

AN ABSTRACT OF THE THESIS OF

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Mary Jane Wall

Preparation for marriage has been in a process of evolution since the early 1960s. At present, preparation for marriage is primarily focussed on several pre-marital group counseling sessions. This study examined the impact of a six week post-wedding followup program with newly married couples who had participated in a seven week pre-marital program. Participants had been married at least three months and not longer than 13 months. Members of the Treatment group experienced significant reduction in problem intensity over the six weeks. Members of the Control group experienced an increase in problem intensity over the same six week period.

The reduction in problem intensity supported the hypothesis: Post-wedding followup leads to a decrease in problem intensity in the newly married individual's relationship with his/her spouse, even though he/she had participated in premarital counseling.

**A Study of the Effects of
Post-Wedding Counseling With
Participants of Pre-Marital Counseling Groups**

by

Douglas D. Henning

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Definition of Terms

Adaptability is the extent to which a couple's relationship is flexible and able to change its power structure, role relationships, and rules in response to situational and developmental stress (Olson, Portner and Bell, 1982).

Charismatic is a title associated with a renewal in the Christian community that began in the late 1960s. This renewal cut across many strict denominational boundaries such as the Catholic, Lutheran, and Baptist churches. Since people from several major denominations were affected by this movement, rapid growth took place in many Interdenominational, or Independent, churches around the country. The Charismatic Renewal emphasizes the divinely inspired power, confidence, and life changing ability associated with God's influence in one's life.

Cohesion is the degree to which individuals in a marital relationship are separated or connected to each other, the amount of emotional bonding family members have toward one another.

Homogamy is the characteristic of being similar and uniform.

Satisfaction is the degree to which an individual is pleased with his/her relationship. The difference between one's perceptions and how they would desire the relationship to be (Olson, Portner and Bell, 1982; Schafer and Olson, 1981).

A STUDY OF THE EFFECTS OF POST-WEDDING COUNSELING WITH PARTICIPANTS OF PRE-MARITAL COUNSELING GROUPS

Chapter I

Introduction

The purpose of this study is to assess the impact of a follow-up marriage preparation program after the wedding. Preparation for marriage has evolved from a philosophy of, people are just somehow ready for marriage as part of a 'natural' progression from childhood to adulthood, with marriage being the last 'rite of passage' into adulthood. In the mid 1950s this passage into adulthood was typically accompanied by as much as an hour talk with a minister regarding plans for the wedding ceremony (Wright, 1977). Presently, most marriage preparation is concentrated on premarital group counseling and consists of several sessions, between four and eighteen hours total, with emphasis on skills and awareness in areas of communication, sexuality, finance, etc.

This preventative thrust is a change from the more problem or crisis intervention orientation of the past, to as Markman, Floyd, and Dickson-Markman (in press, p.27) state, a focusing on "...preventative services for couples and families who are not currently experiencing distress". This increasing emphasis on prevention has been accompanied by an awareness that the time of transition in peoples' lives, when old values are being reexamined and new ones considered, is the best time to effect change (Markman, et.al., in press; and Gurman and Kinskern, 1977). It is obvious that the transition from being single to married is not completed at the day of the wedding, nor even within the first month. Yet, few studies have been made on the effects of post-wedding intervention regarding the couple's level of

satisfaction and adjustment to marriage. This study will examine the effects of a six-week post-wedding counseling group with couples that have participated in a seven week premarital group. The premarital course was designed by this author in 1976 and offered as a service of Peoples Church of the Northwest, a large local church in the Tacoma, Washington area. The post-wedding intervention will take place within the couple's first year of marriage.

Although studies and programs concerned with improving the quality of marriage have frequently involved church organizations (Wright, 1977; Davis, 1982; Cheatle, 1979, Rolfe, 1977; Stedman, 1982), the majority of these studies have been associated with the more liberal churches who have been actively involved with social issues, e.g. the Catholic and Lutheran Marriage Encounter. This author has not discovered any such study that has concentrated on improvement of marital quality in the more conservative church groups, such as the Assemblies of God or the contemporary independent churches that have been involved in the Charismatic movement that began in the late 1960s.

This apparent void in the literature of studies promoting healthy family functioning within the more contemporary church organizations needs to be filled. This author believes that the people in this segment of the Christian community are open to input regarding increased levels of quality in marriage and the family. Filling this void will increase the opportunity to effect a broader portion of the population. For example, the two largest churches in the Tacoma, Washington area are an Assembly of God church and the Independent Charismatic Church that participated in this study.

Each of these two churches has between 1,500 and 3,000 people in attendance on any given Sunday morning. It is obvious that churches of this size do have an impact on the community around them.

The first step in prevention is to identify those variables and conditions that are correlated with stable and unstable marriages and satisfied and unsatisfied marriages. The next step involves application of this information to the prevention of dissolutionment of marriage. Application naturally includes determining the most effective time to intervene. The preventative intervention has typically occurred at one of two general times in a couple's life: Marital Enrichment, which happens sometime after the wedding (usually two years or more) and Premarital Counseling (typically within a month or two prior to the wedding).

