, or future goals. Everyone in the verbal exchange is defensive; and thus, little adequate feedback and communication of meaning exists.

Considering the apparent necessity for adequate interpersonal skills development in individuals and evidence pinpointing the deteriorative effect of such a breakdown on the mental health of individuals and families, Harvey (7) recommended that new approaches to psychotherapy should

attempt to develop more effective methods of dealing with communication difficulties in marriage. Such therapeutic techniques would serve as both a remedy and preventive measure in improving the mental illness of not only the client but his family as well.

### Statement of the Problem

The problem to be investigated will be a comparison of the effects of structured, partially structured, and non-structured human relations training on the dependent variables of marital communication and adjustment as well as the personality dimensions of neurosis/stability and extroversion/introversion. The structured and partially structured programs are eclectic in content, based essentially on the theoretical models of Carkhuff (4) and Rappaport and Harrell (11).

## Purpose of the Study

The purposes of the study are the following: (1) to determine whether the proposed program in human relations will be effective in improving the marital communication and adjustment of married couples when administered on a short-term basis, (2) to determine whether a structured, partially structured, or non-structured training program will be more effective in improving communication and adjustment than the control group on a short-term basis, and (3) to determine whether the personality dimensions of introversion/extroversion

and neurosis/stability will be effected by the training programs.

## Hypotheses

- 1. There will be no significant difference in mean adjusted communication scores, measured by the Marital Communication Inventory, as a function of treatment, for Treatment Groups I, II, III, and the Control Group.
- 2. There will be no significant difference in mean adjusted communication scores, measured by the Primary Communication Inventory, as a function of treatment, for Treatment Groups I, II, III, and the Control Group.
- 3. There will be no significant difference in mean adjusted marital adjustment scores, measured by the Locke Marital Adjustment Inventory, as a function of treatment, for Treatment Groups I, II, III, and the Control Group.
- 4. There will be no significant difference in mean adjusted personal adjustment scores, measured by the stability/ instability dimension of the Eysenck Personality Inventory, as a function of treatment for Treatment Groups I, II, III, and the Control Group.
- 5. There will be no significant difference in mean adjusted scores on the extrovert/introvert dimension of the Eysenck Personality Inventory as a function of treatment for Treatment Groups I, II, III, and the Control Group.

## Assumptions

It is assumed that the individuals who are participating in the research are within the normal range of intelligence, since they are at least high school graduates, and they will assimilate the materials presented. In addition, it is assumed that the participants are genuine in their desire to improve their levels of interpersonal and personal functioning and will apply themselves to learning the techniques for communication which are presented. Lastly, it is assumed that the techniques used in the training programs, derived from two successful theoretical approaches to teaching adequate interpersonal functioning, are compatibly combined for maximum learning in a short term program.

#### Limitations

The study is limited in terms of the client selection procedure. Clients who volunteer to participate in this program may not be typical of other couples needing or wanting human relations training, in that they readily agree to become actively engaged in verbal activities and to talk about intimate matters in front of a group of strangers. Likewise, the participants and controls are from one specific geographic area, the Dallas-Fort Worth Metroplex, which may tend to reduce the generalizability of the results.

## Theoretical Concepts

This research is an attempt to examine the effects of three short-term interpersonal skills training programs for those married couples wishing to improve their ability to express themselves verbally to their marriage partners. It is not appropriate for those suffering from severe psychological impairment. The focus of the study will be on communications training seen as an essential ingredient of human relations training. The term communications training will be used synonymously with human relations training and both terms are operationally defined in Procedures for Treatment Groups I, II, and III in Appendix F. The dimensions of the communicative process under examination are those of empathy, concreteness, genuineness, and reciprocity. The general purpose of the training programs is to help couples clarify their patterns of interaction and to learn to deliver and receive uncluttered verbal and non-verbal In essence, the couple is learning to serve as therapeutic agents for each other. The three training programs are divided into unstructured, partially structured, and highly structured.

The unstructured training program is derived from the theoretical orientation of Carl Rogers (12). The partially structured and structured programs are an eclectic synthesis of training in several of the core dimensions used in the Carkhuff (4) human relations training program (although the teaching and evaluation approach does not adhere to his mode

of presentation and evaluation) and the Behavior-Exchange Model for Marital counseling developed by Rappaport and Harrell (11). The partially structured and highly structured programs vary in degree of specificity of stated goals and prescribed activities for each of the teaching-learning modules.

The two structured programs under investigation evolved as an adaptation to marriage counseling of the recently developed comprehensive human relations programs which have integrated interpersonal skills training and various behavioral counseling techniques. For example, ghetto school children who were having difficulty expressing themselves in predominately white classes (Carkhuff, 4) were successfully trained in communication skills and were also systematically desensitized to anxiety attendant to expressing themselves. Similarly, Gittleman (6) successfully trained aggressive children in skills needed in interpersonal situations. Techniques of role-playing similar to psychodrama or behavior rehearsal were successfully incorporated with desensitization procedures to produce needed results.

Historically, the communication approach to interpersonal relationships derived from the social psychology of Mead (9) who purported that human individuals were born into a society of "symbolic interaction." Through the use of significant symbols, man is able to pass from direct, unmeaningful response to the overt act of the taking of roles of others and

learning to share the perspectives of others. Concurrent with role-taking, the self develops, i.e., the capacity to act toward oneself. Action toward oneself comes to take the form of viewing oneself from the perspective of the generalized other, or the composite representative of others within him. In the process of viewing oneself, the individual carries on symbolic interaction between his impulsive aspect (the "I") and his incorporated aspect (the "Me"). Thus symbolic interaction is both the medium for the development of human beings and the process by which human beings associate as human beings, for both human beings and the social order are products of communication.

Training as a preferred mode of treatment has emerged (5) which incorporates two major schools of psychotherapy relying on the communicative process—both the client—centered and behavioral approaches to behavior change.

Although the terminology often differs, both would agree that the core of marital functioning or dysfunctioning is interpersonal in nature and that the core of the helping process involves relearning new verbal and non-verbal behaviors. This program is an attempt to synthesize these two approaches and apply them to improving marital communication and to compare variations of this program with the tradition—al Rogerian approach to interpersonal skills training.

The following chapter will explore the development of the sensitivity training laboratories, the emergence of

the systematic interpersonal skills training programs of Carkhuff, and the training as a preferred mode of treatment approach which has incorporated both non-directive and behavioral approaches. The relationship of marital and family communications theory, conjoint marriage counseling, and the above mentioned theories will be explored as well as the efficacy of existing marriage communications training programs.

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## CHAPTER II

#### BACKGROUND RESEARCH

## Sensitivity Training

In the decade of the fifties, sensitivity group or encounter group training developed. Sensitivity training was the name originally given to human relations training in groups because increased awareness of self and others was seen as central to behavior change. Carl Rogers (69) states that the original purpose of the training, as devised by Lewis Bethel in Maine in 1947, was to train groups in human relations skills in which individuals were taught to observe the nature of their interactions with others and the group process. Since the inception of the model, it has been expanded to encompass various leadership styles, intervention techniques, and theories and methods of behavioral change with specific learning models to activate such changes. Certain practical hypotheses are common to all theoretical orientations (Rogers, 69). First, a facilitator works to develop a climate of psychological safety and trust in which immediate feeling reactions, both positive and negative, can be expressed by each group member. With this reduction of defensive rigidity, the possibility of change in personal attitude and behavior becomes less threatening. There is a development of feedback from one person to another from

which a person can learn how he appears to others and his impact in interpersonal relationships. With this new freedom and improved communication, a sense of comfort with self and others usually develops which will hopefully carry over to relationships with relatives, friends, and business acquaintances.

After several theoreticians have enumerated the development of the group process (33, 34, 69, 3, 78), certain steps in the evolution of small group encounters emerge. ter a period of small-talk and milling around, comes a movement of the group focus from external topics to behavior within the group, especially the communication of authentic feelings. (2) Feelings are first described as objects external to self, next as personal meanings which are not occurring in the present, and then finally as feelings owned in the here-and-now expressed in progressively freer degrees The final phase has the characteristics of intensity. (3) of urgency and elation as the participants sense that time is drawing near a close; defensive rationalizations are reduced as members take the opportunity to be increasingly more open and spontaneous with their feelings responses.

Although human relations training often involves an intensive small group experience, it is distinguished from intensive group therapy, according to Gibb (33), by its focus on the here-and-now rather than historical data presented by members. Another major distinction is the focus

upon personal growth rather than remedial treatment. emphasis is upon the encouragement of normal people to function more effectively on an interpersonal level in their natural setting. The group is seen as a place to learn about human interaction and to try out new behaviors rather than a locale for examining unconscious material. sessment of personal growth has been a particularly complex one for practioners because of the somewhat vague terminology used to verbalize group goals. Gibb (33) divides the assessment of group outcome into analysis of "input" and "output" The "input" goal is aimed at inducing greater variables. sensitivity to self, feeling of others, and to the general interpersonal environment. This type of assessment attempts to detect cognitive reorientations and is generally measured by attitude and self-concept scales. The "output" component of human relations training involves those aspects of human functioning which are represented by interpersonal changes like increased communication, openness with others, and spontaneity of verbal expression. They are usually measured by scales which tap particular behavioral changes. member rates himself and other members of the group on the particular dimension.

In terms of research, assessment of the "output" component of training, the critical focus of the study under
investigation in this paper, has received little attention,
especially in the area of experimentally controlled studies.

Although the studies to be reviewed here were not done with married couples as subjects, much of this research has relevance to them if the techniques are adapted to improving marital interaction. In the area of communication, Bunker and Knowles (8) have conducted an interesting investigation. They were interested in measuring enduring behavioral change after several years had elapsed since the training lab. They found significant changes for members as compared to the control group in communication skills, interdependence, and functional flexibility according to ratings on a behavioral change description questionnaire turned in by each member and his co-workers. Changes were also found in tolerance of other people and the "input" variables of comfort with self and sensitivity to the feelings of others. Although self-acceptance is usually considered an "input" variable in training, Rubin (72) found evidence that high acceptance of self correlates with high acceptance of others. Delaney and Heimann (29), using two training group models, didactic and experiential, found that after six sessions, subjects learned to be significantly more sensitized to verbal cues than the control group. The didactic group was directed toward the study of emotional cues received from others and the experimental group focused on the types of emotional cues communicated by self to others.

The dimension of structure in human relations training groups, has been considered an important variable which has

received attention in both theory development and research. Although sensitivity groups developed as relatively unstructured, Rogers (68) and Stroller (77), in terms of format and allotted time, the recent appearance of manuals (56), and Pfeiffer and Jones (64), devoted to the description of structured activities to be used in training programs, points to the trend toward the increasing use of structure to facilitate member changes. Liberman, Yalom, and Miles (51) further classify groups into high or low exercise groups. In order to solve the question of the relative value of the respective types of structure, Liberman, et. al., found in a correlational study that participants in high exercise groups saw their groups as more cohesive and constructive, felt they learned more, and perceived their leaders as more competent than did members of the low exercise group. experimental study which attempted to replicate these results (49) also found that members in a more highly structured group reported greater ego involvement in their groups, more self-perceived personality change and greater group unity. However, Cerra (23) in studying a comparison of structured and unstructured time-limited groups found that his hypotheses was not confirmed that a structured approach to training is superior to non-structured. He accounts for his non-results by explaining that some subjects did show positive changes by changing their rank order in the group but these were offset by negative change for others. There was also a

confounding leadership variable involved. Other recent sources in the literature concerned with the teaching of human relations skills outside the marital dyad support the position that "structured technique-oriented" approaches designed to meet specific criteria of behavioral performance are superior to less goal-centered and activity-specific programs (43).

Experimentally controlled research in conjoint marriage human relations training comparing the structured and relatively unstructured approach is very sparse. Swan (78) compared these differential counseling approaches on conflict reduction in the marital dyad and found that the structured approach had no disadvantages over the unstructured approach, although he did not consider it to have any advantages.

Since the focus of this research is on interpersonal functioning in marriage, certain aspects of the "input" side of goal assessment are also of interest to this study; these aspects are those which relate to awareness of the reactions of others and of the behavior of the self in relationship to significant others which have a bearing on effective marital functioning. Burke and Bennis (10) reported significant increases after sensitivity training in the ability to predict how they are seen by other participants in a ranking or in a semantic differential measure. Culbert (27) showed a significant increase in one's accepting and understanding one's own role in interpersonal problems, as measured by the

Problem Expression Scale, and his contribution in bringing them about. Argyris (1) plotted individual growth curves for 51 subjects on sets of categories designed to measure interpersonal competence like owning up to one's feelings, openness in interaction, and risk taking. He found significant results in trainees ability to own one's feelings and manage them.

In summary, it can be seen that the sensitivity group or encounter group grew out of human relations training programs designed to increase an individual's awareness of himself in relationship to others in order to enhance interpersonal and personal functioning. Various leadership styles, techniques, and theories of group process have evolved to accomplish these goals. The assessment of the outcome of such training has attempted to tap changes in overtly expressed skills like increased verbalization and cooperative behaviors as well as increased awareness of self as measured by increased congruency in self concept. dimension of structure in sensitivity training programs has received some investigation. Conflicting evidence exists concerning the relative importance of structured activities in such training programs for married couples. The following section will examine the movement from unstructured to relatively structured approaches to human relations training programs.

Core Dimensions and Interpersonal Change

Growing out of the theoretical work of Rogers and his colleagues (69), in their four year study of 16 hospitalized schizophrenics conducted at the University of Wisconsin, it was determined that patients receiving psychotherapy and those receiving control conditions showed little difference in therapeutic outcome, but that patients offered high levels of certain characteristics showed significant positive personality and behavioral change on a wide variety of indices, and that patients offered low conditions of these same characteristics deteriorated. Similar results were also reported by Truax and Mitchell (84). The significant characteristics that emerged from this research were (1) accurate empathic understanding, or a being with the client and an ability to perceive and communicate both the feelings and experiences of another person and their meaning and significance. like stepping into the shoes of another person and viewing the world from his perceptual and emotional vantage point, thus allowing him to expand and clarify his own awareness. non-possessive warmth, or the ability to provide a non-(2) threatening, trusting atmosphere through an acceptance and positive regard for the other person. (3) genuineness, or the ability to be non-defensive, non-phony, and authentic in the therapeutic encounter.

Since 1962 numerous studies have been done to investigate different aspects of this significant and positive relationship

between client and therapist which seemed to account for the patient's improvement. The research extended to non-hospitalized populations, both individually and in groups. Wargo, Frank, Imber, et. al. (85) found that male juvenile delinquents offered high levels of empathy, warmth, and genuineness exhibited improvement above those in the control group where low levels of the variables were offered. lar studies have been done with psychoneurotic outpatients (86) and institutionalized female juvenile delinquents (87). In 1964, Truax and Carkhuff (82) introduced the new counselorinitiated dimension of concreteness as vital in the therapeutic process. They defined concreteness as a specificity of expressions of feelings and experience. According to a study where patients were rated on such process dimensions as self-exploration, insight, and personal reference, the authors maintain that of the sixteen different therapist influenced variables, concreteness was the most highly related to the criterion measures. It was concluded that concreteness is of overwhelming importance in the helperhelpee relationship.

Some contradictory evidence does exist about the interpersonal dimension of warmth. It was found in a study by Truax, Carkhuff, and Kodman (83) of group therapy with forty hospitalized schizophrenics that warmth was negatively correlated with empathy and genuineness and was therefore negatively related to successful patient improvement in this study.

The picture, in terms of therapeutic outcome for brief therapy, of course, is not all optimistic. The now classic Cartwright and Vogel (22) study found no significant changes in clients after 33.4 hours of therapy with trained clientcentered therapist. The results were accounted for by what is known as the deterioration effect in psychotherapy. experimental group demonstrated a greater variability of scores over the control group, signifying that some clients will deteriorate in psychotherapy while some will improve, thus accounting for the null results. Also, Koegler and Brill (46) found no relationship between therapist effectiveness and successful client outcome for outpatient counseling for an average of ten sessions. Volsky, Mageen, Norman, and Hoyt (89) show no significant results from eclectic counseling over the control group with college students in from one to thirteen hours of therapy, at the Counseling Center of the University of Minnesota. Bergin and Strupp (5) worn of the complexity of producing positive results, especially in group counseling, where there are complex interactions between therapist and clients. Without certain methods of client selection based on level of motivation, preparation for group, personality variables, such determinents of outcome, change on group data is particularly difficult to produce.

These core characteristics of effective therapists, originally thought to be personality characteristics or

traits, came to be seen by some researchers as interpersonal skills which could be taught to individuals, even non-professionals involved in social service fields, and that these skills are essential not only in therapy but for the self-growth of all individuals in their relationships to others. Carkhuff and Truax (19) reported that graduate students could be taught accurate empathy to the degree that they could not be distinguished from highly skilled therapists; Berenson, et. al. (4) was able to teach undergraduate dormitory counselors the core dimensions necessary to function as facilitators. Helpers trained by using the previously validated Truax scales to measure levels of functioning on such dimensions were superior to the control group and the group trained by not using the scales.

Recently, training in interpersonal skills extended to married couples (25). Guerney (34) developed the program, calling it Conjugal Therapy, which is designed to teach spouses to act as facilitators for each other by being trained to offer each other high levels of empathy, warmth, and genuineness. Assuming that spouses are generally more important to each other than anyone else, they would then be in a position to provide lasting remedies to their own relationship by learning to express their feelings and attitudes and to reduce barriers that hamper meaningful communication. Also, Guerney successfully trained mothers of disturbed children in reflective techniques and other variables found central to non-directive therapy.

In an eclectic extension of Roger's necessary and sufficient conditions of therapeutic personality change, Carkhuff and his colleagues (4, 13, 14, 15, 16, 18) have added counselor initiated dimensions to the counselor responsive conditions and have developed systematic training programs in interpersonal skills built upon their previous Whereas the client centered approach relied on research. experiential sources of learning, these training programs emphasized the didactic and modeling sources of learning in shaping high levels of helper-helpee communication. interpersonal skills training programs, originally designed to train counselors, have been adapted to use with parents of emotionally disturbed children (18), social action programs for the hard core unemployed (15), facilitating relations between races and generations (17), and improving the interpersonal functioning of psychiatric patients (65).