This study will focus on a post-wedding application of principles and skill areas that are consistently identified in the literature as appropriate for marriage preparation programs: expectations, commitment, conflict resolution, coping with external pressures, and on the principles within the premarital predispositions of homogamy, resources, role models, and support from peers and family (Lewis & Spanier, 1979). The focus will not be on validating these variables and conditions. It is appropriate that the prevention or preparation approach must address these variables. This author recognizes that some of the variables cannot be directly affected, such as the quality of parental models and the amount of positive support from one's existing peers. However, even these types of issues can be addressed and plans can be made to cope with any possible deficits.

SUMMARY

Problem Transition from single life to married life is a process that begins as a couple decides to get married and ends at some point several months after the wedding. This end point is the time when habits of interaction in the marriage have become fixed and fairly predictable. Intervention that occurs only at the beginning of the transition period is inadequate. Premarital programs alone cannot adequately prepare the typical newly married individual with the necessary tools for establishing healthy habitual response patterns, patterns that set the stage for a high quality post-wedding relationship.

Purpose of the Study The purpose of this study was to assess the impact of a follow-up marriage preparation program after the wedding. The follow-up involved couples that had participated in a premarital program. Assessment was accomplished by monitoring the following variables associated with marital quality: satisfaction, adaptability, cohesion, problem intensity, and general adjustment to marriage.

Limitations of the Study This study involving subjects from a contemporary Christian group begins to fill in the gap in the literature. However, the generalizability of the study is limited. Generalizations from the results should be limited to church groups of similar persuasion. Generalizations should also be considered tentative due to the relatively small sample size of 34 subjects. Previous pre and post marital studies do not document the involvement of any second marriage individuals. The second married people in this study responded favorably to treatment. However, generalizations to second married people in general should also be considered tentative due to the relatively small number in the treatment group.

Basic Assumption There were two basic assumptions made. The first

one being, that the people who were members of the control group were as interested in participating in treatment as the members of the treatment group. This assumption was made on the basis of the control group members stating they wanted to participate, but were either unable to adjust their schedules or lived outside of the local area and commuting was not possible. Therefore, interest in participating in treatment was assumed to be the same for the treatment group and the control group.

The second assumption was that the areas covered in the treatment program: expectations, conflict resolution, dealing with in-laws and communication, do have an important role in the newly married person's adjustment to marriage.

Chapter II

LITERATURE REVIEW

A Shift in Emphasis

Marriage enrichment, and premarital counseling (Meadows & Taplin, 1970), represent a major shift from the remedial emphasis of marital therapy to a preventative, growth emphasis that has been taking place since the early 1960s (Davis, Hovestadt, Piercy, & Cochran, 1982). This shift toward a preventive approach is accompanied by an increasing awareness of: the developmental nature of relationships and the importance that early intervention plays in that process; the importance of transition phases in the change process; and a deepening understanding of the particular variables that affect happiness and satisfaction in marriage. Researchers such as Hinde (1981) point out that:

"...Early relationships are of special importance primarily because of the wide range of possible courses that development could take is then the widest: subsequent relationships can act only within the potentialities left by earlier influences." (p.4)

Equally as important as early in the relationship's development is the concept of the time of transition. This is the time before behavior patterns are well established and therefore is the optimum time to effect change in people's lives (Markman & Floyd, 1980).

Knox (1971) emphasizes the need for a pragmatic, behavior approach to premarital marriage preparation by stating that, "...couples are allowed to drift into marriage with few preparatory rituals". The lack of preparatory programs sets the stage for potentially unwise mate selection. Knox asserts that the primary purpose of marriage preparation is to "...influence the people toward careful consideration of a marriage partner, ...and that happiness in marriage probably results

more from conscientious mate selection than chance". Therefore, for some, perhaps the price of intelligent mate selection is a broken pre-marital relationship (Knox, 1971, p.122).

In addition to an awareness of the effective time to introduce change, recent studies by Markman, et.al. (Markman, Floyd & Dickson-Markman, in press; Markman, Jamieson & Floyd, in press; Markman & Floyd, 1980), Lewis and Spanier (1979), and Huston (1981) agree upon several common variables that affect and/or pre-dispose couples to certain levels of marital quality.

Lewis and Spanier (1979) specifically list six premarital predispositions and seven threshold variables that will most likely mediate significantly between marriage stability and separation. The premarital predispositions are:

"...personality characteristics of the future marital partners; attitudes, values, philosophy of life relating to both marital and nonmarital domains; social factors; circumstantial factors; marital expectations of the partners; and social maturity level." (Lewis & Spanier, 1979, p.273)

The threshold variables are:

"...marital expectations; commitment to the marriage and its associated obligations, tolerance for conflict and disharmony; religious doctrine and commitment; external pressures and amenability to social stigma; divorce law and availability of legal aid; and real and preceived alternatives." (Lewis & Spanier, 1979, p.273)

A detailed description of these variables and predispositions is presented in Lewis and Spaniers' 1979 publication , "Theorizing About the Quality and Stability of Marriage".

Factors that affect the stability and level of marital quality.