With the development of the systematic training programs in interpersonal skills, came an awareness that direct training in significant dimensions of interpersonal skills might be a preferred mode of treatment in helping the dysfunctioning person rather than the experiential approach of their being exposed to high functioning helpers. Some evidence to support this position was found in the Carkhuff and Bierman (18) study which will be related in some detail because of its' importance. Twenty-four parents were divided equally into three treatment groups, which were devised to help

parents improve their communication with their children, and received 25 hours of traditional therapeutic counseling from high, moderate, and low functioning therapists, while ten parents received direct training in interpersonal skills such as a practice session on communication between spouses and families emphasizing empathy, respect, concreteness, and immediacy; a time control group of the same composition was also used. Results showed that systematic training effected significantly greater changes in communication and discrimination in general, and communication between spouses specifically, than did the experiences in the treatment or control However, while the training group perceived themselves as communicating better with their children, they did not generalize their knowledge to play situations with their children, nor was there any change in the personality or adjustment of the parents and children.

The Carkhuff and Bierman study leaves many questions open to investigation. For instance, can programs which are an integration of the didactic and experiential approaches to human relations skills be more effective than either the strictly experiential or strictly didactic approaches? If interpersonal skills programs were devised mainly to improve parental communication and adjustment, as the Carkhuff and Bierman study was not, would, then, the parents show personality changes? And what is the relationship of improved communication to marital adjustment? If a person's interpersonal skills improve, will they experience an improvement

in marital adjustment? These are significant questions in the helping profession, if the goal of helping others is to affect lasting personality and behavioral changes. The present study attempts to shed light on some of these issues.

In summary, it appears that certain personality characteristics emerge from the research as indicative of a facilitative personality, or a personality which produces positive attitudinal and behavior change in others. These core conditions, originally thought to be personality traits, gradually have become viewed as interpersonal skills which could be taught to individuals who wish to function as helpers for others.

Training in interpersonal skills has extended to married couples who wish to improve their communicative ability. Originally, the training programs were largely experiential in approach; recently, systematic training programs have developed which are emphasizing didactic approaches. These programs have come to be considered preferred modes of treatment for the dysfunctional, rather than traditional therapy, by some theoreticians. Many areas of exploration appear necessary in the interpersonal skills training area for married couples. For example, will couples at a certain level of marital and personal adjustment improve their personal and marital well-being after communication training more so than couples at a different level? Can a person improve his or her communication skills and not improve his

or her marital relationship? In Carkhuff's opinion, programs need to be devised which will improve personal and marital adjustment as well as improve interpersonal skills if the goal of the helping methodologies is to improve the quality of people's lives. Also, as the methodology of training as a preferred mode of treatment is applied to married couples, instruments must be used in assessing their improvement which are an operational index of the behaviors which are actually practiced. The present study is an attempt to devise such a program, compare variations of it, and to access the result on the marital and personal adjustment of the participants. The next section will deal with the development of another mode of interpersonal skills training which has gained some support in academic research.

# Training as a Preferred Mode of Treatment in Behaviorism

The two principle modalities that converge upon training as a preferred mode of treatment are the client-centered, phonomenological approach and the behavior modification approaches adapted from the learning theory of experimental psychology which utilizes both instrumental and classical conditioning principles. These approaches focus on very specific behaviors and attempt to help an individual behave in a desired manner by using a systematic methodology designed to demonstrate tangible results. The approaches were applicable to the training of non-credentialled personnel to

use them since the techniques were simple, direct, and concrete.

In the area of marriage counseling, behavioral approaches have utilized operant conditioning techniques as well as negotiations training based on effective communication and behavioral contracting based on reciprocity principles. Beginning with the clarification of behavioral change objectives for each partner, a four step treatment approach, culminating in an exchange of positive responses on a reciprocal basis, was developed by Stuart (76) and is called the operant-interpersonal approach. This approach, with minor variations, is generally representative of behavioral counseling approaches with married couples. First, the couple is trained in the logic of the approach by being exposed to operant conditioning techniques and rationale; particularly pertinent in the training is the assumption that an individual's feelings about a person are based on his overt behavior. Secondly, each spouse is asked to list three overt behaviors which he or she would like to accelerate in the other; the third step requires that each spouse record the frequency of the desired behaviors. The fourth step consists of working out a series of exchanged behaviors which are properly rein-This approach requires that partners learn to disforced. pense social reinforcers at an equitable rate, that each person assume some initiative in changing his own behavior, and that the negotiated pattern of behavior become the most

rewarding of all other alternatives because of the reciprocal dispensing of the desired reinforcers. Rappaport and Harrell (67) offer a variation of this technique. Whereas, both recognize the significance of reciprocity, compromise, and the principles of reinforcement in a functional relationship, Rappaport espouses the use of an educational model to teach dyads reciprocal exchange skills and then allows them to establish their own contracts, with minimal dependency on the counselor. Nor does this author rely on the use of token economy systems at any time.

Recently, behavioral marriage counseling which emphasized negotiations training has received considerable attention from researchers. Weiss, Birchler, and Vincent (91) explain this approach by recognizing the importance of attitudes, values, and feelings, but insisting that they be expressed as overt behaviors so that the acceleration or deceleration of these behaviors, which constitute the problem, can be accomplished. A behavioral contract is then agreed upon to obtain the specified goal. However, the emphasis here is upon monitoring verbal interchanges so that the couple can talk about their dyadic interactive behavior without engaging in high rate criticism of one another which only increases alienation. Patterson and Hops (62) report on the case study of a couple taught to behaviorally contract for pleases and displeases behaviors through the use of their viewing their verbal interchanges on videotape and

then witnessing more constructive modeled dyadic interchanges. Results suggest the feasibility of such an approach using behavioral reinforcement techniques subsequent to the negotiations training. Carter and Thomas (21) reported the results of an exploratory analysis of the effects of corrective feedback and instructions on selected problems in marital communication. They found that the two cases studied indicated successful modification of problematic components of the verbal repertoires. Weiss and Patterson (93) used a technique which behaviorally coded negotiations samples and the results indicated that couples learned to significantly decrease their aversive behaviors toward each other and increased problem solving, positive behaviors. was not concluded whether it was the increased problem solving skill or the learning to be more reinforcing to one another or both that resulted in improvement for couples.

After couples have mastered the basic skills of negotiating for desired behaviors, the behavioral training usually proceeds with a certain strategy of contracting. Two models have developed and gained support in the literature according to Weiss, Birchler, and Vincent (91), the "quid pro quo" model and the "good faith" model. In the "quid pro quo" model, one partner performs a certain behavior, then the other partner performs a desired behavior in return. In the good faith model, if X performs a desired behavior, then Y has the option of performing the desired

return behavior or not. The advantage of the good faith model is that both partners initiate change and all of the burden is not placed on one person to change. For it is in the very nature of disturbed marital interaction that coercive controls develop because the cost of being rewarded is too high relative to expected gain (63), and thus the "quid pro quo" model may only intensify this conflict. The partner's demean the value of the others' reinforcers, and the power of one's positive reinforcers in such a relationship becomes lessened. Reciprocity shifts from reward to the use of aversive control (92). The good faith model encourages a spirit of generosity and cooperation.

Some research has been done to show that a relationship does exist between operant behaviors and marital happiness. Birchler's research (6) lends support to the theory that happily married couples exhibit more positive reinforcements to each other than the unhappily married. His study investigated the essential components of depressed marital interaction. The focus was on instrumental affiliative behavior as it was exchanged between pairs of opposite-sexed adults. The observed dyads differed in regard to degree of marital distress, level of intimacy (measured by number of eye contacts), and the situation in which they interacted. He attempted to investigate whether distressed couples exhibited a different rate of positive and negative behaviors than the non-distressed and whether these behaviors were generalized

to other adults with whom they interacted. According to the behavioral formation of the marital relationship, there comes a time in marriage when one partner wishes to change the behavior of the other. He may then make use of positive or negative reinforcement techniques. Many have learned that punishing another, criticism, complaining, withdrawal, making excuses, ignoring, and frowning can get the other to change what he or she is doing. If this happens rather than the use of positive reinforcement of desired behavior like smiling, physical contact, approval, nodding, then more often than not, in long term relationships, individuals function in terms of negative consequences of each others behavior. The study found that distressed couples can be distinguished from the non-distressed by their significantly more extensive use of negative reinforcement; married couples, distressed or not, emitted less positive and more negative social reinforcement to each other than to strangers. He suggested that systematic approaches are needed to access the relative effectiveness of certain ingredients included in the therapeutic approach, especially those used to assist a couple in becoming and maintaining a positive interactional pattern. Vincent (88) also found that degree of intimacy, marital distress, and exchange of social reinforcements varied together. As intimacy decreased and distress increased, the number of positive social reinforcements tended to decrease.

Since many of the behavioral studies with married couples are case studies which are exploratory in nature, many questions remain unanswered concerning the generalizibility of the results and the effect of behavior change on the general well being of the couple involved. It is obvious from the research that some couples can be taught to negotiate more effectively. They can also be taught to increase desired behaviors in themselves and the spouse and to reduce aversive behaviors. Will this change in behavior necessarily improve the personal well being of the couples? Also, will increased affiliative behavior of the couple most often result in healthier marriages? Research has been presented which points to the correlation between operant affiliative behaviors and marital adjustment, but is there necessarily a causal relationship? If a person's rate of reinforcement is increased, will he therefore like his mate and himself better? Another question open to investigation is whether these techniques can be successfully applied in a group setting along with other techniques designed to improve a couple's functioning on interpersonal skills. The present study is an attempt to devise such a program and to investigate the outcome in terms of both marital and personal adjustment rather than in terms of just changing specific behaviors? The eclectic approach used in the present study utilizes techniques which have been used successfully in the past to change perceptions as well as techniques which have

been used to change behavior. This approach seems more likely to be one which would produce changes in self perceptions for the couples as well as be effective in changing the way couples behave with one another. Hopefully the research will lend further support to the feasibility of these techniques under more broadly defined conditions.

In summary, in the area of behavioral counseling, marriage counseling therapists have utilized the techniques of operant conditioning as well as negotiations training based on behavioral contracting and reciprocity principles. Two negotiations models have developed—the "quid pro quo" and the "good faith" models. Recent research has provided some support for the efficacy of negotiations training procedures as well as for the relationship between operantly learned affiliative behaviors and marital happiness. The following section will deal with the further examination of the relationship between marital and personal adjustment and the pertinent research.

## Communication and Marital and Personal Adjustment

In this section, the development and refinement of the concept and measurement of marital adjustment is explored. Then, the relationship between the dependent variables of communication and marital and personal adjustment is examined. The focus is on how communication patterns affect marital and personal adjustment and vice versa. The relationship

between marital adjustment and individual mental health is also given some attention. The characteristics of communication found to be related to marital satisfaction will be discussed as well as the studies which have called attention to the significant relationship between marital adjustment and communication.

Marital adjustment is an ambiguous term which developed slowly and which is subjective phenomena difficult to measure. Originally, researchers seem to have been concerned with the subjective feelings about the state of marriage, whether this be labeled happy, successful, or adjusted. Burgess and Cotrell (9) made the earliest comprehensive study of marital adjustment by developing and distributing a scale to permit the prediction of marital success. They saw marital adjustment as being good when husband and wife agree on major issues of importance, share common interest and affection, feel that they have few complaints, and feel an absence of loneliness. Terman (80) investigated personality factors associated with marital adjustment. He was interested in the relationship between individual psychological health and marital happiness. He found it to be characteristic of unhappy marital partners to be touchy and grouchy, to lose their tempers easily, to fight to get their own way, to be critical of others, to lack self-confidence, and to be dominating in their relationships with the opposite sex.

Since then, several scales have developed to measure marital adjustment which pinpointed important aspects of marital adjustment. Locke and Williamson (54) and Locke and Wallace (53) found several independent factors but no general factor which could be called adjustment in their development of the Locke Marital Adjustment Test. Freedom from conflict, agreement on major issues, enjoying leisure time, and sharing affection were correlated with adjustment. Kimmel and Van Der Veen (44) in their factor analytic study of Locke's Marital Adjustment Test, found three factors related to marital happiness -- sexual congeniality, compatibility, and closeness. For husbands, sexual congeniality and closeness are combined and compatibility is separate, but for wives, compatibility and closeness are combined and sexual compatibility is separate. What then about the relationship between marital adjustment and communication?

Some research has been done on the relationship between communication and marital adjustment. Locke, Sabagh, et. al. (52), using the Locke Marital Adjustment Test and the Primary Communication Inventory, found correlations as high as .72 between ability to communicate and marital adjustment, above the .01 level of significance. Navran (60) found a .82 correlation. Hobart and Klausner (38) found similar results in their research. In a Swedish study, Karlsson (41) tested couples with a variation of Locke's Marital Adjustment Test and two measures of communication.

Both measures of communication significantly correlated with marital adjustment. Ely (30) offered further support for the validity of the relationship. Levinger and Senn (50) found that selective disclosure of feelings, one aspect of effective communication, positively related to marital satisfaction. The highest correlation was found between marital satisfaction and awareness of the partner's willingness to disclose feelings rather than one's own tendency to practice disclosure. However, Kind (45) found no correlation between communication efficiency and marital happiness. He concluded that some couples manifested behaviors indicative of marital maladjustment but were not able to accept their difficulties perceptually. Their marital adjustment questionnaire did not reflect the apparent inefficiency in dealing with tension and conflict.

Certain characteristics of marital communication have been found to be related to marital satisfaction. Navran (60) found that happily married couples talked more to each other, conveyed feelings that they were understood, showed sensitivity to each other's feelings, and made extensive use of non-verbal communication techniques. Katz' (40) study of the connotative meaning of words in relationship to married couples provided evidence that well adjusted couples agreed on the connotative meaning of words significantly more than the less well adjusted. Clarke (24) in his study of 148 couples using four self-report inventories of the critical

communication variables predictive of marital satisfaction, found that interpersonal confirmation and self-disclosure were good predictors of marital satisfaction with perceived interpersonal confirmation to be the best predictor. Taylor (79), working in the area of self-perception and considering accuracy and congruency of self-concept to be an important ingredient in ability to communicate self to others, integral to Haley's theory relating to message congruency and incongruency, found significantly high correlations between self, ideal-self discrepancies and marital maladjustments. Dissatisfaction with self seemed to relate to dissatisfaction with others.

Some supporting evidence has developed for the existence of a positive relationship between amount and quality of communication and personal adjustment. In families showing evidence of pathology, communication between members does not seem as free, explicit, and frequent as in so-called "normal" families (31). Lennard, Beaulieu, and Embrey (48) found that fathers of schizophrenics communicated significantly less with their sons than the fathers of "normal" sons. Schaeffer (74) offers support for the fact that there are fewer instances of interpersonal interaction, including both verbal and non-verbal interchanges, between spouses in the homes of depressed versus non-depressed psychiatric patients and normal control groups.

The relationship as revealed through previous research between individual mental health and marital happiness also appears to be one worthy of investigation. A study done by Rogers (70) on men seeking counseling at a Veterans Administration center, revealed the following information. found a significant correlation for the overall group and the stable group between individual mental health and marital The individual mental health was assessed by the Taylor Manifest Anxiety Scale, the Baron Ego Strength Scale, and the Guilford-Zimmerman, and marital adjustment was assessed by the Locke Marital Adjustment Test. was also a correlation between these factors for the non Veterans Administration seeking help group but not for the Veterans Administration seeking help group. The variations were explained by the author in terms of the ability of some people to derive emotional reinforcement from many sources and for others to rely primarily on the marital relationship. It appears in this study that the stable group and the non Veterans Administration seeking help group attempted to derive much of their satisfaction from their marital situations; whereas the Veterans Administration unstable group did not. He found no evidence, however, for the often made assumption that emotionally unstable people make unstable marriages nor for the assumption that an unhealthy marriage can affect the individual health of an individual. (2) on the other hand, found conflicting results. Psychopathic tendencies appeared characteristic of the maritally maladjusted people in his study; he also found a higher frequency
of neurotic characteristics in women who were in marriage
counseling than those who were divorced, and that both the
divorced and those in marriage counseling showed substantially more impairment than the continuously married. Eastmen (29) found that self-acceptance, a widely accepted
aspect of individual mental health, was highly correlated
with marital happiness; Webb (90) found similar results.

The relationship between individual verbal competency and value orientation has been examined as it relates to marital compatibility. Pilder (66) found that couples could be taught to improve verbal skills on the Verbal Response Scale but not also improve on a Pair Attraction Inventory or a Caring Relationship Inventory. Improvement on individual skill in this study did not improve the marital relationship. Zieff (94) conducted an interesting study which revealed that self-disclosure yielded significant positive correlation with a Marital Relationship Index but negatively with the duration of the marriage. He explained the results in terms of the possibility that some couples focus on the communication of conflicted material and trouble spots in their marriages thus resulting in the mental association being made between conflict and communication. Communication becomes something negative which is eventually extinguished through lack of reinforcement. Martin (57) found that well

adjusted couples have similar terminal and instrumental values than do the maladjusted couples. Like instrumental values were found to be more closely associated with good marital adjustment than like terminal values. It seemed important for couples to agree upon modes of behaving and to share some level of value convergence to achieve marital adjustment. Similarly, Bricklin and Gottlieb (7) found that the marital relationship of some couples deteriorated after communications training, especially if each could not accept the deep rooted attitudinal patterns of their mate.

In summary, the emergence of scientific investigation of the concept of marital adjustment developed slowly. There is no unanimous agreement concerning the definition of marital adjustment; however, certain consistent factors do emerge--factors like sexual congeniality, compatibility, and emotional closeness. Various research studies have found high correlations between perceived amount and quality of communication and both marital and personal adjustment. Ability to talk and listen empathically, to confirm the perceptions of others, and to disclose personal feelings seem to be significant factors related to effective interpersonal functioning and a sense of personal well being. What then is the significance of these findings for conjoint marriage counseling?

The discussion in this section leaves significant questions unanswered. Will, for example, an increase in one of

the dependent variables like communication, produce a change in another of the dependent variables like improved personal functioning or improved marital functioning? The present study is an attempt to further investigate this issue.

The following section will examine difficulties encountered in achieving healthy communicative patterns and discuss several programs which have affected the communication of the married couples in training.

Theories of Communication and Blocks to Effective Communication in Marital and Family Interaction

While communication might be defined simply as a "process of giving and getting information" (72), the characteristics of effective marital communication are extremely complex and elusive. The process of communication is subtle and profound, and frought with many pitfalls and difficulties which interfer with the accurate and effective transfer of cues and word symbols. Psychologists, sociologists, and linguists have concerned themselves with the goals of effective communication and difficulties experienced in the attempted achievement of this goal. Psychologists, understandably, have focused on the relationship between man's perceptual and communicative patterns and his individual and marital adjustment.

More specifically, Satir (73) defines communication as an interaction or transference of meaning. It includes all of the symbols and cues used by persons to give and receive

meaning. She develops a theory by delineating the characteristics of effective and ineffective communication. munication techniques used by people, according to this theoretician, are a reliable indicator of their level of interpersonal functioning. In order for man to survive, he needs to find out about his world; he needs to differentiate and relate himself to objects by labeling them and learning what to expect from them. Man also needs to give information by delineating what he expects from others, how he interprets what they do, and how they appeal to him. Difficulties arise in communication because of the difficulty associated with the transfer of word meaning. Words are abstractions, symbols which only stand for referents. These words range from the very concrete, or words about specific, observable objects, to very abstract words which delineate and describe other words. Sometimes a person fails to realize that words are abstractions and tends to make faulty assumptions in his verbal interchange with others, which blocks effective communication and leads to dysfunctional patterns of information exchange. He will assume that one instance is an example of all instances; he will assume people share all of his perceptions and evaluations, and that his perceptions are complete; he will assume that what he perceives won't change and he will assume that there are very few, if any, alternatives to his perceptions of a situation. Without awareness of the abstract nature of words, both sender and receivers may

engage in dysfunctional communication by agreeing or disagreeing to a statement before they know to what they are responding. To a statement like, "She is selfish," a functional communicator would seek more information by asking for particular behaviors or attitudes which strike the person as being selfish. The dysfunctional communicator would tend to agree or disagree immediately. Dysfunctional persons tend to overgeneralize, operate mainly from assumptions, send incomplete messages, use pronouns vaguely, leave out whole connecting words, and quite often do not send a message at all but assume the other should know what they need. A functional communicator qualifies and clarifies what he says and asks for and is receptive to feedback.

Some sociologists concur with the difficulties inherent in verbal communication. Transmission of meaning is essential and involves identification with another's situation, a process of role taking or symbolically putting oneself in the other's place (55). This appears very similar to Truax's (81) definition of empathy, or sensitivity to and understanding of another's feelings and communication of this understanding. However, this ability is difficult because there is a tendency to experience things not as they are but as we are (55). Previous experience sets up expectations which determine what and how new impressions will be received. Selective attention and perception have vast implications for all aspects of social life. Whatever is

contradictory to previous experience or interests is likely to be ignored or transformed in the act of communication.

Ogden and Richards (61), renowned semanticists, expound on the difficulty of transfer or word meaning because of the effects of differing experiential backgrounds on the connotative meaning of words, which are rarely taken into account by the communicators. Carroll (20) explains that precise descriptive efforts are needed in order to accurately communicate the connotative meaning of words. In order to share perspectives, values, beliefs, and other such abstract processes as the development of goals and methods of achieving them, repeated attempts must be made to explain the nature of past and present feeling experiences.

The family therapist of the Mental Health Research
Institute of Palo Alto, California, referred to as the
"symbolic interaction" group, base their approach on the
analysis of the role of communication in interpersonal dynamics. Jackson (39) postulates that interpersonal relationships involve two levels of communication; that is, (a) the
message, and (b) how the message is to be interpreted. The
first is direct and the second is subtle and implicit. The
messages may be consistent or they may disqualify each other.
Disqualifications abound in dysfunctional communications.
If the disqualification occurs in one message, it may be
either a "sequential disqualification," that is, a verbal
contradiction; or, it may be a "incongruent disqualification,"

that is, with an affect-verbal discrepancy or a statement-context discrepancy. "Go away closer" is a sequential discrepancy and "Go away" uttered in a warm, loving tone is an incongruent message of the verbal-affect type. Jackson (41) further explains the two levels of communication in terms of report and command aspects. The report contains the factual information and the command defines the relationship. In families, the participants have stabilized the process of determining the nature of their relationship. These relationship agreements, or family rules, prescribe and limit the individuals' behaviors over a variety of content areas. In disturbed families the rules are static and never explicit.

Haley (36, 37), another of the Palo Alto Group, elaborates on the "systems approach" by explaining that man's perception of himself and others is a direct indication of his psychological health. When messages qualify each other incongruently, then incongruent statements are being made about the relationship. When a statement is made which by its existence indicates one type of relationship and is qualified by a statement denying this, then difficulties in interpersonal relationships become inevitable. If people qualified what they said with congruent messages, then relationships would be defined clearly and simply. If a person lacks understanding of himself or if he is ambivalent, then his messages are not likely to be congruent; his internal conflicts will manifest themselves in the sending of confused messages and result in poor relationship definition.

In summary, psychologists, sociologists, and linguists have investigated the characteristics of effective communication and some of the pitfalls inherent in the clear reception of messages. Most repeatedly, people fail to realize the abstract nature of words which leads to a number of faulty assumptions that distort communication. They also fail to realize the importance of obtaining feedback between the sender and receiver of messages. A functional communicator qualifies, clarifies, and concretizes messages both sent and received. He will attempt to achieve a consistency between expressed and implied messages and between verbal and nonverbal communications. One theoretician goes so far as to say that clarity of messages sent is a reflection of intrapsychic wholeness.

Some of the pitfalls in marital and family communication which the previous discussion has illustrated, could serve as a springboard for the development of communications training programs which would help eliminate these difficulties. The present training program under investigation attempted to organize a communications training program based on techniques supported by research to be effective with a focus in mind of training in helpful skills as well as teaching clients to overcome faulty patterns in interpersonal exchanges. The following section will explore the relationship of these theories of communication to techniques used in conjoint marriage counseling.

## Theories and Techniques in Conjoint Marriage Counseling

As marriage counseling shifted from a focus on a "sick" or "disturbed" member of a marriage who was treated individually in order to cure his or her intrapsychic ills to an emphasis on patterns of interpersonal interaction, several theories emerged which emphasized the teaching of interpersonal interaction skills which were purported to be the origin of the difficulty rather than any deep-rooted intrapsychic conflicts. These theories emphasize the role of communication in marital adjustment and incorporate communicative techniques in the treatment of dysfunctioning marriages as well as seeing the goal of counseling to be improved interpersonal functioning.

Various theoreticians have delineated their specific approaches in terms of theory of interpersonal malfunctioning, goals of conjoint counseling and techniques used in the counseling process. Most of the approaches would apply in situations where couples wished to improve their level of functioning as well as in situations where there is a distinct development of pathological behavioral patterns. Mudd and Goodwin (59) focus on helping couples to understand their "interaction," which they define as the unique day-to-day patterns of behavior and problems of verbal and nonverbal interchange, and agreement or disagreement on roles, values, or goals. The counseling involves a clarification of feelings, teaching new methods of communication, helping

partners to express both positive and negative perceptions, and helping partners to recognize modes of interaction which are destructive and to substitute more constructive approaches to life situations.

Satir (73) considers her theoretical approach to conjoint marriage counseling to be a phenomenological theory of interpersonal behavior in which reality is validated by literal interactional negotiations. Since a person can not only send a message but also explain how the message is to be interpreted simultaneously, difficulties arise because one can send a variety of messages, some of which may be contradictory. This theory also assumes that whenever a person communicates, he is asking something of the receiver. At the highest level all messages are "validate me" messages (show me that you value me and my ideas). If one fails to be explicit or is contradictory or incongruent, he is not likely to get his request and receive the personal validation he is seeking. Anticipation of rejection can easily cause a person to be indirect, and thus set up a self-defeating pattern of interaction. The goal of Satir's counseling is to help a person be spontaneous and authentic, to encourage him to commit himself to risk reporting to significant others what he feels and thinks. Changes should be effected through this approach in the areas of a more healthy perception and valuing of self and a more facilitative manner of manifesting thoughts and feelings.

Martin (58) explains his approach to conjoint marriage counseling in terms of the relationship between self-esteem, communication, and marital interaction. If parental attitudes have been uncertain and confusing during childhood, in a person's attempt to integrate inconsistent messages, he will formulate an inaccurate, incomplete picture of himself. This will result in low self-esteem which, in turn, will lead to dysfunctional communication, for when a conflict of interest arises and negotiations are needed in marital interaction, low esteem people seem to feel that they are giving in or giving up something and are again in the position of an unloveable child. They cannot be objective as to what actions the situation necessitates. Marital or individual malfunctioning is seen as being derived from inadequate methods of communication, which by definition includes all interactional behavior. It will follow that counseling will be an attempt to improve these methods, with an emphasis on correcting discrepancies in communication and teaching ways to achieve more fitting joint outcomes. Human beings are seen in this system as being limited only by their knowledge of themselves and their ability to "check out" their perceptual realities with others.

D. Jackson (39, 40) and Haley (35, 36) hypothesize that similar dynamics pervail for marital or family interactional situations. Each family or couple develops a set of norms or rules that must be maintained. Any deviation from the

norm is corrected by the behavior of the family members; sometimes, this behavior is categorized in the so-called abnormal range and is identified as a symptom. For example, in a family where no arguments are allowed to take place, when a disagreement is about to occur, the family members may walk away or one may develop a severe headache (symptomatic behavior). A symptom is a homeostatic mechanism, learned in order to maintain the "family homeostasis." Therapists of this school emphasize direct, clear, and congruent and non-coercive feedback in the "here and now" in counseling. The goal of counseling is to correct distortions in communication and to clarify what is going on in the marital dyad or family system.

Smith and Anderson (75) elaborate on the objectives and techniques they use in conjoint interviews with marriage partners by specifying the real goal of marriage counseling to be the facilitation of understanding of each individual and his marriage partner. Each couple is encouraged to interact at an emotional level so that feelings about what is going on between them can be worked out. Many nuances of communication can be identified and clarified. The meaning of words and ideas, individual modes of expression, and areas of misconception and miscommunication can be examined. Each individual can be helped to better understand the words, feelings, and the comments of the partner.

One of the more thorough studies in the entire field of marriage counseling has been done recently by Cookerly (26). He examined the effect of various marriage counseling modalities on the personal and marital adjustment of the participants. He found that the typical couple entering marriage counseling is depressed, suspicious, anxious, and feeling like their "worse selves," and manifesting elevated The following results were noted. Concurrent MMPI scales. marriage counseling sessions were found to be effective in reducing individual psychopathology and improving personal adjustment. Conjoint forms of counseling were found to be superior to concurrent ones in improving marital adjustment. The following trends were also noted. Conjoint interview sessions, where the counselor and couple were present, produced better marriage counseling results than conjoint group and concurrent interview sessions in moderate and severe Conjoint interview and conjoint group sessions were both superior to concurrent sessions in improving mild disturbances. Concurrent interview sessions may be harmful to couples with mild marital disturbances and need to be used in conjunction with other forms. Conjoint group sessions are useful for reasons of economy with subjects having mild difficulty and as an adjunct to subjects with severe difficulties. Thus, the theories, goals, and techniques of conjoint marriage counseling which have emerged focus on the interpersonal functioning of a couple and its relationship

to an individual's personal and marital happiness. The techniques are used to achieve such objectives as clarification of feelings, sharing of perspectives, learning constructive modes of sending and receiving messages and learning to validate another person in verbal interchanges as well as to give and receive feedback on message interpretation. The present training program incorporates some of these objectives and techniques in an attempt to provide further research evidence for their utilization since most conjoint theories of marriage counseling offer little research validation for their effectiveness, especially in short term counseling. The following section will explain the results of a few communications training programs in certain select areas.

## Short-Term Marital Communications Training Programs

The study of the effectiveness of short-term communications training programs on developing interpersonal skills and increasing personal and marital adjustment for both couples wanting and needing to improve in this area has developed. Cardillo (12) used a training mode of communication based on a sender-receiver analysis of message exchange and found that several hours training with each member of the couple learning to repeat the messages of his or her partner, the interpersonal perception of the spouses, as measured by the Interpersonal Perception Method, became

significantly more positive. There was also a significant change of self concepts as measured by the Tennessee Self-Concept Scale. Hickman (37) showed that approximately eight hours of training in facilitative techniques with couples having marital difficulties was effective in changing the "getting back together" behavior of the couples in both experimental groups; a comparison was made between a programmed text type of communications training and training in the presence of a facilitator; both methods proved effective in improving communication. Kind's research (45) involved a program of marriage communications training which attempted to help couples learn cooperative behavior in decision-making by playing a game based on the principles of negotiation for victory. The results were largely negative in improving communication but helped substantiate the fact that important decision-making is equalized in happy marriages and that effective communication was associated with happy marriages. Another sub-finding was that happier couples were more receptive to threatening communications from each other.

Burns (11), when comparing the results of a basic encounter group experience for couples with a control group, found significant positive changes in self-perception on the Taylor Johnson Temperament Analysis Scale on six of nine traits. There was a significantly greater congruence in perception of spouses on two of the nine traits. The second

post-test sessions revealed, however, a significant drop in the gains achieved. The conclusion was that there is much less change in an individual from the viewpoint of his spouse than that which an individual reports in regard to himself. However, Collins (25) showed significant improvement on the Marital Communication Inventory by Bienvenu after conducting a six-month non-directive experience for married couples. Larsen (47) found the Minnesota Couple Communications Training Program to be helpful for persons who scored low on the pre-test of the MCI but not for persons who scored high on this instrument. He also found that similar perceptions of ideal-self and ideal-mate appears an important factor in marital adjustment. Ely (30) found significant increases in percentage of direct expression of feelings in the experimental group over the control group after his training in conjugal therapy.

In overview, Chapter II examines the major theoretical concepts inherent in the communications training program under investigation. It explores the development of sensitivity training programs, their characteristics and the nature of group process, and the controlled research which has concerned itself with the degree that such programs have accomplished their goals. The origin and development of the theory and research into the relationship between the core dimensions of Rogers and therapeutic change and the emergence of the development of systematic training programs in

interpersonal skills received some attention. Training as a preferred mode of treatment with its implications for marriage counseling was then considered, along with the significant research. The relationship between marital communication and adjustment as well as personal adjustment and ability to effectively communicate pointed to the high correlation between verbal ability and personal and interpersonal well-being. Finally, blocks to effective communication and techniques used in conjoint marriage counseling to overcome such difficulties became the focal point of consideration.

In summary, it can be seen that some communications training programs have produced limited results in a short period of time. Cardillo's program produced changes in participants' perceptions of themselves and their spouses in a several hour training program although no mention was made of the actual communicative patterns of the participants being changed. Hickman also offered evidence to show that communicative patterns as well as the getting back together behavior of the participants could be changed in a short span of time, although no mention was made of actual improvement in marital adjustment or in improvement in feelings about the self or personal health. Burns produced significant results in the area of personal perception and perceptions of the spouse in his six-month program, although he concluded that the changes which each partner perceived in his spouse was far less than that which the individual

reported in regard to himself. The implication from this study is that the actual behaviors of the individuals changed little. Larsen found that couples at a certain level of communication were helped by the program he utilized while couples at another level of functioning were not.

The communications program under investigation was an attempt to compare variations of several approaches to short term human relations training which have proved advantageous and to measure the results of the program on the actual communicative patterns of the couples as well as on their marital and personal adjustment. Couples were of a wide range of education, age, and level of adjustment in order to test the significance of a program which might be broadly applicable and able to produce results in several significant areas in an individual's life in a short span of time. The following chapter presents the theoretical design and procedure utilized in the communications training programs under discussion.

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## CHAPTER III

### **METHOD**

# Subjects

In order to obtain participants who were motivated to participate in training designed to improve their marital communication, volunteer married couples were sought who would be willing to actively engage in prescribed activities. The Division of Continuing Education, Northeast Campus of Tarrant County Junior College, agreed to offer the communications training programs under investigation as a "group practicum" for married couples wishing to improve their marital communications and allowed the participants to enroll in the class free of charge. Couples who responded to the campus and community advertisements were then given a facilitator's name and asked to schedule a thirty-minute interview in which they would be briefed as to the nature of the course and the work that would be required of them. The couples were informed during the interview that they would be required to attend every session and that they would be asked to actively engage in exercises which would sometimes ask them to discuss matters of emotional significance to them. Nineteen couples signed up for the training. Six couples each were assigned to treatment groups one and three ( $T_1$  and  $T_3$ ). Seven couples were assigned to treatment

group two  $(T_2)$ . One couple dropped out of the non-structured group  $(T_2)$  after the first session. One couple dropped out of the highly structured group  $(T_3)$  after the fourth session; one couple from the partially structured group  $(T_1)$  filled out the post-test questionnaires incorrectly and were unable to be located in time to insure the reliability of the test results. Six couples were obtained from a local marital church discussion group who agreed to serve as controls (C). One of the control group couples was unable to be located to fill out the post-test questionnaires. The total N was forty-two. Each couple attended a session per week which ran from June 10 to July 22. The average person in the sample had completed three years of college, was Protestant, was 35.2 years of age with 1.9 children, and had been married 12.9 years. The age range of participants spanned from age 24 to 56; the education level ranged from a high school to a Ph. D. degree; the number of years married ranged from eleven months to thirty-seven years; the number of children ranged from none to three. See Appendix E for more detailed descriptions of the samples.

## Instruments

The Marital Communication Inventory, by M. Beinvenu, and the Primary Communication Inventory, by H. J. Locke, were the two instruments used to measure the dependent variable of perceived level of marital communication.