A stable marriage is defined by Lewis and Spanier (1979) as one that ends only by death of one of the marital partners, it does not end

by choice (divorce or separation). A high degree of marital satisfaction is associated with high marital quality (Spanier, 1976; and Lewis & Spanier, 1979). Marital satisfaction is defined by Olson, Portner & Bell (1982) as a relatively small difference between the way a person perceives the relationship and the way he/she would like it to be. The larger the difference, the lower the level of satisfaction. Two factors related to the degree of satisfaction and quality are: 1) the ability of the couple to adapt, or be flexible, to the needs of their partner and themselves and to change as the need arises (Huston, 1981; and Olson, Portner & Bell, 1982), and, 2) the cohesiveness or amount of emotional bonding that family members experience toward each other (Olson, Portner & Bell, 1982). Haley (1964) and Lewis, Beavers, Gossett and Phillips (1976) cite the absence of adaptability as characteristic of distressed families in more ritualized and rigid patterns of interaction with fewer alternatives. One additional variable associated with marital quality and satisfaction is the couple's ability to resolve differences (Gottman, 1979) and tolerate conflict while it is being resolved (Markman, Jamieson & Floyd, in press; and Lewis & Spanier, 1979).

The following propositions are presented concerning the relationship between premarital factors and marital quality (Lewis and Spanier, 1979): 1) Homogamy - Premarital couples from similar racial, social and religious backgrounds experience higher marital quality. The greater the difference in status between husband and wife, the lower the marital quality. 2) Resources - such as the higher the level of education, the older one is when they are first married, the better acquainted a couple is, the more positive an individual's self-esteem and the greater the level of physical health of the partners the greater the marital quality. The appropriateness of expectations for one's own role and their partner's

role, would increase one's ability to acquire additional resources necessary for adequate role functioning.

The greater the individual's association with appropriate Role Models for marital functioning, the higher the marital quality. These models are usually parents, but may also include relatives and friends. Related to the association with one's parents, the higher the level of happiness in one's childhood and the more positive the relationship between the individual and his/her parents, the higher the level of marital quality. One additional variable related to the role model factor is the amount of support that significant others give to a couple. The more support, the higher the resulting marital quality. Significant others include parents, friends and in-laws.

Three additional premarital propositions are offered by Lewis and Spanier, (1979) as being necessary for consideration in establishing a definition of marital quality, and a working model focusing on preparation for marriage. Couples that engage in premarital sexual behavior which is consistent with the couple's current value system are likely to experience a higher level of marital quality than those couples whose premarital sexual behavior is not consistent with their values. Secondly, couples that experience premarital pregnancy will have lower marital quality than those couples who do not. This relationship between the premarital pregnancy and lower marital quality, exists even when educational levels and age at marriage are held constant (Lewis and Spanier, 1979). The premarital pregnancy issue is related to the third proposition, that of Motivation to Marry. The greater the likelihood that the motivation to marry is independent of problematic circumstantial factors, including internal or external pressures (i.e. social pressure to get married due to pregnancy, fear

of getting too old, using the marriage to get away from parents, etc.) the higher the marital quality.

In summary, several variables are cited in the literature as affecting adjustment to marriage and the level of quality a couple experiences: satisfaction (Spanier, 1976; Lewis & Spanier, 1979; Olson et. al, 1982), adaptability and flexibility (Huston, 1981; Olson et. al, 1982; Lewis et. al, 1976; & Haley, 1964) Cohesion (Olson et. al, 1982; Lewis & Spanier, 1979), Congruency of expectations with reality of the marriage (Lewis & Spanier, 1979; Olson et. al, 1982) and tolerance for, and the ability to resolve, conflict (Gottman, 1979; Markman, Jamieson & Floyd, in press; Lewis & Spanier, 1979).

Present Condition of Marriage: Stability and Divorce

The institution of marriage itself is in a time of transition. Expectations concerning standards of performance are being redefined and hopefully becoming clearer and more realistic. Approximately 90 percent of the people in this country eventually get married (Springer, 1978). Markman, Jamieson, and Floyd (in press) point out that we can generally assume that these people, when planning marriage, believe themselves to be very much in love and are relatively happy with their relationships. This assumption is based on the mate selection process of free choice and the norms and values concerning love relationships. Yet many of these happy beginnings do not seem to last when dealing with the realities of day-to-day living. The divorce rate for 1980 was 5.3 per 1,000 people (Markman, Jamieson & Floyd, in press). Of couples who maintain an intact marriage there is a general decline in marital satisfaction from the beginnings of the marriage at least through the years that children are in the home (Lewis & Spanier, 1977;

Markman, Jamieson & Floyd, in press).

However, even with a 40 percent divorce rate, 70 to 80 percent of those who divorce will eventually remarry. A slightly higher divorce rate exists among remarrying people (Glick & Norton, 1977). It can be assumed that the high divorce rate and the decreasing levels of satisfaction is not so much the result of the idea or philosophy of marriage as it is with the practical application of marriage. The problem seems to be around the mate selection process which would include the compatability of the individuals, the appropriate timing of the wedding and its related events, the lack of accurate perceptions of each other, acquiring the skills of effectively establishing and maintaining a healthy and satisfying relationship, and a lack of reality based expectations of marriage itself.

Even though there is an awareness of the factors that affect marital quality and stability, the information must still be applied to the individuals within the marital relationship. The most desirable and effective manner in which to apply this information appears to be under the heading of prevention.

TRENDS IN PREVENTION

Awareness of the need for formal preparation for marriage has grown over the last 25 years. The local church has been a gathering place for families over the centuries in addition to being a traditional site for conducting weddings. Due to this, the church and their large denominational organizations have frequently been the impetus for individual and group orientated premarital counseling programs. (Rolfe, 1977a; Wright, 1977; Cheadle, 1979.)