Marital Communication Inventory (MCI)

The MCI by Bienvenu (1) is a 46-item inventory designed primarily to help counselors assess the marital relationship for purposes of marital counseling. It can be administered to any person who can read at leasta seventh grade level; it is a self-administered instrument. The present 46 items of the MCI are derived from a study of 344 subjects (172 married couples) and an earlier form consisting of 48 items. Fortyfive of these 46 items discriminate at the .01 level of confidence, using the chi-square test of significance, between the upper and lower quartiles of the experimental For cross validation of the items, the mean score of group. 105.78 earned by the experimental group has been compared with scores earned by a comparable group of 60 subjects. The mean score of the latter group is 105.68 and is offered here in support of cross validation of the inventory. original inventory was compiled from a review of the literature on marital communication, a study of existing instruments dealing with marital interaction, and from the author's clinical experience. A number of pilot studies were conducted in order to refine the first experimental form of the instrument. One reliability study has been completed thus far with the present 46-item inventory. Using the Spearman-Brown formula, a split half correlation coefficient, computed on scores of 60 respondents on the odd-numbered and on the even-numbered states, revealed a coefficient of .93 after

correction. A recently completed study of 322 married couples reveals the following mean scores: 322 couples—105.45; the wives—106.08; the husbands—104.80. The possible range of scores are from 0 to 144. Husbands and wives use a different form of the instrument. Significant correlations have been found between an objective researcher's observation and the couple's self-reporting on the MCI relative to their communication (13). The instrument may be found in Appendix A.

# Primary Communication Inventory (PCI)

This instrument by H. J. Locke (10) was first used in a study of two aspects of interaction between husbands and wives--primary communication and empathy and their relationship to marital adjustment. Primary communication is operationally defined by a person's response to 25 questions of the PCI. Primary communication is defined as the exchange of symbols, including words and gestures, in an intimate, free flowing, and unrestricted manner. The higher the score, the better the communication. The possible scores range from 25 to 125. Ely (4) obtained high reliability (.86) on the test-retest measure of a control group in his study. Navran (14), using the Marital Relationship Inventory and the PCI, obtained differences between a group of 24 happily married and 24 unhappily married couples at less than the .001 level. Husbands and wives use the same form of the instrument which can be found in Appendix B.

# Marital Adjustment Test (MAT)

The MAT was developed by H. J. Locke (12) and consists of 29 items evolved from a study of a large number of married couples. A multiple choice format is used. Weights are assigned to each of the multiple-choice responses on the basis of the power of the response to differentiate between "happily" and "unhappily" married couples. overall index is determined by adding the scores achieved for each item. The maximum score for men is 157 and for women is 154; the minimum is 47. The reliability, using the split half technique and corrected by the Spearman-Brown formula is .90. Additional validity data was presented by Locke and Wallace (11) in their study of 236 subjects. revealed the following norms. Of 236 subjects, the 48 known to be maladjusted by their divorced, separated, or marriage counseled states when compared with the exceptionally welladjusted produced significantly different mean scores. mean adjustment score for the well-adjusted was 135.9 and for the maladjusted it was 71.7 (the shortened form of the test was used). Only 17 per cent of the maladjusted received scores of 100 or higher while 96 per cent of the well-adjusted did. The high correlation between primary communication and marital adjustment (8, 9) adds to the test's construct validity. Husbands and wives use the same form of the instrument. Hawkins (7) found that social desirability is not a major factor in marital adjustment

as measured by Locke's test. The instrument may be found in Appendix C.

# Eysenck Personality Inventory (EPI)

The EPI, the 1963 revision of the Maudley Personality Inventory, measures the two important sources of personality variance found by Eysenck (5) in a large number of factor analytic studies, i.e., (E)-extraversion/introversion and (N)-neurosis or stability/instability. The EPI is considered the best instrument available to measure such dimensions with no other test rivaling it in psychological rationale (2). Thirty thousand subjects were involved in repeated factor analysis and research in the compilation of the items. Eysenck Personality Inventory and the Maudley Personality Inventory are the same instrument in terms of authorship, theoretical motivation, traits measured, and methodological derivation. Some items on the EPI are rewordings of those on the MPI to insure reliability to subjects with little The advantage of the EPI over the MPI are a better selection of items to minimize the correlations between E and N, the addition of nine items adapted from the Lie Scale of the MMPI to tap the test attitude of trying to put oneself in a favorable light, the presence of two parallel forms, and slightly higher reliability. Neuroticism (N) refers to general emotional instability, emotional overresponsiveness, and predisposition to neurotic breakdown under stress. Extraversion (E) refers to outgoing, uninhibited,

impulsiveness, and sociable inclinations. The test factorial validity is rarely questioned. The N and E factors also have high leadings on factors represented in other instruments indicative of measuring neuroticism and extraversion. High correlations are found with other instruments purporting to measure these variables like the Taylor Manifest Anxiety Scale and the MMPI. In terms of descriptive validity, adequately established judges rated people on the basis of observable characteristics of neuroticism and extraversion. The ratings show highly significant correlation with these dimensions on the instrument. The test also shows significant correlations with experimental phenomena in the field of perception, verbal learning, and motor learning to insure construct validity.

Split-half reliability coefficients, corrected by the Spearman-Brown formula, reveal the following coefficients: the Neurosis scale--.88; the Extraversion Scale--.70; the Lie Scale--.70. Test-retest reliability on 78 subjects reveals the following results: the Neurosis scale--.83; the Extraversion scale--.71; the Lie scale--.92 (5). American norms based on 296 adult, male industrial employees with a mean age of 43, are as follows: Mean E--10.3; mean N--9.1; mean L--2.9. The instrument can be found in Appendix D.

# Experimental Design and Procedure for Collecting Data

The design for this study was a pre-test/post-test non-equivalent control group design. It included one control group (C1) and three experimental groups (T1), (T2), and  $(\mathbf{T}_{\mathsf{Q}})$  . The control group received no treatment and was used as a comparison for evaluating the criterion measures employed. The independent variable was treatment approach used in training. Treatment one employed a partially structured approach to communications training; treatment two employed an unstructured approach; treatment three employed a highly structured approach. The dependent variables were perceived marital communication as measured by the MCI, perceived marital adjustment measured by MAT, and perceived personal adjustment as measured by the EPI. Pre- and posttest data was collected on 42 subjects (21 couples), five of which were in the  $\mathbf{T}_1$  (partially structured) group, six were in the  $T_2$  (nonstructured) group, five were in the  $T_3$  (highly structured) group, and five were in the control group. Appendix F for treatment descriptions. The experimental groups each received treatment over a seven-week span for a total of 20 hours. The same two facilitators were in each group; they were both doctoral students in counseling operating at minimally facilitative levels according to the Carkhuff Communications Scale. (See Appendix G.) text/post-test control group design (3) is diagrammed as follows:

$$T_1$$
  $0_1$   $X$   $0_2$   $T_2$   $0_3$   $X$   $0_4$   $T_3$   $0_5$   $X$   $0_6$   $C_1$   $0_7$   $X$   $0_8$ 

Where  $0_1$ ,  $0_3$ ,  $0_5$ , and  $0_7$  were pre-test measures on the Marital Communications Inventory, the Primary Communications Inventory, the Marital Adjustment Test, and the Eysenck Personality Inventory for each experimental and control group and where  $0_2$ ,  $0_4$ ,  $0_6$ , and  $0_8$  were post-test measures on these instruments; X was the communications training procedure for each experimental group.

Couples were interviewed the week prior to the beginning of the training program and given pre-test questionnaires to be returned at the time of the first meeting. The treatment was administered and post-test data was acquired immediately after the last class meeting.

# Analysis of the Data

The means and standard deviations for both the experimental and control groups were computed from the pre-test and post-test scores on the Marital Communication Inventory, the Primary Communication Inventory, the Marital Adjustment Test, and the Eysenck Personality Inventory. The null hypothesis of no significant difference between the means of the four groups on the four instruments was tested at the .05 level of significance.

Hypotheses I through V were tested using the one way analysis of covariance. Analysis of covariance, with pretest scores used as the covariate measures, was used in order to provide statistical control in the experiment. The pre-test scores on the Marital Communication Inventory, the Primary Communication Inventory, the Marital Adjustment Test, and the Eysenck Personality Inventory were the covariate measures and the post-test scores on the same instruments were the dependent variables. The results were reported in terms of an F ratio for the measures of each instrument used. The F-test for analysis of covariance statistically tests the difference between adjusted means, these means being adjusted on the basis of the covariate measure (the pre-test).(6). If the analysis of covariance lead to a significant F test, the Tukey multiple comparison method was then applied to compare pairs of means.

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## CHAPTER IV

### RESULTS

Hypothesis I stated that there was no significant difference in adjusted mean communication scores as measured by the Marital Communication Inventory as a function of treatment for Treatment Groups I, II, III, and the Control Group.

The mean scores and standard deviations obtained from the Marital Communication Inventory are presented in Table I.

TABLE I

MEAN SCORES AND STANDARD DEVIATIONS ON THE MARITAL COMMUNICATIONS INVENTORY

|                   | No. of<br>Observa- | M∈      | ean      | Adjusted<br>Post | Stand<br>Devia | dard<br>ation |
|-------------------|--------------------|---------|----------|------------------|----------------|---------------|
|                   | tions              | Pre     | Post     | Mean             | Pre            | Post          |
| Group 1           | 10                 | 92.5000 | 101.2000 | 100.9708         | 16.5546        | 15.1570       |
| Group 2           | 12                 | 96.0000 | 103.9167 | 101.2815         | 19.0406        | 12.2363       |
| Group 3           | 10                 | 83.4000 | 91.8000  | 97.8264          | 12.8859        | 16.3083       |
| Group 4 (Control) | 10                 | 96.0000 | 100.2000 | 97.5648          | 13.2581        | 17.0672       |

The table shows that groups  $T_1$ ,  $T_2$ , and the control group started off with close scores on the pre-test but that the  $T_3$  group had a somewhat lower score. All groups showed

an increase from the pre-test to the adjusted post-test with  $T_3$  showing the greatest increase of 14 points and the control group showing the least increase of 1 point; groups  $T_1$  showed an 8-point increase and  $T_2$  showed a 5-point score increase. During the study, the scores for groups  $T_1$  and  $T_2$  became more homogeneous while the scores for group  $T_3$  and the control group became more heterogeneous. The most increase in homogeneity from pre-test to post-test was shown in  $T_2$  as reflected by the standard deviation scores of 19.0406 and 12.2363 and the most increase in heterogeneity was shown in the control group as reflected by the standard deviation scores of 13.2581 and 17.0672.

The analysis of covariance data for the four groups on the Marital Communications Inventory is presented in Table II.

TABLE II

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON
OF SCORES ON THE MARITAL
COMMUNICATION INVENTORY

| Source of<br>Variance | Degrees of<br>Freedom | Sum of<br>Squares | Mean<br>Square | F      | P      |
|-----------------------|-----------------------|-------------------|----------------|--------|--------|
| Total                 | 40.                   | 4348.6172         |                |        |        |
| Within                | 37.                   | 4225.8320         | 114.2117       |        |        |
| Difference            | 3.                    | 122.7852          | 40.9284        | 0.3584 | 0.7834 |

The F value of .3584 as shown in Table II did not reach significance. This means that the adjusted means of the

four groups did not differ significantly from one another. Therefore, on the basis of the data, Null Hypothesis I was retained. The analysis indicates that at the end of the study, the mean adjusted scores obtained for the various groups on the Marital Communication Inventory did not reflect a significant difference in Communicative skills.

Null Hypothesis II was that there will be no significant difference in adjusted mean communication scores, as measured by the Primary Communication Inventory, as a function of treatment for Treatment Groups I, II, III, and the Control Group.

The mean scores and the standard deviations obtained from the Primary Communication Inventory are presented in Table III.

TABLE III

MEAN SCORES AND STANDARD DEVIATIONS ON THE PRIMARY COMMUNICATION INVENTORY

|                   | Observa- |         | ean      | Adjusted<br>Post |         | Standard<br>Deviation |  |
|-------------------|----------|---------|----------|------------------|---------|-----------------------|--|
|                   | tions    | Pre     | Post     | Mean             | Pre     | Post                  |  |
| Group 1           | 10       | 91.3000 | 99.0000  | 99.0460          | 11.5187 | 9.3214                |  |
| Group 2           | 12       | 92.9167 | 100.5833 | 99.3265          | 11.8051 | 11.5874               |  |
| Group 3           | 10       | 86.6000 | 90.9000  | 94.7338          | 10.2657 | 14.3872               |  |
| Group 4 (Control) | 10       | 94.3000 | 94.5000  | 92.1283          | 10.9248 | 10.9671               |  |

This table shows that the groups had similar scores on the pre-test, with Group  $T_3$  slightly lower than the others. All experimental groups showed at least a 7-point improvement from pre-test to adjusted post-test, with the control group showing a 2-point decline in communication, with both  $T_1$  and  $T_3$  showing an 8-point improvement, and  $T_2$  showing a 7-point score increase. The standard deviation for the groups showed that Groups  $T_1$  and  $T_2$  became more homogeneous from pre-test to post-test while Groups  $T_3$  and the control group became more heterogeneous. Group  $T_3$  showed the most increase in heterogeneity from pre-test to post-test as evidenced by the standard devaitions of 10.2657 and 14.3872, while Group  $T_1$  showed the most increase in homeogeneity as evidenced by the standard devaitions of 11.5187 and 9.3214.

The analysis of covariance data for the groups on the Primary Communication Inventory is presented in Table IV.

TABLE IV

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON
OF SCORES ON THE PRIMARY COMMUNICATION
INVENTORY

| Source of<br>Variance | Degrees of<br>Freedom | Sum of<br>Squares | Mean<br>Square | F      | P      |
|-----------------------|-----------------------|-------------------|----------------|--------|--------|
| Total                 | 40                    | 2502.4458         |                |        |        |
| Within                | 37                    | 2119.5481         | 57.2851        |        |        |
| Difference            | 3                     | 382.8977          | 127.6326       | 2.2280 | 0.1011 |

The F value of 2.22 as shown in Table IV did not reach significance. This means that the adjusted means of the experimental groups and the control group were not significantly different from one another. Therefore, on the basis of the data, Null Hypothesis II was accepted. The analysis indicates that at the end of the study, the mean adjusted scores obtained for the various groups on the Primary Communication Inventory did not reflect a significant difference in communicative skills. It should be noted, however, that the F value did approach significance with the P value at the .10 level. Null Hypothesis III states that there will be no significant difference in adjusted mean adjustment scores as measured by the Marital Adjustment Test as a function of treatment for Treatment Groups I, II, III, and the Control Group.

The mean scores and the standard deviations obtained for the Marital Adjustment Test are presented in Table V.

TABLE V

MEAN SCORES AND STANDARD DEVIATIONS ON THE

MARITAL ADJUSTMENT TEST

|                   | No. of<br>Observa- | Mea      | ans      | Adjusted<br>Post | Stand<br>Devia | dard<br>ation |
|-------------------|--------------------|----------|----------|------------------|----------------|---------------|
|                   | tions              | Pre      | Post     | Means            | Pre            | Post          |
| Group 1           | 10                 | 115.9000 | 120.1000 | 123.8030         | 21.5586        | 17.1754       |
| Group 2           | 12                 | 127.6667 | 135.3333 | 129.5148         | 11.4523        | 12.8370       |
| Group 3           | 10                 | 108.4000 | 113.4000 | 123.1720         | 18.3437        | 18.0074       |
| Group 4 (Control) | 10                 | 128.5000 | 130.0000 | 123.5071         | 16.2498        | 20.5426       |

This table shows that the Group  $T_2$  and the Control Group had very similar mean scores on the pre-test while Groups  $T_1$  and  $T_3$  had lower pre-test scores. All experimental groups showed an increase of mean scores from pre-test to adjusted post-test with Group  $T_3$  showing the greatest increase of 15 points and the Control Group showing a decrease of 5 points; Group  $T_1$  showed an increase of 8 points and  $T_2$  an increase of 2 points. The standard deviations for the group indicated that there was a slight increase of homeogeneity from pre-test to post-test for Group  $T_1$  and an increase in heterogeneity for Group  $T_2$  and the Control Group.

The Analysis of Covariance data for the groups on the Marital Adjustment Test is presented in Table VI.

TABLE VI

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON
OF SCORES ON THE MARITAL ADJUSTMENT TEST

| Source of<br>Variance | Degrees of<br>Freedom | Sum of<br>Square | Mean<br>Square | F      | Þ      |
|-----------------------|-----------------------|------------------|----------------|--------|--------|
| Total                 | 40                    | 4252.6055        |                |        |        |
| Within                | 37                    | 3961.2009        | 107.0595       |        |        |
| Difference            | 3                     | 291.4045         | 97.1348        | 0.9073 | 0.4468 |

The F value of .9073 as shown in Table VI did not reach significance. This means that the adjusted mean of the

post-test scores of the four groups were not significantly different. On the basis of the data, Null Hypothesis III was accepted. The analysis indicates that at the conclusion of the study, the mean adjusted score obtained on the Marital Adjustment Test for the various groups did not reflect a significant difference on the dimension of marital adjustment.

Hypothesis IV states that there will be no significant difference in adjusted mean adjustment scores, as measured by the stability/instability dimension of the Eysenck Personality Inventory as a function of treatment for Treatment Groups I, II, III, and the Control Group.

The mean scores and the standard deviations obtained for the N (neurosis) scale on the Eysenck Personality Inventory are presented in Table VII.