Premarital Intervention

In general, the goal of the premarital counseling approach is to

assist the couple during this important transition time in their life in the following areas: Decision making regarding mate selection and timing of the marriage with as much wisdom as possible; helping them examine their motivation for marriage; and assisting them in beginning to learn the appropriate skills for a stable and satisfying relationship. It is obvious that removal of all of the distress from the process of two individuals merging their lives into one partnership is not possible or may not even be desirable. Yet an appropriate goal of a preparation for marriage program would be to prevent or reduce that portion of distress in newly married couples that can eventually lead to a gradual withdrawal of one or both partners (Markman, Jamieson & Floyd, in press). It is the belief of researchers such as Markman, Floyd and Dickson-Markman (in press), that a gradual withdrawal leads to the decrease in satisfaction from the level originally achieved in the premarital and early post-wedding relationship.

Premarital Programs

In a survey of premarital programs over the past 25 years, Schumm and Denton (1979) discovered that in the mid 1950s only ten to twenty percent of pastors conducted two premarital counseling sessions while the majority only held one session to discuss preparation for the wedding. By the mid 1960s ten to twenty percent were reporting four sessions as typical, and by the mid 1970s in a survey of 400 churches, Wright (1976) reported an average (modal) number of three sessions with ten percent reporting six sessions per couple.

Content: Studies that have been completed on specific premarital counseling programs consistently name the following areas which are addressed within the context of a program: communication, problem solving, roles,

sexuality, finances and problem solving (Bader et.al., 1980; Markman & Floyd, 1980; Meadows & Taplin, 1970), leisure time and vocation (Ross, 1977), areas in which couples typically experience difficulties (Bader et.al., 1980; Markman & Floyd, 1980; and Meadows & Taplin 1970) dealing with relatives (Bader et.al., 1980p Ross, 1977), parenthood (Rolfe, 1977-Jan; and Ross, 1977), expectations of self and other in the marriage (markman & Floyd, 1980), and the individual's motivation to marry (Knox, 1971).

Group Format: Premarital counseling has also evolved from a one couple and one counselor format (Meadows and Taplin, 1970) to a group format (Markman & Floyd, 1970; Bader et.al., 1980; Rolfe, 1977). This group approach is desirable due to the natural efficiency of dealing with more than one couple at a time, and the increased chance of a couple participating because it is less threatening than the one to one approach (Gleason & Prescott, 1977). Gleason and Prescott (1977) describe the difference between process and content orientated groups in premarital counseling: The content approach is primarily interested in sharing information with the people in the group, whereas the process approach is primarily interested in developing an awareness of the relationship or process of interaction that is developing within each couple, and within the members of the group itself.

Most studies involving premarital counseling groups describe a format that is consistent with the content oriented approach with varying degrees of emphasis on the process, or system (Elliott, 1982), the couple is developing. The typical format is as follows: a lecture-discussion or presentation, of the topic of the session; followed by either a group discussion of dyadic interaction, and an assignment to be completed by the couple

during the time before the next meeting (Ross, 1977; Rolfe, 1977-Jan). Markman, Jamieson and Floyd (in press) present a program with a similar format with the addition of the couple meeting individually with a paraprofessional consultant.

One other additional variation on the above described format is described in a study by Rolfe (1977-July) with teenage couples living with their parents. He includes the negotiations of a contract with the parents and the teenage couple regarding responsibilities within the home. The contract includes a prediction of specific behaviors in certain situations that are likely to arise in that particular living arrangement.

Program Deficits: In a survey of premarital programs, Schumm and Denton (1979) cite two consistent flaws in most programs. They find virtually no literature on programs for remarrying couples and in all but one program there is a failure to investigate the needs of pre-marital couples, as perceived by the couples themselves. Schumm and Denton (1979) state that "... such a lack may reflect a presumption that perceptions of the engaged couple are of less importance than the wisdom of the ...'authority' on marital living" (p.24). The necessity of surveying the couple's perception of its own needs and problems is emphasized in the conclusion of a study on healthy families by Lewis, Beavers, Gossett, and Phillips (1976). They conclude that there are no specifics that are truly common to all satisfied married couples without those specifics being qualified within the context of the particular couple. It would, therefore, be almost impossible to meet each couple's needs without their input.

Realistic Purpose of Premarital Counseling: Therefore, we have relative short term, content oriented groups that tend not to meet every specific need of each couple. These groups can at best only meet the couple's needs in general and impart them with information relative to marriage. The purpose then of premarital counseling is to: educate couples and share information regarding common resources required in marriage; assist them in making the best decision possible regarding intelligent mate selection; the actual decision to get married, such as the timing of the wedding; and to encourage the people to specify the conditions under which marital happiness may occur for them so they can begin achieving these ends prior to the wedding (Knox, 1971). This certainly is a more realistic purpose than to believe we are actually preparing single individuals for their lives as married people.

Transition Periods

Timing of a particular experience or intervention is as important as the experience itself. Markman, Floyd and Dickson-Markman (in press) state that transition periods from one stage of development (such as being single) to another (married) are the most teachable moments. They further assert that the transition from being single and dating to married life is the time to address the areas of communication, problem solving, reciprocal self-disclosure, empathy, expectations, roles, sexuality, and motivation to marry.

"...Changing behavior patterns early in a couple's or family's development, at a point when the behavior patterns are not well established, decreases the probability of maladaptive behavior developing later on" (Markman & Floyd, 1980, p.30).

During these times of transition old roles are more easily discarded and new roles more easily assumed. Each time of transition is characterized

by different concerns. Therefore, different types of growth and enrichment are better suited to different stages in marital life: i.e. premarital, early months of marriage, pre-parenthood, early parenthood, etc. (Gurman & Kinskern, 1977).

This author believes some significant difference exist between the planning marriage stage and the early stages of marriage after the wedding. The transition from single life to married life does not abruptly end at the time the marriage ceremony takes place. Just as the planning stage evolves from the casual dating experience, so the pliable early stages gradually move into the more fixed and habitual patterns of responding to each other. Several variables combine to make this post-wedding time different from the premarital period. The post-wedding period is characterized by a life-time commitment (Lewis & Spanier, 1979), a sharing of new responsibilities and adjusting the old ones (Bakker & Bakker-Rabdau, 1973), and the shift in perception regarding what marriage was thought to be and what it actually is. Thus, the post-wedding time of transition is much different than the premarital transition time. These differences affect the motivation of the individuals involved in the learning process.

Motivation to Learn

Markman, Jamieson and Floyd (in press, Pg. 55), "...hypothesize that couples planning marriage, especially 'first-timers', are likely to be very idealistic and motivated to view their relationship through a perceptual, positively-biased, screen." Markman and Floyd (1980) speculate that this positively-biased screen affects the motivation of premarital couples to learn. They conclude that since premarital couples are not typically in distress, spending time practicing

skills for future use is not high on their list as compared to a couple who is in treatment for marital discord. Cohabiting and married couples, gain more from a marital enrichment program than do engaged couples indicating that post-wedding enhancement programs are more effective than premarital programs in assisting people in post-wedding adjustment (Baum, 1978).

In agreement with this observation by Baum (1978), this author questions, along with Schumm and Denton (1979), the chance of long term benefits and generalizability of skills learned premaritally into a couple's marital life. The additional variables and pressures that result from moving into the post-wedding stage, the existence of positively biased perceptual screen, the absence of the actual marriage relationship to apply the newly learned skills, and the probable lack of adequate motivation to learn something for which one does not perceive a need, make much premarital training premature.

Post-Wedding

Marital enrichment, premarital's post-wedding counterpart in the area of prevention, has also been developing since the early 1960s (Davis et.al., 1982). The content areas typically addressed within the structure of a marriage enrichment setting are the same as those listed above under Premarital-Content (Avery et.al., 1980, Baum, 1978; Davis et.al., 1982; Elliott & Saunders, 1982; Ellzey, 1968; Rappaport, 1976; and Gurney, 1977). However, in marriage enrichment programs, such as the ones designed by Gurney (1977), Rappaport (1976), and Elliot and Saunders (1982), there is more emphasis placed on the relationship, or process, or system (Elliott & Saunders, 1982) of interaction between the two individuals than in the premarital

programs. This certainly makes sense on an intuitive level. That is, after a couple has been married for a period of time they would be better able to identify their processes of interaction compared with premaritally, when the process is barely established. Studies by Baum (1978) and Avery et.al., (1980) support this contention. Cohabiting and married couples benefit more from relationship, system, enhancement groups than do engaged couples (Baum, 1978). Specifically, relationship enhancement couples demonstrate improved ability to communicate thoughts and feelings clearly and accurately, and respond with understanding and acceptance, relative to a lecture-discussion comparison group (Avery et.al., 1980).

However, marriage enrichment programs typically occur two years or more following the wedding and are not directly associated with the premarital counseling a couple might have received. Three to six months, following the wedding, is believed to be a much more appropriate time in the crucial transition, from single life to being married, to deal with some of the issues and skills that have usually been dealt with only prior to the wedding. David Mace (1948, p. 146) addressed this issue of "post wedding" counseling within the first year as being "...the ideal time for young couples to learn what marriage and family living means". Ellzey (1968) expanded on Mace's early opinion when he described post-wedding counseling as catching couples at a teachable moment in their married lives. While research is sparse regarding post-wedding vs premarital counseling, work done by Microys and Bader (1977) concludes that post-wedding sessions appeared to improve a couple's ability to resolve conflict constructively, whereas premarital sessions did not significantly do so.

A study conducted by Guldner (1971) revealed that couples interviewed at six months were most open to the counseling process, as compared to shorter periods of time. This timing around the six month mark also seems appropriate to this author on the intuitive level. The first few months would likely still be characterized by the positively-biased perceptual screen (Markman & Floyd, 1980) and approaching the one year mark one would expect the emergence of fixed habits. Midway through the first year the couple would likely still possess much of the energy of newly-weds, and yet would have begun to face some of the reality of adjustment without having developed a rigid defense system. The couple at this midpoint would also be more skillful, with some assistance, at identifying specific areas that they need to work on in their relationship than they would have been premaritally. While the need for a couple to identify their own perceived needs in the process of developing a healthy relationship is obvious, Schumm and Denton (1979) state that most premarital programs ignore this issue.

"A surprising inadequacy in all programs surveyed but one... is the failure to investigate needs of premarital couples, as perceived by the couple themselves. Lack of such research may reflect a presumption that perceptions of the engaged couple are of less importance than the counselor, the 'authority', on marital living" (Schumm & Denton, 1979, p. 24).