TABLE VII

MEAN SCORES AND STANDARD DEVIATIONS SCORES
FOR THE N (NEUROSIS) SCALE OF THE
EYSENCK PERSONALITY INVENTORY

|                      | No. of<br>Observa- | Mean    |        | Adjusted<br>Post | Standard<br>Deviation |        |  |
|----------------------|--------------------|---------|--------|------------------|-----------------------|--------|--|
|                      | tions              | Pre     | Post   | Means            | Pre                   | Post   |  |
| Group 1              | 10                 | 11.0000 | 7.5000 | 6.6416           | 3 <b>.77</b> 12       | 3.6286 |  |
| Group 2              | 12                 | 10.0000 | 9.6667 | 9.6876           | 5.6569                | 6.0952 |  |
| Group 3              | 10                 | 10.7000 | 9.5000 | 8.9054           | 5.8699                | 5.9675 |  |
| Group 4<br>(Control) | 10                 | 8.4000  | 6.6000 | 8.0278           | 4.4020                | 4.8808 |  |

This table shows that the Control Group was slightly below Groups  $T_1$  and  $T_3$  on the pre-test, while Group  $T_1$  was slightly above Groups  $T_2$  and  $T_3$  on the pre-test. All groups decreased on the adjusted post-test with Group  $T_1$  showing the largest decrease of approximately 5 points, and the Control Group showing the least decrease of less than 1 point. During the study, the scores remained somewhat stable in terms of homeogeneity of variance with Group  $T_1$  showing the most homeogeneity on both the pre-test and post-test and Group  $T_3$  showing the most heterogeneity on the pre-test, while Group  $T_2$  exhibited the most heterogeneity on the post-test.

The analysis of covariance data for the four groups on the N scale of the Eysenck Personality Inventory is presented in Table VIII.

TABLE VIII

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE N (NEUROSIS) SCALE OF THE EYSENCK PERSONALITY INVENTORY

| Source of<br>Variance | Degrees of<br>Freedom | Sum of<br>Square | Mean<br>Square | F      | P      |
|-----------------------|-----------------------|------------------|----------------|--------|--------|
| Total                 | 40                    | 370.9924         |                |        |        |
| Within                | 37                    | 316.3191         | 8.5492         |        |        |
| Difference            | 3                     | 54.6733          | 18.2244        | 2.1317 | 0.1127 |

The F value of 2.13 shown in Table VIII does not reach significance. This means that the adjusted means of the four groups did not differ significantly from one another. Therefore, on the basis of the data, Null Hypothesis IV was accepted. The analysis indicates that at the end of the study, the mean adjusted scores obtained for the various groups on the N scale of the Eysenck Personality Inventory did not reflect a significant difference on the stability/instability dimension. It would be noted that the F value of 2.13 did approach significance with the P value at the .1127 level.

Hypothesis V states that there will be no significant difference in adjusted mean scores on the E scale (extravert/introvert) dimension of the Eysenck Personality Inventory as a function of Treatment for Groups I, II, III, and the Control Group.

The mean scores and standard deviations obtained from the E scale (extraversion/introversion) of the Eysenck Personality Inventory are presented in Table IX.

This table shows that all groups started off with similar scores on the pre-test. Little change was noted from pre-test to adjusted post-test, with Groups  $\mathbf{T}_1$  and  $\mathbf{T}_3$  showing an increase of between 1 and 2 points, and  $\mathbf{T}_2$  showed a slight decline in scores on the E scale.

TABLE IX

MEAN SCORES AND STANDARD DEVIATIONS FOR THE E SCALE OF EYSENCK'S PERSONALITY INVENTORY

|                      | No. of<br>Observa- | Mea     | an      | Adjusted<br>Post | Stand<br>Devia | dard<br>ations |
|----------------------|--------------------|---------|---------|------------------|----------------|----------------|
|                      | tions              | Pre     | Post    | Mean             | Pre            | Post           |
| Group 1              | 10                 | 9.4000  | 10.7000 | 11.1279          | 3.0623         | 2.0028         |
| Group 2              | 12                 | 11.3333 | 11.2500 | 10.0389          | 3.6265         | 3.8406         |
| Group 3              | 10                 | 8.5000  | 8.5000  | 9.6909           | 4.0620         | 4.7900         |
| Group 4<br>(Control) | 10                 | 10.1000 | 10.7000 | 10.5345          | 4.6774         | 4.2960         |

During the study, the standard deviations scores remained very similar. Group I, however, did show a slight increase in homogeneity.

The analysis of covariance data for the four groups on the E scale (extraversion/introversion) of the Eysenck

Personality Inventory is presented in Table X.

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON
OF SCORES ON THE E SCALE (EXTRAVERSION/
INTROVERSION) OF THE EYSENCK
PERSONALITY INVENTORY

TABLE X

| Source of<br>Variance | Degrees of<br>Freedom | Sum of<br>Square | Mean<br>Square | F      | P      |
|-----------------------|-----------------------|------------------|----------------|--------|--------|
| Total                 | 40                    | 169.9847         |                |        |        |
| Within                | 37                    | 158.0994         | 4.2730         |        |        |
| Difference            | 3                     | 11.8853          | 3.9618         | 0.9272 | 0.4373 |

The F value of .9272 shown in Table X did not reach significance. This means that the adjusted means of the post-test scores of the four groups were not significantly different from one another.

On the basis of the data, Null Hypothesis V was retained. The analysis indicates that at the end of the study the mean adjusted post-test scores on the E scale of the Eysenck Personality Inventory did not show a significant difference on the dimension of introversion/extraversion.

## CHAPTER V

# DISCUSSION AND SUPPLEMENTARY FINDINGS

This chapter will discuss possible interpretations of the null results of the five hypotheses under investigation. In addition, because of the complex interaction among patients, therapist, and personality factors in psychologically oriented research with human subjects which heighten the possibility of weak statistical results, Bergin and Strupp (1) recommend an examination of trends toward statistical significance in this type of research. Tukey (20) also recommends the examining of data from several different statistical approaches while considering the various trends. Taking heed of this advice, in order to look more closely at the within group trends associated with the various treatments and their possible relationship to certain demographic variables, additional statistical information was provided by subjecting pre- and post-test data to an Analysis of Variance (7) to examine the changes, if any, between preand post-test means for each of the four groups. A Pearson Product Moment Correlation was also run to examine the interrelationship of dependent variables, especially to survey the relationship between marital and personal adjustment and communication as compared to other research and to check the degree of similarity between instruments like the

PCI and the MCI which are designed to measure the same phenomenon. The results are recorded in Tables XI and XII. Each hypothesis will be discussed separately while comparing the results of the various statistical approaches.

TABLE XI

ANALYSIS OF VARIANCE DATA ON PREAND POST-TEST MEAN SCORES
"F" RATIO AND "P" VALUES

| Instr<br>ment |    | Partially<br>Structured | Non-<br>Structured | Highly<br>Structured | Control |
|---------------|----|-------------------------|--------------------|----------------------|---------|
| MCI           | F  | 1.5024                  | 1.4682             | 1.6333               | 0.3777  |
|               | P  | .2361                   | 0.2385             | 0.2175               | 0.5465  |
| E             | F' | 1.2622                  | 0.0030             | 0.0                  | 0.0893  |
|               | P  | .2760                   | 0.9569             | 1.0000               | 0.7685  |
| MAT           | F  | 0.2322                  | 2.3834             | 0.3784               | 0.0328  |
|               | P  | .6357                   | 0.1369*            | 0.5462               | 0.8583  |
| PCI           | F  | 2.7003                  | 2.5778             | 0.5919               | 0.0017  |
|               | P  | 0.1177*                 | 0.1226*            | 0.4517               | 0.9679  |
| N             | F  | 4.4726                  | 0.0193             | 0.2055               | 0.7500  |
|               | P  | .0487**                 | 0.8908             | 0.6557               | 0.3979  |

<sup>\*.10 &</sup>lt; p < .15 Level

Hypothesis I, testing the significance of difference among adjusted test means for various treatments on the MCI with the analysis of covariance, showed no statistically

<sup>\*\*.10 &</sup>gt; p > .01

TABLE XII

PEARSON PRODUCT MOMENT CORRELATION "R" VALUES

| PCI | 10 | Post | .647*   | *677*    | 990   | .291   | .154    | . 303  | .674*   | .736*    | .755*    | 1.00     |
|-----|----|------|---------|----------|-------|--------|---------|--------|---------|----------|----------|----------|
|     | 6  | Pre  | .552*   | .554*    | .005  | .213   | .076    | .147   | .530*   | .572*    | 1.00     |          |
| E.  | ω  | Post | .621*   | *4524.   | 600   | .087   | .017    | .120   | .838*   | 1.00     |          |          |
| MAT | 7  | Pre  | .782*   | *629*    | .050  | .115   | 004     | .185   | 1.00    |          |          |          |
| Z   | 9  | Post | .183    | 065      | 980.  | .139   | *820*   | 1.00   |         |          |          |          |
|     | ಬ  | Pre  | 085     | 195      | .014  | .148   | 1.00    |        |         |          |          |          |
|     | 4  | Post | .212    | .058     | .851* | 1.00   |         |        |         |          |          | ···.     |
| [H] | 8  | Pre  | .138    | 036      | 1.00  |        | -       |        |         |          |          |          |
| MCI | 2  | Post | *4684   | 1.00     |       |        |         |        |         |          |          |          |
|     | 1  | Pre  | 1.00    |          |       |        |         |        |         |          |          |          |
|     |    |      | MCI-Pre | MCI-Post | E-Pre | E-Post | N-Pre   | N-Post | MAT-Pre | MAT-Post | PCI-Pre  | +20t TOU |
|     |    |      | ٦.      | 2.       | m     | 4.     | ۍ.<br>• | • 9    | 7.      | <b>.</b> | <b>o</b> | <u></u>  |

\*Level of significance .05 and higher

significant difference in communicative skills among groups as a result of communication training. On close inspection of the results, the assumption of the non-homogeneity of the regression coefficient, essential to the use of this statistical procedure, was not met due to the large F value of Therefore, it cannot be concluded from the results of this test that there was no difference between mean adjusted post-test scores on the MCI. However, the additional statistical information provided by the analysis of variance results also indicates no difference between pre- and posttests means within the groups on this instrument, which would lend more credence to the non-significant results. possible explanation is that the personality variables were not taken into account when type of communications training was selected for each couple. For example, some evidence exists to support the hypothesis that some types of group experience is more complimentary to some personality typologies than to others. Neville (14) found that intuitivefeeling-perceptive personality types were more comfortable with encounter group treatment than sensing-thinkingjudging types. The non-structured treatment could have been inappropriate to some of the participants while the structured approaches could have been ill-suited to others. examiner's observations lend support to this explanation. When one member of the highly structured group learned that a non-structured group was meeting, she asked to be changed

to that group because she thought that she would prefer it. Several members of the non-structured group expressed disappointment because they were expecting to learn specific techniques as those used in the structured training groups. Another possible explanation for the non-significant results is that the training program was not suited to couples characterized by the participants level of maladjustment. One-half of the couples in the experimental groups scored 15 points or below the mean score reported for the MCI, and 34 per cent of them scored 20 points or below the mean for this instrument. This was also coupled with a similar degree of maladjustment on the Marital Adjustment Inventory. Another factor which might have added to the difficulty in achieving a significant change in communication is that an "output" indice of change which attempts to tap behavioral changes between people is more difficult to achieve results on as compared with instruments which tap attitudinal changes. Burns (3) found attitudinal perceptual changes in his couples after communication training, but found measures on "output" variables showed no change. To affect change in client's overt behavior with a spouse over a short period of time, more of the client's contingencies of reinforcement may need to be changed (17) than are present in training programs like the one under investigation. For, even maladaptive patterns of interaction may have elements of reward involved for some couples and would take a longer time to

extinguish, especially for couples who have been married for a considerable length of time.

Hypothesis II tested the significance of difference among adjusted post-test means on the Primary Communication Inventory using the analysis of covariance and found no significant difference in communicative skills; however, the F value of 2.22 did approach significance with the P value at the .10 level. The explanations for lack of significance applied to Hypothesis I would also serve as explanations for Hypothesis II. A closer examination of the trend toward significance provides the following information. The Tukey test for multiple comparison among means revealed the movement toward significance to be between groups  $\mathbf{T}_1$  and the Control Group and between  $T_2$  and the Control Group, with both P values between .05 and .10. These results could be explained in several possible ways. One is that this trend toward statistical significance of the groups under question are the result of artifacts generated by the multiple comparison test itself. Another possible explanation is that this trend indicates that the partially structured group and the non-structured group treatment tends to produce more change in participants, though not to a statistically significant degree, than the control group and the highly structured treatment group. However, differences in demographic variables could have also contributed to the lack of movement itself. Upon examination of the relative age,

years married, and level of education (see Appendix E), it was found that the couples in Group  $T_3$ , the group showing no movement toward improvement on any dimension, exhibited statistically significant differences from the two treatment groups and the control group on several demographic variables. Group  $T_3$  was significantly older than  $T_2$  (p < .05), and was significantly less educated than Group  $T_1$  and the Control Group (p  $\langle$  .05). The couples in Group T<sub>3</sub> were also married a significantly longer length of time (p < .05) than the couples in  $T_2$  and the Control Group. Finally, it can be noted that T3 had a significantly different number of children than either  $T_1$  or  $T_2$ . Since more movement toward improvement in communication and reduction in neurosis occurred in Group  $T_1$  as compared with Group  $T_3$ , it might, then, be assumed that the lack of education in  $T_3$  contributed to their lack of movement as some previous research suggests. Since the couples in Group T2 showed more improvement in communicative ability and marital adjustment than  $T_3$  and were significantly younger (p < .05), and married a significantly shorter length of time, then it could appear that younger couples in communication training would have a better prognosis for changing their communicative patterns and perception of their marital relationship. Couples married ten years or longer, as those in T3, would have a poorer prognosis.

Thorley and Craske (19) reported that clients with unfavorable outcomes to be significantly older than those with favorable outcomes; he also found a positive relationship between therapeutic change and I. Q., with the more intelligent people showing a better therapeutic outcome. It seems plausible that verbal therapies and training involving mastery of new concepts, cognitive patterns, and the translation of feeling states into meaningful verbal communication would be helped by a higher order of intelligence and education. Also, Sullivan, Miller, and Smelser (18) reported that higher educated people showed more improvement in counseling over the less educated. Zieff (21) found self-disclosure, one aspect of communication, to be negatively related with duration of marriage; this progressive deterioration of communication he attributed to over communication of conflicted materials. Since Group T3 is the group with the longest number of years married and showed the least improvement, this finding could be applied to their results. The facilitator also observed that some couples tended to communicate only negative feelings when asked to be sincere with their spouses and became more positive only during the Reciprocity and Reward Module when they were asked to reward each other for several behaviors which pleased them. they had associated genuine communication with the expression of hostility and had thus considered it aversive.

Hypothesis III tested the significance of differences between post-test means of the four groups on the Marital Adjustment Inventory and found no significant difference among the means. The Marital Adjustment Test scores also showed no trends on the analysis of covariance. One factor which would have contributed to these non-significant results is the moderate to severe marital disturbance of a considerable portion of the participants, who would apparently need more extensive treatment than that provided by a short term training program for reasonably adjusted couples. Eleven of the 34 couples (34 per cent) in the experimental groups had scores 22 per cent or below the mean score as reported by Locke and Wallace (11) on the MAT. would be expected, the group (T2) with the fewest number of people showing moderate to severe maladjustment on the MAT moved the most toward significant gains on this dimension and the group (T3) showing the most couples in the maladjusted range moved the least. The E also observed that the same number of couples reported to the groups that they had been suffering from marital and personal difficulties which they had been hiding from themselves and others, which would substantiate the accuracy of the scores on the MAT. One couple reported to the facilitator, after termination of the group, that they had separated and planned to divorce, a move which they had been contemplating and felt was for the benefit of both, but had been unable to execute until the group

experience. Upon examination of the additional statistical information provided by the analysis of variance between pre- and post-test means within groups, a movement toward improvement in marital adjustment was noted in treatment group  $T_2$  (non-structured group) with an F value of 2.38 and a P value at the .1369 level. One possible explanation for the trend in this group and no other is that the non-structured human relations training tends to be more facilitative of change on this dimension than the other treatments. Another possible explanation is the similarity of couples according to developmental stage of their marriages. range of the number of years married was only 6 years as compared to 36 years for  $T_1$ , 11 years for  $T_3$ , and 10 years for the Control Group. It was found by Leichter (9) that themes differ in conjoint groups for married couples counseling according to developmental stages. The Standard Deviation Scores of this group also reflected greater homogeneity scores of T2 as compared to other groups. If the couples were similar and shared similar concerns in T2, this would appear to contribute to more empathic responses and reinforcement for talking and solving problems about meaningful relational matters affecting marital adjustment. would seem reasonable that in a group modality utilizing time to didactically teach communications skills such as  $T_1$ and  $T_3$ , change would be most expected on the dimension that was directly taught and less time would be appropriated for

couples to solve problems directly related to their marital adjustment. The findings here are similar to Carkhuff's (5) who found no change in marital adjustment due to structured communications training, although communication skills showed some improvement. It was recommended that marital adjustment be directly taught if change is to be expected in that area.

Hypothesis IV tested the significance of difference among adjusted post-test means on the N (Neurosis) Scale of the Eysenck Personality Inventory and found no statistically significant difference on this dimension among groups due to communications training; however, the F value of 2.13 did approach significance with a P value of .11. The explanation for the lack of significance of these results is incorporated in the discussion of the trend toward signifi-Essentially, it seemed that communication in the training groups heightened instability for some people, while it appears that the Control Group may have sought non-professional therapeutic contact and thus reduced their mean score on the N scale. One closer analysis of the data using the Tukey Test for multiple comparison and the analysis of variance of pre- and post-test means within groups, it was found that the trend toward significant movement detected by the analysis of covariance was between groups  $T_1$ and  $T_2$  with  $T_1$  showing a greater movement toward reduction in neurosis over  $T_2$  with a P value between .10 and .05.

possible explanation for these findings is that the results were artifacts of the Tukey Test. Another possible explanation is that the partial structure in  $T_1$  served to reduce the participants neurosis, sometimes considered to be a measure of anxiety (4), more than the highly structured or non-structured groups. The analysis of variance between pre- and post-test data for each group adds credence to the fact that there was real movement in group  $T_1$ ; the results show a statistically significant reduction in neurosis as measured by the Eysenck Personality Inventory (N scale) at the .05 level of significance for this group and for no other, which also lends evidence to support the fact that the change was a result of treatment.

Concerning the comparison of movement in this group as compared to others, there may be several factors contributing to the movement toward ascendency of  $T_1$  over  $T_2$  and no other group on this dimension. First of all, besides having the advantage of clearer role delineation in  $T_1$  due to the structured activities,  $T_2$  felt the added disadvantage of finding the classroom setting antithetical to non-directive activities according to the observations of the facilitator;  $T_2$  seemed somewhat conflicted and apprehensive about lack of academic material provided. Secondly, group  $T_2$  was noticably upset, according to the examiner, at the time of the posttest due to a rather traumatic final session in which members learned in the course of the group about the critical

stage of one of the member's health which had involved his recently learning that he had six months to live. emotionally upsetting experience for group members could have been reflected on post-test scores which showed the least decrease on the N scale of the EPI for group T2, thus perhaps partially accounting for the divergence from T1 on this scale more so than groups T3 and the Control Group. is interesting to note that movements on the Neurosis scale showed greater reduction in neurosis for the Control Group than for  $T_2$  or  $T_3$  when looking at the pre- and non-adjusted post-test score of the analysis of covariance finding. possible explanation for this is that the Control Group was composed of couples who were reportedly (according to the local minister who recommended them) interested in improving themselves and their marital relationship. They had participated in a church discussion group just prior to serving as controls for this experiment. It is likely that they sought contact with people and situations which proved facilitative to them as was acknowledged by Frank (8) as a factor contributing to non-significant outcomes in psychotherapeutic research.

Hypothesis V tested the impact of the various treatments on the dimension of extraversion/introversion using an
analysis of covariance to test the significance of difference among adjusted post-test means of the E scale of the
Eysenck Personality Inventory. No significant results were

found nor were any trends evidenced on this dimension which proved the most stable of those under investigation; it seemed little affected by the communications training. This would be consistent with Eysenck's theory relative to the stability of this trait to its physiological base linking it the law of excitation/inhibition. It is hypothesized by Eysenck that introverts are characterized by a reticular formation, the activating part of which has a low threshold of arousal, while the recruiting part of it has a relatively high threshold of arousal; the reverse is true of extroverts; in other words, introverts are considered easy to condition but hard to extinguish while extroverts are hard to condition but easy to extinguish. This research tends to support the fact that short term communications training has little effect on this trait which appears to be stable over time.

Concerning the interrelationship of within group changes on the dependent variables under investigation, each group was considered separately and the interrelationships were considered in the light of the demographic characteristics of the groups. It was found in group  $\mathbf{T}_1$  that there was a movement toward increased communication on the PCI from pretest to post-test according to the analysis of variance data, and statistical significance was achieved on the N (neurosis) scale of the EPI. In this particular group, movement toward increased communication did not coincide with movement toward increased marital adjustment. Similar results were

noted by Bricklin and Gottlieb (2) who concluded that a couple must be able to accept the most stable and entrenched personality traits of the other in order to profit from increased communication. They also found that some couples decreased in compatibility when communication increased. further illuminate these results, Martin (12) found that well-adjusted couples have similar terminal and instrumental Therefore, it would follow that increased communication does not necessarily increase marital adjustment if couples do not agree upon modes of behaving and share a certain level of value convergence. Further, Pilder (15) found that couples in human relations laboratory training improved on a verbal response scale but not on the Pair Attraction Inventory or the Caring Relationship Inventory. Thus, more evidence is provided to support the position that couples can be taught to improve verbal skills but it does not follow that they will like each other more. However, Group T1 did show a significant decrease in neurosis along with the trend toward improved communication. Although there may not be a causal relationship, it seems worthy of further investigation to explore the relationship of feeling good about oneself and the ability to communicate important thoughts and feelings to those with whom one cohabits, even though these thoughts, feelings, or values may not be the same for those sending and receiving the messages.

On the other hand, movements on the dependent variables in Group T2 were different. This group (non-structured) showed movement toward significance on the Primary Communication Inventory and the Marital Adjustment Test, but no improvement on the N scale of the Eysenck Personality Inventory, the measure of personal adjustment. It could be concluded, drawing on the research mentioned in discussion of Group T1 that these couples, unlike the couples in Group T1 were able to accept the deeper emotions and entrenched characteristics of their marital partners. Concerning the lack of relationship between the measure of personal adjustment and communication, similar results were found by Rogers (16), who concluded that the couples in his study who sought marital counseling reflected no significant relationship between personal and marital adjustment.

Concerning the Pearson Product Moment Correlation results (see Table XII) the relationship between personal adjustment on the N scale of the EPI and both indices of communication for both pre- and post-tests showed no significant correlations as was found in Rogers (16) group who sought marital counseling; also no significant relationship was found between this measure of personal adjustment and the Marital Adjustment Test. There is, however, a significant correlation between communication on both instruments (the MCI and the PCI) and Marital Adjustment (MAT) as was found in the studies of Navran (13) and Locke (11). There

is also a significant correlation between the two communication instruments, adding to the instruments concurrent validity.

In conclusion, it can be seen that the relationship between communication and marital and personal adjustment is a highly complex one. The analysis of covariance statistic which tested the significance of difference between adjusted post-test means as a result of three types of treatment on the dependent variables of communication, marital adjustment, and extraversion and neurosis on the Eysenck Personality Inventory found no significant results. Some trends were evidenced, however, on both the analysis of covariance data and the additional statistical information provided by the analysis of variance data used to examine within group differences. One statistically significant result was found on the N (neurosis) scale of the Eysenck Personality Inventory from pre- to post-test, using the analysis of variance, for Group T1. The results will be summarized and recommendations for further research will be provided in the following chapter.

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### CHAPTER VI

## SUMMARY AND RECOMMENDATIONS

In this chapter, a brief overview of the entire study is presented, conclusions are drawn, and recommendations are This study was conducted to compare the effects of three treatment approaches to training married couples in communication skills on the dependent variables of marital communication, marital adjustment, and the personality variables of extraversion/introversion and stability/instability. The initial focus of the study was to determine whether any of the treatment programs -- the highly structured, the partially structured, or the non-structured programs -were superior to any other or to the control group in affecting change in a participant's communication and thus concommitantly affecting the other variables under investigation which previous research has shown to be related to communication patterns, that is, marital adjustment and personal adjustment.

Forty-two individuals from the Dallas-Fort Worth Metroplex participated in the research. Thirty-two of the
subjects enrolled for the training through the Continuing
Education Division of Tarrant County Junior College and
were assigned to the three treatment groups. Five couples
obtained from a local church group served as controls. All

of the treatment groups and the control group contained five couples, except the non-structured group which contained six. The experimental design for the study was a pre-test/post-test non-equivalent control group design. The couples were administered the pre-test measures on the Marital Communication Inventory, the Primary Communication Inventory, the Marital Adjustment Test, and the Eysenck Personality Inventory just prior to the twenty-hour training program and the post-test on the same measures were administered just subsequent to it.

The structured and semi-structured programs were eclectic in nature, adapted from the human relations training program of Robert Carkhuff, and emphasized the interpersonal core dimensions of empathy, concreteness, and genuineness, and also incorporated the Behavioral Exchange Model of marital counseling by Alan Rappaport and Jan Harrell based on the principles of operant conditioning and negotiations contracting between couples. The non-directive training was modeled after the client-centered approach of Carl Rogers. The structured programs contained the following teachinglearning modules with group T1 having more unstructured time than treatment group Tq. Three of the modules didactically instructed participants in the interpersonal core dimensions mentioned above and allowed them time to practice the dimensions. One teaching-learning module taught participants to negotiate for desired behaviors from their spouses and to

utilize the principles of reinforcement and extinction to maintain pleasing behaviors and to extinguish annoying ones. The fifth module was an attempted synthesis of previously learned skills centered around effectiveness in decision making. The non-structured group, treatment group  $T_2$ , took the initiative to discuss material of concern to them and were not didactically presented with any material relative to communication. Thus the three training programs varied in degree of structured time with treatment  $T_1$  exhibiting the most structure and  $T_2$  the least. The control group did not meet.

The training program was developed after careful analysis of the background theory and controlled research on human relations training, the goals and techniques of conjoint marriage counseling, communications theory in marriage and the family, and behavioral contracting and negotiations training for married couples. The background research explored the origin and development of the theory and research into the relationship between the interpersonal core dimensions of Carl Rogers and therapeutic change in individuals as well as the relationship of these dimensions to the sensitivity training movement. Some attention was devoted to the examination of the emergence of the development of systematic training programs in interpersonal skills and their relationship to the "training as a preferred mode of treatment" movement and its implication for marriage counseling.

Within this movement was the growing awareness and acknowledgement that the facilitative interpersonal core dimensions
were not stable personality traits but were interpersonal
skills which could be didactically taught, first of all, to
people who wished to serve each other in a helping capacity.

It was then learned that people, who themselves were dysfunctional, could profitably learn these skills as a preferred
mode of treatment over more traditional therapeutic approaches.

Some of the pitfalls to effective marital communication were described with an attempt to have the training programs developed while keeping ways to eliminate these communicative errors in mind, and while utilizing techniques found effective in improving interpersonal skills. For example, the reciprocity-reward teaching-learning unit emphasized the importance of positive exchanges and the mediating of rewards between couples, especially to counteract one of the pitfalls in marital communication referred to as lack of validation of the other party in the marital situation. The empathy teaching-learning unit emphasized listening to and accepting the feelings of others, especially negative feelings, a characteristic rarely found in dysfunctional marriages. The concreteness unit attempted to help couples correct the common errors in communication of overgeneralization, and the lack of understanding of the connotative meaning of words. The genuineness unit attempted to counteract the pitfall of confusion resulting from the

receiving and misinterpreting of incongruent messages. The structured training programs essentially taught some helpful interpersonal skills while attempting to focus on helping members to clarify their own feelings toward each other and to be positive and specific about what they desired from their spouses.

Research was then presented which showed the success of some previously developed short-term communications training programs and which examined the relationship of the dependent variables to one another; references were made to the correlations between effective communication and marital and personal adjustment.

In Chapter IV, the research hypotheses were considered separately and the statistical results were presented in tabular form. If the F reached the .05 level of significance, the null hypothesis was rejected; if not, it was retained. Hypotheses I through V were tested using the one-way analysis of covariance, with pre-test scores as the covariate. The statistical significance of difference between adjusted post-test mean score for each instrument was examined. The hypotheses and results are now presented in summary form with possible interpretations.

The F ratio of Hypothesis I, which tested the significance of difference between adjusted post-test mean scores on the Marital Communication Inventory, did not reach statistical significance. However, the homogeneity of variance

assumption, necessary for the use of the covariance statistic, was not met. Therefore, Hypothesis I can neither be accepted or retained on the basis of the data presented.

Additional statistical information was provided by the analysis of variance statistical method which examined the significance of difference between pre- and post-test mean scores for each treatment and control group. No significant results were found on the Marital Communication Inventory for any of the groups. The non-significance was explained in terms of the possibility that some type of training may be more effective for some personality types over others, and that the shortness of the training program was not suited to couples characterized by the participants level of marital and communicative maladjustment.

The F ratio of Hypothesis II, which tested the significance of the difference between adjusted post-test mean scores on the Primary Communication Inventory, did not reach statistical significance but did approach significance at the .10 level. The explanation for the non-significance was similar to that of Hypothesis I. Closer analysis of the data using the Tukey Test for multiple comparison, indicated that the greater differences were between treatment groups  $T_1$  and the control group and  $T_2$  and the control group with (.05 T\_1 and  $T_2$  did produce more

positive changes in communication than the control group though not to a statistically significant degree because of the severity of the disturbance of the couples, and the shortness of the training. The lack of movement toward improved communication in treatment group T<sub>3</sub> could point to the lack of efficacy of the treatment or it could be explained to be a result of the lower educational level, longer years married, and the older age of the couples in that particular group.

The F ratio of Hypothesis III, which tested the significance of difference between adjusted post-test mean scores on the Marital Adjustment Test, did not reach significance. The non-significance of the data was explained in terms of the dimensions of marital adjustment not having been directly taught to participants and by the somewhat chronic nature of the marital disturbance of some of the couples.

The F ratio of Hypothesis IV, which tested the significance of difference between adjusted post-test mean scores on the N scale of the Eysenck Personality Inventory, did not reach significance but did approach significance at the .11 level. The non-significance was explained by the experience of heightened insecurity some individuals feel when asked to honestly communicate with another in whom they have a vested interest but who may or may not share similar instrumental and terminal values. Mention was also made of

the traumatic material which emerged during the last session of treatment group  $T_2$  which could have contributed to situational anxiety and lack of reduction of scores on the N scale. It was pointed out also that the control group did show some reduction on the N scale, possibly due to their level of motivation and the seeking of non-professional therapeutic assistance.

The F ratio of Hypotheses V, which tested the significance of difference between adjusted post-test mean scores on the E scale of the Eysenck Personality Inventory, did not reach significance. The non-significance of the results were explained in terms of the stable nature of this characteristic, lending support to Eysenck's theory concerning the physiological base of this trait and its stability over time.

Additional statistical information is provided by the analysis of variance data used to examine within group movement for each group on each instrument and the Pearson Product Moment Correlation which was used to explore the relationship of the dependent variables in question. The results are as follows. One significance at the .05 level was found between pre- and post-test mean scores on the N scale of the Eysenck Personality Inventory for treatment group  $T_1$ ; a trend toward improvement in communication was also noted for this group on the Primary Communication Inventory at the .11 level. Some improvement in communication was also noted in treatment group  $T_2$  on the same communication instrument

at the .12 level and in marital adjustment on the Marital Adjustment Test at the .13 level. Significant correlations were found between communication and marital adjustment but not between communication and personal adjustment.

Considering the statistical findings, the following conclusions were drawn. The results of the study show no direct statistical support for the efficacy of one treatment modality over another or the control group. However, some methodological problems, like the lack of matching couples in the various groups on certain key demographic variables and the questionable nature of the control group would preclude generalizing beyond the present study. The results also indicate that the participants in treatment group  $T_1$ did show statistically significant reduction in neurosis (p **< .**05) after treatment and communication improvement. No other group (as measured by PCI) displayed as much improvement as  $T_1$ , lending support to the premise that the partially structured treatment has some validity. Trends in the  $\mathbf{T}_2$  group (non-structured group), though statistically of very questional value, seems to warrant further investigation, due to the limitations of the present study and its inability to control many key variables which would tend to produce weak statistical results. Taking into account the extreme complexity of human interactive research, especially in the group setting, statistically significant results may be found as a result of treatment modality if levels of

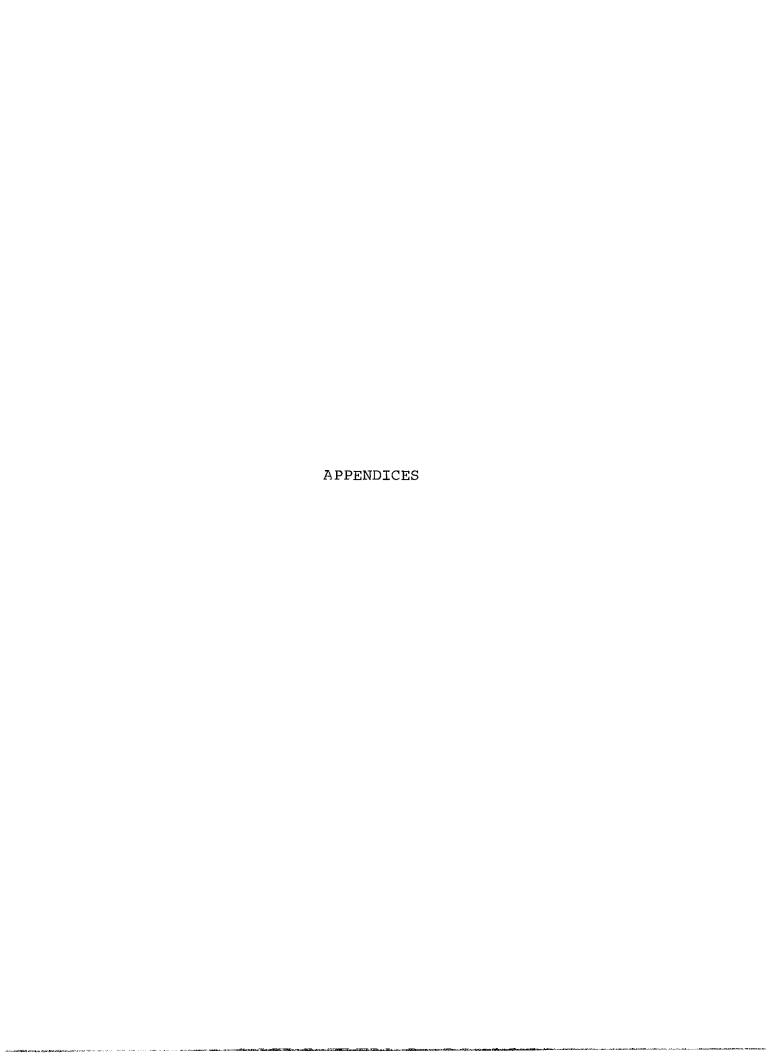
maladjustment and certain personality variables and situational crises were controlled in future research:

- 1. Outcome measurement instruments need to be made specifically to test communication skills which are taught.
- 2. When comparing communication training approaches, it is recommended that couples be matched on marital developmental stage, similar chronological age and level of intelligence, and level of marital disturbance.
- 3. It is recommended that a larger sample be used with a greater number of hours allocated for training with couples functioning at the level of those in the present study.
- 4. Pre-therapy selection variables need to be considered in short-term group counseling, such as level of motivation for change, preparation for the group experience, and level of maladjustment.

The study was obviously limited by its goals of examining which communication techniques seem preferable to other techniques under broadly defined conditions. Studies which are not so limited may attempt to shed light on specific communication skills which might be useful to couples of a particular personality type or level of adjustment. Other profitable areas of investigation in marital communication might include a comparison of the effects of communication training on those couples who do and do not share similar values. Productive measures are also needed as to which type of clients will benefit from which type of training,

and programs which teach marital adjustment directly need to be devised and assessed.