Despite the lack of formal research, clinicians are becoming aware of the appropriateness of post-wedding counseling. Wright (1976), surveyed 400 church programs and concluded that one-third of the ministers had begun some form of post-wedding counseling in addition to several premarital sessions. David Mace (1978), 30 years following his original opinion (stated above), continues to assert that until a couple becomes reality oriented, counseling or enrichment will

do little long term good.

Pre and Post Wedding Counseling

There are obvious needs and issues of the planning-marriage stage that must be dealt with premaritally. Counseling issues at this time should center around the couple's motivation toward marriage, with the goal being a relationship that is free of problematic motivation, their level of commitment, timing of the wedding, mate selection, commitment and expectations concerning religious doctrine, and role expectations (Lewis & Spanier, 1979; Schumm & Denton, 1979). It would also be appropriate to address communication problem solving, and self-disclosure skills as they pertain to the premarital relationship. The manner in which these skills apply to the premarital relationship will serve as an introduction to the skills as they are used in the context of a marital relationship.

Therefore, these generally agreed upon concepts and skills, and the goal of enhancing the premarital relationship must be presented prior to the wedding; then follow-up after the wedding with specific emphasis on the developing marital relationship. This combined pre and post wedding series, or neo-Marital Counseling (Mace, 1978), would better facilitate the crucial transition to marriage than using only pre or post wedding counseling sessions.

While speculation regarding the need for post-wedding follow-up and intervention within the first year of marriage has been heard for 35 years (Mace, 1948; Ellzey, 1968; Schumm & Denton, 1979) only a few studies and related programs have been initiated (Guldner, 1971; Bader et.al., 1980; Avery et.al., 1980 and Swicegood, 1975). Therefore, the utility of a marriage preparation program within the first

year is relatively untested. Thus there is a need for post-wedding intervention studies with adequate controls and careful design.

The timing for post-wedding intervention is important. The three to six month time period in the first year seems to be the time when couples are most receptive to intervention (Bader, 1980; and Guldner, 1971). Prior to that time couples are typically in a state of marital bliss and unwilling to look realistically at their relationship. Beyond one year habits tend to become more fixed and thereby more resistant to change (Mace, 1978; Schumm & Denton, 1979). The majority of the marriage enrichment programs cited in this text take place around the two plus year mark in a couple's life, and are not directly associated with any premarital program. Therefore, the continuity between any premarital preparation that may have taken place and the post-wedding enrichment experience is purely accidental, and obviously beyond the optimum and mouldable time of transition within the first year (Markman & Floyd, 1980).

Deficits in the Research

With the exception of a few studies (Baum, 1978; & Avery et.al., 1980) that have drawn conclusions based on comparison of treatment couples with control group couples, the vast majority of studies done with prevention, premarital and enrichment, type programs fail to use adequate research procedures. Markman, Floyd and Dickson-Markman (in press) cite most studies as failing to use control groups. Often when a control group is used, assignment to the experimental and control groups is non-random. One other common error related to the use of control groups is pointed out by Powell and Wampler (1982). Even though control groups are sometimes matched for several charac-

teristics of the participant couples, the control group couples are often only willing to be in the control group, but not in the treatment group because they don't feel they need the treatment. This lack of willingness to participate in training may be indicative of a difference in perceived level of marital satisfaction from those couples who do wish to participate (Powell & Wampler, 1982). This potential difference in beginning levels of marital satisfaction between the treatment group and control group off-sets any potential benefit of a comparison group design (Powell & Wampler, 1982). Powell and Wampler (1982) recommend that members of the control group be randomly assigned from all the couples who are willing to participate in treatment.

SUMMARY

The purpose of this study was to evaluate the effectiveness of a post-wedding follow-up program within the first year of marriage. The degree of impact of the post-wedding follow-up was determined by monitoring several variables that affect marital quality. The variables monitored were: satisfaction, adjustment, adaptability, cohesion, and problem intensity. The amount of improvement was measured relative to any change that occurred in the control group. The subjects had participated in a seven session premarital counseling program that they were required to attend. The post-wedding group was selected from those who had been married a minimum of three months and not longer than thirteen months. Details of the study are described in the third chapter on Methodology.

Chapter III

METHODOLOGY

Subjects

The participants of the follow-up study were selected from a pool of 36 newly married couples who had completed a seven session (2+hours/session) pre-wedding course prior to their wedding date. Eighteen couples that met the selection criteria responded to a letter that was mailed to all 36 couples describing the program. The pre-wedding program is presented by a large church in the Tacoma, Washington area. The premarital program was required by the ministerial staff of the church before the couples were permitted to use the facility for their wedding. Selection of couples for participation from the pool of subjects was based on 1) a willingness to participate in the treatment group, and 2) length of time married.

Criterion length of time married was at least three months and not more than 13 months. The three month to 13 month time frame was based on research by Bader, et.al. (1980), Guldner (1971), Markman, Jamieson and Floyd (in press), and Schumm and Denton (1979) which concluded that prior to three months the typical couple views their relationship through an idealistic, positively biased perceptual screen, and is not open to looking in depth at their marriage. However, the mid-way point through the first year (three to six months) is the point at which the typical couple becomes open and appreciative of the opportunity to receive input. Couples need some time to experience the realities of marriage before they can respond adequately to external help with their marriage (Guldner, 1971). Researchers (Bader, et.al., 1980; Guldner, 1971; Schumm and Denton, 1979; Markman, Jamieson

and Floyd, in press; Markman & Floyd, 1980) and writers (David Mace, 1948), theorize that beyond one year, habits tend to become more fixed and thereby more resistant to change. The results of these studies support the view that the optimum time for intervention in a person's life is during a time of transition versus prior to or following the transition period.

TREATMENT AND CONTROL GROUPS

Eleven of the eighteen couples selected for participation expressed an interest in participating in the study and were able to commit themselves to one meeting a week for six weeks. Seven other couples also expressed an interest in participating in the study but were unable to commit themselves to a weekly meeting for six weeks. The two reasons given for not being able to meet for six consecutive weeks were:

1) the inability to adjust their schedule due to the upcoming Christmas season, school and work schedules; 2) some of the seven couples had moved out of the local area and were unable to commute. Since these seven couples had expressed an interest in being involved in the study they were assigned to the control group.

Six individuals in the treatment group had been married before. There were four couples in which one partner had been married previously, and one couple in which both people had been married before. Three individuals in the control group had been married before. There was one couple in which both partners had been married before and one couple in which one partner had been married previously.

Markman, Floyd, Dickson-Markman (in press) observe that all vast majority of studies done with prevention, premarital and enhancement, type programs fail to use control groups.

Powell and Wampler (1982) stress the importance of the control group being from the same group of people who are interested in participating in the treatment group in order to control for similar levels of satisfaction and adjustment. This interest in participation in treatment may be indicative of a higher or lower level of marital satisfaction than those who would not be interested in treatment but would be a member of a control group. This potential difference in beginning levels of marital satisfaction between the control group and the group receiving treatment would nullify the purpose of a control group.

Even though the control group couples were not able to attend the weekly meetings, the assumption was made that those couples did share the same level of interest in participation. This assumption was based on the individuals' subjective expression of interest. In response to the above cited caution by Powell and Wampler (1982), the control group was not statistically different regarding Dyadic Adjustment (treatment group pre-D.A.S. score = 111.8, control group = 113.6, $p = .342$). (See table IV.9)

The control group couples were contacted by mail and asked to participate in the study by completing the assessment measures at the same time as the pretreatment assessment measures were completed by the members of the treatment group. The same procedure was followed at the time of the post-treatment assessment.

HYPOTHESES

The purpose of this study was to assess the effects of a post-wedding follow-up program on newly married individual's relationship with his/her spouse even though they had previously participated in a seven week premarital program. Quality was assessed by measuring the following variables: satisfaction, adjustment, cohesion, adaptability

and problem intensity. It was hypothesized that the experimental group, relative to the control group, would demonstrate improvement in:

1) marital adjustment, 2) satisfaction, 3) cohesion, and 4) adaptability, and a decrease in 5) problem intensity, as a result of participating in the post-wedding follow-up program.

PROCEDURE

Participants in both groups were told generally the nature of the study was to study the adjustment process of a newly married couple in their first year of marriage. Specific details regarding expected outcome was not discussed in order to prevent possible biasing of the results. The entire group of participants was administered the Dyadic Adjustment Scale (D.A.S.) (Spanier, 1976), the Knox Problem Intensity form adapted by Markman, Jamieson and Floyd (in press), and the FACES II (Family Adaptability and Cohesion Evaluation Scale) (Olson, Portner & Bell, 1982). The Knox form is adapted from a model of behavioral intervention in marriage counseling (Knox, 1972).

Administration of the assessment measures took place one week prior to the beginning of treatment and following the last treatment session. Justification and use of these measures will be dealt with in the Dependent Variables section of this chapter. These measures were designed to assess satisfaction, general dyadic adjustment, adaptability, and cohesion in marriage. Following the administration of the pre-treatment measures the couples were assigned to either the control group or the treatment group, depending on their schedules and ability to participate in six weeks of classes. The control group couples carried on regular daily activities with no therapeutic intervention. Following the conclusion of the study the control group was made aware of the availability of the

same treatment the experimental group received.

The experimental group received and discussed information on topics relative to relationship development of a newly married couple. These areas generally agreed upon by theorists and researchers in the field, were: conflict resolution and communication, the sexual relationship (Markman & Floyd, 1980; Ross, 1977; Rolfe, 1977a, Bader, 1980; & Guldner, 1971); dealing with in-laws (Ross, 1977; Lewis & Spanier, 1979; Bader, 1980; & Guldner, 1971), and expectations of self and other in the marital relationship (Markman & Floyd, 1980; Lewis & Spanier, 1970; Guldner, 1971; & Bader, 1980). The group interaction focused on application of the general areas listed above to the couples individually, with particular emphasis on the process of interaction between the two individuals within the marriage (Elliot, 1982; Rolfe, 1977).

Pre-Treatment and Post-Treatment Assessment

Subjects in both experimental and control groups were asked to complete the self-report measures prior to treatment and following treatment. Prior to administration of the measure, subjects were instructed by the researcher:

"The forms you have received are designed to determine the level of satisfaction and adjustment in your marriage. When you complete these forms, please keep in mind your current attitudes, feelings and behavior relative to your relationship with your spouse. As much as possible focus on present emotions, attitudes and behavior.

In order that I can obtain an accurate assessment of your attitudes and level of adjustment, it is important that you answer all questions honestly. The last questionnaire in the packet is the FACES II. You will answer FACES II questions two times. The first time you go through the questions the responses will be numbered 1-30 on the answer sheet. The second time the response will be number 31-60.