The value of the present study derived from the fact that there are few controlled studies in the area of marriage counseling which attempt to compare the efficacy of various communication training programs for married couples. The ever increasing demand for marriage counseling and the prevalance of practitioners in the field who attempt to improve a couple's interactive verbal and non-verbal patterns, calls for therapeutic techniques which have been proven by research to improve a couple's individual and/or marital adjustment. This research was a very limited attempt to compare the efficacy of three particular training approaches. Another value lies in the original structured treatment approach which attempted a synthesis of some present counseling techniques in interpretation of developing a parsimonious program which would be broadly applicable to a large number of people who might not otherwise be able to afford longterm treatment. The research seems a small beginning to isolate techniques for short-term counseling which will be preductive of improved individual and/or marital adjustment for couples. Despite the tremendous handicaps involved in evolving and evaluating such techniques, the effort seems worthwhile considering the tremendous benefits that could accrue to couples and families if emotionally crippling maladaptive interactive patterns could be quickly corrected and not passed to future generations.



## APPENDIX A

### MARITAL COMMUNICATION INVENTORY

#### MALE

- 1. Do you and your wife discuss the manner in which the family income should be spent?
- 2. Does she discuss her work and interests with you?
- 3. Do you have a tendency to keep your feelings to yourself?
- 4. Is your wife's tone of voice irritating?
- 5. Does she have a tendency to say things which would be better left unsaid?
- 6. Are your mealtime conversations easy and pleasant?
- 7. Do you find it necessary to keep after her about her faults?
- 8. Does she seem to understand your feelings?
- 9. Does your wife mag you?
- 10. Does she listen to what you have to say?
- 11. Does it upset you to a great extent when your wife is angry with you?
- 12. Does she pay you compliments and say nice things to you?
- 13. Is it hard to understand your wife's feelings and attitudes?
- 14. Is she affectionate toward you?
- 15. Does she let you finish talking before responding to what you are saying?
- 16. Do you and your wife remain silent for long periods when you are angry with one another?
- 17. Does she allow you to pursue your own interests and activities even if they are different from hers?
- 18. Does she try to lift your spirits when you are depressed or discouraged?
- 19. Do you fail to express disagreement with her because you are afraid she will get angry?
- 20. Does your wife complain that you don't understand her?
- 21. Do you let your wife know when you are displeased with her?
- 22. Do you feel she says one thing but really means another?
- 23. Do you help her understand you by saying how you think, feel, and believe?
- 24. Do you and your wife find it hard to disagree with one another without losing your tempers?
- 25. Do the two of you argue a lot over money?
- 26. When a problem arises that needs to be solved are you and your wife able to discuss it together (in a calm manner)?

- 27. Do you find it difficult to express your true feelings to her?
- 28. Does she offer you cooperation, encouragement and emotional support in your role (duties) as a husband?
- 29. Does your wife insult you when angry with you?
- 30. Do you and your wife engage in outside interests and activities together?
- 31. Does your wife accuse you of not listening to what she says?
- 32. Does she let you know that you are important to her?
- 33. Is it easier to confide in a friend rather than your wife?
- 34. Does she confide in others rather than in you?
- 35. Do you feel that in most matters your wife knows what you are trying to say?
- 36. Does she monopolize the conversation very much?
- 37. Do you and your wife talk about things which are of interest to both of you?
- 38. Does your wife sulk or pout very much?
- 39. Do you discuss intimate matters with her?
- 40. Do you and your wife discuss your personal problems with each other?
- 41. Can your wife tell what kind of day you have had without asking?
- 42. Does she fail to express feelings of respect and admiration for you?
- 43. Do you and your wife talk over pleasant things that happen during the day?
- 44. Do you hesitate to discuss certain things with your wife because you are afraid she might hurt your feelings?
- 45. Do you pretend you are listening to her when actually you are not really listening?
- 46. Do the two of you ever sit down just to talk things over?

## MARITAL COMMUNICATION INVENTORY

### FEMALE

- 1. Do you and your husband discuss the manner in which the family income should be spent?
- 2. Does he discuss his work and interests with you?
- 3. Do you have a tendency to keep your feelings to yourself?
- 4. Is your husband's tone of voice irritating?
- 5. Does he have a tendency to say things which would be better left unsaid?
- 6. Are your mealtime conversations easy and pleasant?
- 7. Do you find it necessary to keep after him about his faults?
- 8. Does he seem to understand your feelings?
- 9. Does your husband nag you?
- 10. Does he listen to what you have to say?
- 11. Does it upset you to a great extent when your husband is angry with you?
- 12. Does he pay you compliments and say nice things to you?
- 13. Is it hard to understand your husband's feelings and attitudes?
- 14. Is he affectionate toward you?
- 15. Does he let you finish talking before responding to what you are saying?
- 16. Do you and your husband remain silent for long periods when you are angry with one another?
- 17. Does he allow you to pursue your own interests and activities even if they are different from his?
- 18. Does he try to lift your spirits when you are depressed or discouraged?
- 19. Do you fail to express disagreement with him because you are afraid he will get angry?
- 20. Does your husband complain that you don't understand him?
- 21. Do you let your husband know when you are displeased with him?
- 22. Do you feel he says one thing but really means another?
- 23. Do you help him understand you by saying how you think, feel, and believe?
- 24. Do you and your husband find it hard to disagree with one another without losing your tempers?
- 25. Do the two of you argue a lot over money?
- 26. When a problem arises that needs to be solved are you and your husband able to discuss it together (in a calm manner)?
- 27. Do you find it difficult to express your true feelings to him?

- 28. Does he offer you cooperation, encouragement and emotional support in your role (duties) as a wife?
- 29. Does your husband insult you when angry with you?
- 30. Do you and your husband engage in outside interests and activities together?
- 31. Does your husband accuse you of not listening to what he says?
- 32. Does he let you know that you are important to him?
- 33. Is it easier to confide in a friend rather than your husband?
- 34. Does he confide in others rather than in you?
- 35. Do you feel that in most matters your husband knows what you are trying to say?
- 36. Does he monopolize the conversation very much?
- 37. Do you and your husband talk about things which are of interest to both of you?
- 38. Does your husbnad sulk or pout very much?
- 39. Do you discuss intimate matters with him?
- 40. Do you and your husband discuss your personal problems with each other?
- 41. Can your husband tell what kind of day you have had without asking?
- 42. Does he fail to express feelings of respect and admiration for you?
- 43. Do you and your husband talk over pleasant things that happen during the day?
- 44. Do you hesitate to discuss certain things with your husband because you are afraid he might hurt your feelings?
- 45. Do you pretend you are listening to him when actually you are not really listening?
- 46. Do the two of you ever sit down just to talk things over?

### APPENDIX B

### PRIMARY COMMUNICATION INVENTORY

- 1. How often do you and your spouse talk over pleasant things that happen during the day?
- 2. How often do you and your spouse talk over unpleasant things that happen during the day?
- 3. Do you and your spouse talk over things you disagree about or have difficulties over?
- 4. Do you and your spouse talk over things in which you are both interested?
- 5. Does your spouse adjust what he (she) says and how he (she) says it to the way you seem to feel at the moment?
- 6. When you start to ask a question does your spouse know what it is before you ask it?
- 7. Do you know the feelings of your spouse from his (her) facial and body gestures?
- 8. Do you and your spouse avoid certain subjects in conversation?
- 9. Does your spouse explain or express himself (herself) to you through a glance or gesture?
- 10. Do you and your spouse discuss things together before making an important decision?
- 11. Can your spouse tell what kind of day you have had without asking?
- 12. Your spouse wants to visit some close friends or relatives. You don't enjoy their company particularly. Would you tell him (her) this?
- 13. Does your spouse discuss matters of sex with you?
- 14. Do you and your spouse use words which have a special meaning not understood by outsiders?
- 15. How often does your spouse sulk and pout?
- 16. Can you and your spouse discuss most sacred beliefs without feelings or restraint or embarrassment?
- 17. Do you avoid telling your spouse things which put you in a bad light?
- 18. You and your spouse are visiting friends. Something is said by the friends which causes you to glance at each other. Would you understand each other?
- 19. How often can you tell as much from the tone of voice of your spouse as from what he (she) actually says?
- 20. How often do you and your spouse talk with each other about personal problems?
- 21. Do you feel that in most matters your spouse knows what you are trying to say?

- 22. Would you rather talk about intimate matters with your spouse than with some other people?
- 23. Do you understand the meaning of your spouse's facial expressions?
- 24. If you and your spouse are visiting friends or relatives, and one of you starts to say something, does the other one take over the conversation without the feeling of interrupting?
- 25. During marriage, have you and your spouse, in general, talked most things over?

## APPENDIX C

# MARITAL ADJUSTMENT TEST

- 1. Have you ever wished you had not married?
  - a. Frequently
  - b. Occasionally
  - c. Rarely
- 2. If you had your life to live over again would you:
  - a. Marry the same person?
  - b. Marry a different person?
  - c. Not marry at all?
- 3. Do husband and wife engage in outside activities together?
  - a. All of them
  - b. Some of them
  - c. Few of them
  - d. None of them
- 4. In leisure time, which do you prefer?
  - a. Both husband and wife to stay at home
  - b. Both to be on the go
  - c. One to be on the go and other to stay home
- 5. Do you and your mate generally talk things over together?
  - a. Never
  - b. Now and then
  - c. Almost always
  - d. Always
- 6. How often do you kiss your mate?
  - a. Every day
  - b. Now and then
  - c. Almost never
- 7. How happy would you rate your marriage?
  - a. Very happy
  - b. Happy
  - c. Average
  - d. Unhappy
  - e. Very unhappy

How happy would your mate rate your marriage? 8. Very happy a. b. Happy c. Average d. Unhappy e. Very unhappy Directions: Check any of the following items which you think have caused serious difficulties in your marriage. Then circle the appropriate answer below. Mate's attempt to control my spending money Other difficulties over money Religious differences Different amusement interests Lack of mutual friends Constant bickering Interference of in-laws Lack of mutual affection (no longer in love) Unsatisfying sex relations Selfishness and lack of cooperation Adulterv Desire to have children Sterility of husband or wife Venereal diseases Mate paid attention to (became familiar with) another person Desertion Nonsupport Drunkenness Gambling Ill health Mate sent to jail Other reasons a. Nothing checked b. One checked c. Two checked d. Three checked e. Four or five checked f. Six or more checked 10. How many things does your mate do that you do not like? a. Nothing b. One thing

Two things

d. Three or more things

c.

- 11. How many things seriously annoy you about your marriage?
  - a. Nothing
  - b. One thing
  - c. Two things
  - d. Three or more things
- 12. How many things satisfy you most about your marriage?
  - a. Nothing
  - b. One thing
  - c. Two things
  - d. Three or more
- 13. When disagreements arise they generally result in:
  - a. Husband giving in
  - b. Wife giving in
  - c. Neither giving in
  - d. Agreement by mutual give and take
- 14. What is the total number of times you left mate or mate left you because of conflict?
  - a. No times
  - b. One or more times
- 15. How frequently do you and your mate get on each other's nerves around the house?
  - a. Never
  - b. Almost never
  - c. Occasionally
  - d. Frequently
  - e. Almost always
  - f. Always
- 16. What are your feelings on sex relations between you and your mate?
  - a. Very enjoyable
  - b. Enjoyable
  - c. Tolerable
  - d. Disgusting
  - e. Very disgusting
- 17. What are your mate's feelings on sex relations with you?
  - a. Very enjoyable
  - b. Enjoyable
  - c. Tolerable
  - d. Disgusting
  - e. Very disgusting

- 18. Did intercourse increase or decrease during marriage?
  - a. Increased greatly
  - b. Increased
  - d. Remained the same
  - e. Decreased greatly
  - f. Decreased entirely

On the following questions, state approximate extent of agreement or disagreement <u>during marriage</u>.

- 19. Handling family finances
  - a. Always agree
  - Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 20. Matters of Recreation
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 21. Religious matters
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 22. Demonstration of affection
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 23. Friends
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree

- 24. Intimate relations (sex)
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 25. Ways of dealing with in-laws
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 26. The amount of time that should be spent together
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 27. Table manners
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 28. Conventionality (good, right, and proper conduct)
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree
- 29. Aims, goals, and things believed to be important in life
  - a. Always agree
  - b. Almost always agree
  - c. Occasionally disagree
  - d. Frequently disagree
  - e. Almost always disagree
  - f. Always disagree

# APPENDIX D

# EYSENCK PERSONALITY INVENTORY

#### FORM A

- 1. Do you often long for excitement?
- 2. Do you often need understanding friends to cheer you up?
- 3. Are you usually carefree?
- 4. Do you find it very hard to take no for an answer?
- 5. Do you stop and think things over before doing anything?
- 6. If you say you will do something do you always keep your promise, no matter how inconvenient it might be to do so?
- 7. Does your mood often go up and down?
- 8. Do you generally do and say things quickly without stopping to think?
- 9. Do you ever feel "just miserable" for no good reason?
- 10. Would you do almost anything for a dare?
- 11. Do you suddenly feel shy when you want to talk to an attractive stranger?
- 12. Once in a while do you lose your temper and get angry?
- 13. Do you often do things on the spur of the moment?
- 14. Do you often worry about things you should not have done or said?
- 15. Generally do you prefer reading to meeting people?
- 16. Are your feelings rather easily hurt?
- 17. Do you like going out a lot?
- 18. Do you occasionally have thoughts and ideas that you would not like other people to know about?
- 19. Are you sometimes bubbling over with energy and sometimes very sluggish?
- 20. Do you prefer to have few but special friends?
- 21. Do you daydream a lot?
- 22. When people shout at you, do you shout back?
- 23. Are you often troubled about feelings of guilt?
- 24. Are all your habits good and desirable ones?
- 25. Can you usually let yourself go and enjoy yourself a lot at a gay party?
- 26. Would you call yourself tense or "highly-strung"?
- 27. Do other people think of you as being very lively?
- 28. After you have done something important, do you often come away feeling you could have done better?
- 29. Are you mostly quiet when you are with other people?
- 30. Do you sometimes gossip?
- 31. Do ideas run through your head so that you cannot sleep?

- 32. If there is something you want to know about, would you rather look it up in a book than talk to someone about it?
- 33. Do you get palpitations or thumping in your heart?
- 34. Do you like the kind of work that you need to pay close attention to?
- 35. Do you get attacks of shaking or trembling?
- 36. Would you always declare everything at the customs even if you knew that you could never be found out?
- 37. Do you hate being with a crowd who plays jokes on one another?
- 38. Are you an irritable person?
- 39. Do you like doing things in which you have to act quickly?
- 40. Do you worry about awful things that might happen?
- 41. Are you slow and unhurried in the way you move?
- 42. Have you ever been late for an appointment or work?
- 43. Do you have many nightmares?
- 44. Do you like talking to people so much that you would never miss a chance of talking to a stranger?
- 45. Are you troubled by aches and pains?
- 46. Would you be very unhappy if you could not see lots of people most of the time?
- 47. Would you call yourself a nervous person?
- 48. Of all the people you know are there some whom you definitely do not like?
- 49. Would you say you were fairly self-confident?
- 50. Are you easily hurt when people find fault with you or your work?
- 51. Do you find it hard to really enjoy yourself at a lively party?
- 52. Are you troubled with feelings of inferiority?
- 53. Can you easily get some life into a rather dull party?
- 54. Do you sometimes talk about things you know nothing about?
- 55. Do you worry about your health?
- 56. Do you like playing pranks on others?
- 57. Do you suffer from sleeplessness?

APPENDIX E

DEMOGRAPHIC VARIABLES FOR GROUP I (PARTIALLY STRUCTURED TREATMENT)

| Couple        | Partner | Age      | Years of College                         | Religion                     | Length of<br>Marriage  | Children |
|---------------|---------|----------|--|------------------------------|------------------------|----------|
| Α.            | H       | 56<br>55 | 0-High school<br>1 Year college          | Methodist<br>Methodist       | 37 Years<br>37 Years   | നന       |
| <b>.</b><br>M | Н       | 25<br>25 | 4BA<br>4BA                               | Baptist<br>Baptist           | 3 Years<br>3 Years     | 00       |
| ပ်            | Н       | 34<br>32 | 7Ph.D.<br>2Nursing school                | Presbyterian<br>Presbyterian | 13 Years<br>13 Years   | 2.2      |
| D.            | Н       | 37<br>36 | 4BA<br>3 Years college                   | Presbyterian<br>Presbyterian | 17 Years<br>17 Years   | 0.0      |
| •<br>¤        | H X     | 28<br>24 | 4 1/2 BS & 14 hrs.<br>4 1/2 BS & 22 hrs. | Protestant<br>Protestant     | 11 Months<br>11 Months | 00       |
| AVERAGE       |         | 35.3     | 3.4 hrs.                                 | Protestant                   | ll.5 Years             | 1.4      |

DEMOGRAPHIC VARIABLES FOR GROUP 2 (NON-STRUCTURED TREATMENT)

| Couple  | Partner | Age                   | Years of College                  | Religion                     | Length of<br>Marriage | Children |
|---------|---------|-----------------------|-----------------------------------|------------------------------|-----------------------|----------|
| Į.      | нх      | 32                    | 5Masters<br>4Bachelors            | Presbyterian<br>Presbyterian | 9 Years<br>9 Years    | ~ ←      |
| ů<br>Ů  | ΗM      | 37                    | 4BA<br>4BA                        | Presbyterian<br>Presbyterian | 14 Years<br>14 Years  | 7.7      |
| н.      | H       | 34<br>36              | 4BA<br>2 Years college            | Presbyterian<br>Presbyterian | 11 Years<br>11 Years  | നന       |
| ı,      | Н       | 37                    | 4BJ<br>1 Year college             | Presbyterian<br>Presbyterian | 11 Years<br>11 Years  | 2.2      |
| J.      | H       | 5<br>7<br>8<br>8<br>8 | l Year college<br>2 Years college | Catholic<br>Catholic         | 8 Years<br>8 Years    | ოო       |
| Ж.      | ΗВ      | 0 0<br>0 0            | 4 Years college<br>0-High school  | Methodist<br>Methodist       | 8 Years<br>8 Years    | 77 77    |
| AVERAGE |         | 34.5                  | 2.9 Years                         | Protestant                   | 10.1 Years            | 2.2      |

DEMOGRAPHIC VARIABLES FOR GROUP 3 (HIGHLY STRUCTURED TREATMENT)

| Couple  | Partner | Age          | Years of College                 | Religion                     | Length of<br>Marriage | Children |
|---------|---------|--------------|----------------------------------|------------------------------|-----------------------|----------|
| ŗ.      | М       | 40<br>39     | 4BSE<br>5Masters                 | Methodist<br>Methodist       | 18 Years<br>18 Years  | 2 2      |
| Ä.      | ΗM      | 47           | 0-High school<br>0-High school   | None<br>None                 | 20 Years<br>20 Years  | 00       |
| Ż       | ΗX      | 4, 4,<br>2 0 | 4BS<br>2 Years college           | Methodist<br>Methodist       | 21 Years<br>21 Years  | നന       |
| ·       | ⊞⊠      | 44<br>40     | 0-High school<br>0-High school   | Presbyterian<br>Presbyterian | 21 Years<br>21 Years  | നന       |
| ů,      | ΗМ      | 29<br>30     | l Year college<br>l Year college | None<br>None                 | 10 Years<br>10 Years  | 0.0      |
| AVERAGE |         | 39           | 1.7 Years                        | Protestant                   | 18 Years              | 7        |

DEMOGRAPHIC VARIABLES FOR GROUP 4 (CONTROL GROUP TREATMENT)

| Couple  | Partner | Age      | Years of College                     | Religion                     | Length of                  | Children |
|---------|---------|----------|--------------------------------------|------------------------------|----------------------------|----------|
|         |         |          |                                      |                              | Marriage                   |          |
| ġ       | Ηм      | 33       | 4College Graduate<br>2 Years college | Presbyterian<br>Presbyterian | 11 Years<br>11 Years       | 5 5      |
| œ,      | Н       | 33<br>29 | 4BA<br>4BA                           | Presbyterian<br>Presbyterian | 5 1/2 Years<br>5 1/2 Years | нн       |
| ů.      | ΗЖ      | 29       | 5MS<br>2 Years college               | Presbyterian<br>Presbyterian | 6 Years<br>6 Years         | 7 7      |
| ÷.      | ΗМ      | 38       | 4BA<br>4BA                           | Presbyterian<br>Presbyterian | 12 Years<br>12 Years       | 2.2      |
| U       | ΗЖ      | 42<br>36 | 7Attorney<br>4BA                     | Presbyterian<br>Presbyterian | 16 Years<br>16 Years       | നന       |
| AVERAGE |         | 33.1     | 4 Years                              | Protestant                   | 12.1 Years                 | 2        |

# FISHER'S T TEST

# Variable I (Age)

|         | Group 1 | Group 2 | Group 3 | Group 4 |
|---------|---------|---------|---------|---------|
| Group 1 | 0       | .916    | 1.22    | 710     |
| Group 2 |         | 0       | 2.19*   | 174     |
| Group 3 |         |         | 0       | 1 03    |
| Group 4 |         |         |         | 7.33    |

# Variable II (Years of College)

|         | Group 1 | Group 2 | Group 3 | Group 4 |
|---------|---------|---------|---------|---------|
| Group 1 | 0       | .643    | 2.16*   | .764    |
| Group 2 |         | 0       | 1.62    | 1 44    |
| Group 3 |         |         | 0       | 2.93 *  |
| Group 4 |         |         |         | 0       |

# Variable III (Length of Marriage)

|         | Group 1 | Group 2 | Group 3 | Group 4 |
|---------|---------|---------|---------|---------|
| Group 1 | 0       | 1.27    | 1.16    | 1 24    |
| Group 2 |         | 0       | 2.49*   | .021    |
| Group 3 |         |         | 0       | 2.40 *  |
| Group 4 |         |         |         | 0       |

# Variable IV (No. of Children)

|         | Group 1 | Group 2 | Group 3 | Group 4 |
|---------|---------|---------|---------|---------|
| Group 1 | 0       | 2.14*   | 2.67 *  | 1 60    |
| Group 2 |         | 0       | 653     | .466    |
| Group 3 |         |         | 1 0     | 1 07    |
| Group 4 |         |         |         | 0       |

<sup>\*</sup>p < .05

#### APPENDIX F

#### CONJOINT HUMAN RELATIONS TRAINING IN GROUPS

Treatment 3 (T<sub>3</sub>)--Highly Structured (20 Hours)

## Module I--Empathy

Session I--4 hours:

- A. Objectives -- to be read to the clients
- 1. Help couples to adopt the attitude that each person has a right to express himself, both positive and negative feelings.
- 2. Instruct couples to assume the attitude that each person is to take responsibility for his own feelings (especially negative ones) and is not to blame anyone else for them. He or she is not to accuse the other of causing his or her bad feelings.
- 3. Help couples to learn that they need not feel threatened by the negative feelings of their mate; an expression of negative feelings need not be interpreted as rejection but only as a reflection of one's discontent with a particular behavior which serves as a stimulus cue for bad feelings.

# B. Activities

- (12 min.) 1. A demonstration role playing session will illustrate the concept of empathy. Each person in the verbal interchange will talk for 6 minutes after which the mate will be instructed to repeat the messages he heard, both content and affect.
- (108 min.) 2. Hand out cards to couples on which a topic of conflict for each couple is specified, as reflected on the Stuart Pre-Counseling Questionnaire.
  - a. Each couple is to idscuss the issue for 10 min.-- 5 min. for each spouse to be sender of messages and 5 min. to practice repeating both the content and affect of the messages.
  - b. 8 min. feedback period for each couple--immediately after each couple acts as sender and receiver of messages the other members of the group will have the oppostunity to reflect both the content and affect of the messages of each spouse.

(120 min.) e. Activity 2 will be repeated with other issues of conflict with each couple.

# Module II--Concreteness

Session I--4 hours:

- A. Objectives -- to be read to the couples
- 1. Instruct couples in the semantic principle that words vary in connotative meaning from person to person according to our previous conditioning histories.
- 2. Help couples improve communication by teaching them that <u>abstract</u> words do not convey clear messages. When words like love, duty, and responsibility are used, a concrete example of particular actions which could be representative of the concept should be explained to the listener. Illustrate on the chalkboard the wide range of words describing a similar object (automobile) that could be used on various dimensions of concreteness.
- 3. Help couples understand that when there are apparent blocks in communication, that dissimilarity of connotative meanings could be the problem. When there are very strong feelings associated with any word, this participant in communication should attempt to explain to the other his past associations with the particular word.

#### B. Activities

- (120 min.) 1. Each member will be asked to talk for approximately 5 min. on a conflict area in their marriage as reflected on the Stuart Pre-Counseling Questionnaire. The two therapists will model the appropriate behavior by asking for clarification of abstract concepts using the Truax Concreteness Scale as a model for their response patterns. The facilitators will attempt to reduce the client's messages to the maximum level of concreteness. (Facilitator feedback--5 min.)
- (120 min.) 2. Each member of the group will be handed six abstract words (happiness, understanding, love, loyalty, companionship, and responsibility). Each will be asked to describe the feeling that first comes to him when the word is read and his previous experience with the word. Then each will be asked to behaviorally define the word, that is, describe two behaviors married people would do that would be an expression of the above concepts. (ABOVE EXERCISE TO BE DONE IN WRITING) Answers are to be read aloud and couples are to compare their responses.

# Module <u>III--Concreteness</u> (Part B), Genuineness

Session III--4 hours:

- A. Objectives -- to be read to clients
- (20 min.) 1. Help couples to understand that static often occurs in the reception of messages because of repeated negative messages which could have been conveyed to one of the participants of the interchange in the past; present communication can be interpreted in the light of past feelings of rejection.
  - 2. Instruct couples in the fact that certain patterns of interaction which they might have learned in their primary family units--like prolonged silence and screaming and shouting--are not particularly constructive modes of human interaction.
  - 3. Instruct couples in the fact that there are sometimes discrepancies between verbal and non-verbal messages; non-verbal messages are usually highly significant because of their automatic nature; there can also be a discrepancy between what is said and the tone of voice in which it is said-messages are considered genuine when they are void of incongruity.

# B. Activities

- (60 min.) 1. a. Have each group member explain some of the reoccurring messages he or she received about himself from siblings and parents and friends (especially negative messages which may still be believed).
- (120 min.) b. Have each group member explore how such messages could interfer in present day communication with spouse by having his or her spouse describe to him or her two behaviors which each dislikes; they are to then explore their feelings to see if they are overgeneralizing the communication into a blanket criticism.
  - 2. Facilitators are to instruct the group as to how posture and tone of choice convey certain messages.
  - a. Members of the group are to comment on present non-verbal communication in the group.
  - b. Couples are to list 3 ways they were communicated to non-verbally over the past week.
  - c. Couples are to list 3 discrepant messages they received from their spouses over the past week. They are to explain whether the discrepancy or incongruity was between verbal/non-verbal messages or between content of what is said and tone of voice.
  - d. Couples will be instructed to avoid incongruity and to confront the spouse whenever incongruent messages are sent.

# Module IV--Reciprocity and Reward

#### Session IV--4 hours:

- A. Objectives -- to be read to clients
- (30 min.) 1. Clients are to be instructed that the impressions and feelings that they have toward their spouses are based on particular behaviors they observe in each other.
  - 2. Clients are to be instructed that they are to assume some of the initiative in changing behaviors which the spouse finds distressing.
  - 3. Clients are to be instructed that they can help change unwanted behaviors in each other by dispensing positive reinforcers for the desired behaviors and withdrawing reinforcers for undesired behaviors (terminology to be explained).
  - 4. Clients are to be instructed that they can work out a contract whereby they can exchange desired behaviors according to the principle of reciprocity.

# B. Activities

- (60 min.) 1. Each couple is to list three behaviors most desired from respective spouses; a behavioral contract will be arranged. They are to chart the frequency of the behaviors desired for two days following this treatment program session, then initiate the behavior exchange contract in terms of desired frequency of wanted behaviors. Couples are to help each other set up programs.
- (150 min.) 2. The principle of extinction will be explained and discussed in terms of one behavior which each spouse wants to extinguish in the other.
- 50 min. a. Another contract will be set up to ignore the undesired behavior in each other. Discussion.
- 50 min. b. It will be explained that happier couples generally interact positively at a higher frequency than distressed couples. Each couple will be encouraged to reward social interaction of the spouse with smiles, compliments, and praise. Discussion.
- 50 min. c. Each group member will be helped to learn self-reinforcement by repeating 2 compliments to himself each day during the following week. Each member will be asked to name two of his personal strengths in the group session.

(Reference during the session will be made to the Stuart Pre-Counseling Questionnaire since it contains a list of behaviors desired from each spouse by the other and the personal strengths of each.)

# Module V--Synthesis-Communication in Decision Making

Session V--4 hours:

#### A. Objectives

- (20 min.) 1. Group members will be instructed to follow a format when discussing controversial issues.
  - 2. Group members will be instructed to follow a format when attempting to make family decisions.
  - 3. The format, which will be handed out, will involve several steps which are considered a synthesis of the skills taught in previous sessions.

#### B. Activities (180 min.)

- 90 min. 1. Each couple is to have 15 min. to arrive at a decision which they are in need of making. They are to follow the format which has been distributed and explained (20 min.).
- 90 min. 2. There is to be a brief feedback period for each couple after their period of discussion; the non-participant couples will be instructed to point out any errors in effective communication which they might have noticed.

(Format is explained below. It is an adaptation of John Stuart Mill's procedure for problem solving.)

(40 min.) 3. After each couple's discussion period, the remaining couples will offer suggestions and feedback to help the participant couple to improve their decision making ability especially by pointing out procedural facilities. (Approximately 6 min. feedback for each couple.)

# Module V--Format for Decision Making

and affect.

#### Steps:

1. Statement of the Problem

Exploration of Facts and Feelings

A. Empathic Understanding--During the exploration of the problem, each spouse is to present his side of the issue, both how he feels about it as well as the facts he or she has accumulated to support his or her position. The receiver is given time to repeat what he or she has heard--both feeling

<u>Characteristics of good feedback--W. F. Fitts, Interpersonal Competence</u>

a. It is motivated by a desire to help and clarify and is not accusative.

- b. The person in the feedback or reflective role should strive to be descriptive rather than evaluative and defensive. Descriptive feedback example--"Your voice sounds shaky" or "I feel annoyed" rather than a value judgment like "You are annoying."
- c. It is specific rather than general--Example: "It annoys me when you interrupt me" rather than "I don't like you."
- d. It is directed toward something that the person can change.
- B. <u>Concreteness</u>--During the verbal interchange, it is to be remembered that abstract words mean different things to different people. Whenever words used in the discussion cause anger, frustration, or other uncomfortable feelings, the receiver of the message should be sure to check out the sender's meaning, and to help him explore his past history with the concept to gain insight into where the bad feelings originated.
- C. <u>Genuineness</u>--Couples are to attempt to become aware of any incongruency between verbal and non-verbal messages as well as between content and tone of voice. Incongruencies are to be pointed out to the sender of the messages.
- 3. Creative Compromises and Decisions
  In this phase of decision-making, the couple should try to come to some agreements as to present courses of action, using a reciprocity model of compromise. Stuart's Behavior Exchange Model is to be kept in mind.
- Followup and Consequences of Non-Keeping of Agreement.

Couple is to decide what the punishing consequences will be if the above agreement is not kept in terms of very specific consequences.

# Treatment 2 (T<sub>2</sub>)--Non-Structured (20 Hours)

This group will be allowed to engage in topics and procedures of their choice. One activity will be utilized as an opening activity during the first session. Couples will be asked to draw a picture of their choice together and to discuss it with the group. Leaders will be instructed to offer high levels of empathy, warmth, genuineness, concreteness, and confrontation.

Treatment 1 (T<sub>1</sub>)--Partially Structured (20 Hours)

Sessions 1-10

Activity Format. -- The couples in this group will be given a 20-minute didactic presentation at the beginning of each session concerning the skill to be practiced as outlined in Treatment 1. They will be instructed to practice the skill during their group interaction. the first session they will be instructed on the practice of empathy; during the second, concreteness will be explained; during the third, genuineness will be explained; during the fourth, reciprocity will be explained; during the fifth, a format for decision making will be explained. The facilitators will be instructed to offer high levels of empathy, concreteness, and genuineness to the clients throughout the sessions. The participants will be instructed after each presentation to practice the dimension during group interaction while discussing matters of concern to them.

# Control Group--Non-Treatment

Members who volunteer to participate will be given pretest/post-test only with no intervening treatment.

#### APPENDIX G

#### COMMUNICATION SCALE

Your role here is that of a counselor who is trying to be as helpful as possible to his clients. After reading each of the attached client statements, you are to write down exactly what you would say to this person if you and he (she) were speaking directly and in person to one another.

Since these eight client statements are not related to each other, your responses should also be independent of one another.

Remember, it is crucial that you write down, as clearly and as accurately as possible, <u>precisely what you would say in response</u> to each client.

Write your response directly below each excerpt.

Note: Facilitators who were used in the present study were Charles Coller and Diane McIntosh.

#### CLIENT RESPONSES

# Excerpt 1

#### Client

I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games anymore. I get upset and come home depressed and have headaches. It seems all so superficial. There was a time when I used to get along with everybody. Everybody said, "Isn't she wonderful. She gets along with everybody. Everybody likes her." I used to think that was something to be really proud of, but that wasn't who I was at the time. I had no depth. I was what the crowd wanted me to be—the particular group I was with.

# Excerpt 2

#### Client

It's not an easy thing to talk about. I guess the heart of the problem is sort of a sexual problem. I never thought I would have this sort of problem. But I find myself not getting the fulfillment I used to. It's not as enjoyable for my husband either, although we don't discuss it. I used to enjoy and look forward to making love. I used to have an orgasm but I don't anymore. I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Is this symptomatic of our whole relationship as a marriage? Is something wrong with me or us?

# Excerpt 3

#### Client

Gee, those people! Who do they think they are? I just can't stand interacting with them anymore. Just a bunch of phoneys. They leave me so frustrated. They make me so anxious, I get angry at myself. I don't even want to be bothered with them anymore. I just wish I could be honest and tell them all to go to hell! But I guess I just can't do it.

# Excerpt 4

#### Client

He is ridiculous! Everything has to be done when he wants to do it. The way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do. Not just be a housewife and take care of the kids. Oh no, I have to do this typing for him, errands for him. If I don't do it right away, I'm stupid. I'm not a good wife or something stupid like that. I have an identity of my own and I'm not going to have it wrapped up in him. It makes me—it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is anyway?

# Excerpt 5

## Client

I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvelous job. It's great! It's so good, I can't believe it's true, it's so great. I have a secretarial job. I can be a mother and can have a part-time job which I think I will enjoy very much. I can be home when the children get home from school. It's too good to be true. It's exciting. New horizons are unfolding. I just can't wait to get started. It's great.

#### Excerpt 6

## Client

I'm so thrilled to have found a counselor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt like this in so long.

#### Excerpt 7

#### Client

Gee, I'm disappointed. I thought we could get along so well together and you could help me. We don't seem to be getting anywhere. You don't understand me. You don't know I'm here. I don't even think you care for me. You don't hear me when I talk. You seem to be somewhere else. Your

responses are independent of anything I have to say. I don't know where to turn. I'm just so, doggone it, I don't know what I'm going to do, but I know you can't help me. There just is no hope.

## Excerpt 8

## Client

Who do you think you are! You call yourself a therapist, Damn, here I am spilling my guts out to you and all you do is look at the clock. You don't hear what I say. Your responses are not attuned to what I'm saying. I never heard of such therapy. You are supposed to be helping me. You are so wrapped up in your world you don't hear a thing I'm saying. You don't give me the time. The minute the hour is up you push me out the door whether I have something important to say or not. I ah—it makes me so god—damn mad!

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