If you give consent to use the information gathered from these forms, please put your name on each paper. Remember

that the responses will be kept in strict confidence and that completion of the forms is voluntary."

Thank You.

In addition to the D.A.S., the Knox Problem Intensity form and FACES II, post-treatment assessment included a perceived effects of training subjective judgment by the treatment group participants. The treatment group responded to an improvement - no improvement Likert type scale regarding the quality of their relationship over the last two months. They were asked to assume their relationship was a five (5) on a ten (10) point scale at the time of the first testing. On the basis of that assumption they rated their relationship as to whether it had improved, stayed the same or deteriorated and to what extent. The treatment group participants were also asked to indicate how helpful they felt the program was and if they would recommend it to other couples during their first year of marriage.

DEPENDENT VARIABLES

Several dependent variables were assessed at the pre and post testing sessions to evaluate the level of marital quality. The first dependent variable was the level of satisfaction each individual experiences within the marital relationship. Satisfaction is the difference between the perceived and desired ratings on the Family Adaptability Scale (FACES II), and on an adaption of the Dyadic Adjustment Scale (D.A.S). The subjects filled out the D.A.S. twice, once regarding how they perceived their relationship at present, and secondly how they would like their relationship to be. A change in satisfaction was indicated by a change in the discrepancy between the real and the desired. Use of the D.A.S. for measuring satisfaction in marriage by assessing the difference between perceived and desired levels of marital functioning is based on

two other instruments that use the same technique, the Personal Assessment of Intimacy in Relationships (PAIR) Inventory (Schaefer & Olson, 1981) and FACES II (Olson, Portner & Bell, 1982). An increase in satisfaction would be indicated by a reduction in the difference score. This reduction could take place as a result of adjusting one's ideal to a more realistic level of expectation, or upon more clearly realizing what the expectations are, and adjusting present level of behavior. It was also expected that an adjustment of both scores, the real and the ideal, could take place for many couples.

The second variable, was General Adjustment to Marriage. Adjustment as defined within the Dyadic Adjustment Scale (D.A.S.), is:

"...a process, the outcome of which is determined by the degree of: 1) troublesome dyadic differences; 2) inter-personal tensions and personal anxiety; 3) dyadic satisfaction; 4) dyadic cohesion and 5) consensus on matters of importance of dyadic functioning" (Spanier, 1976, p.17).

The third dependent variable was the ability to reduce the level of existing problem intensity as measured by the ratings on the various problem areas listed within the Knox Problem Intensity Form (Markman et.al., in press). The fourth and fifth variables were adaptability and cohesion. Adaptability has to do with the extent to which a couple's system is flexible and able to change. Adaptability is defined as: "the ability of a marital...system to change its power structure, role relationships and relationship rules in response to situational and developmental stress" (Olson, Portner & Bell, 1982). Cohesion has to do with the degree to which the couple members are separated from or connected to each other. Cohesion is defined as: "the emotional bonding that family members have toward one another" (Olson, Portner & Bell, 1982, p.2).

The variables listed above were selected to assess the level of quality in the marital relationship based on work by Spanier (1976). He

lists satisfaction, cohesion, interpersonal tensions and troublesome dyadic differences as being directly associated with the level of marital quality. Additional utility for using satisfaction as a dependent variable is the manner in which it was measured in this study. That is, the quantitative difference between desired (expected), and actual levels of marital functioning. Lewis and Spanier (1979) state that the closer the marital expectations are with the actual relationship, the greater the probability of successful marital adjustment. Therefore, by measuring satisfaction in this manner, the degree of congruency between expectations and reality was also assessed.

MEASURE OF DEPENDENT VARIABLES

The Dyadic Adjustment Scale (Spanier, 1976) was used to measure general adjustment to marriage. (Permission to use the D.A.S. was granted per phone conversation with Spanier, September 13, 1982.) However, since the D.A.S. describes adjustment only generally a variation of the D.A.S. is being employed in this study. Each individual completes the D.A.S. twice at each testing session. It was completed once regarding the individual's view of their relationship at present, and once as to how they would like their relationship. The change in the difference score between the actual condition of the relationship and the desired was used to measure the change in level of satisfaction resulting from the treatment. It was predicted that the difference between the two scores would decrease following treatment. As mentioned above, a decrease in the difference score may occur for different reasons.

The Dyadic Adjustment Scale is a 32 item scale that requires only a few minutes to complete and can be easily incorporated into a self-administered questionnaire (Spanier, 1976). All of the items are arranged on four,

five, and six point Likert type scale. A score on the D.A.S. is obtained by adding the points for each question. The total score is used to place the individual on a continuum of dyadic adjustment. The theoretical range is 0-151. The mean score, based on Spanier's original work (1976), for married (adjusted) couples is 114.8 and for divorced (not adjusted) is 70.7.

The Dyadic Adjustment Scale is a result of a compilation of approximately 300 items that had been used on all previous scales measuring marital adjustment. Duplicate items and items that failed to meet content validity criteria were eliminated. The 200 items that remained were administered to 218 married persons in central Pennsylvania and questionnaires were mailed to 400 persons who had obtained a divorce decree in Centre County, Pennsylvania in the 12 months prior to mailing. Ninety of the 400 mailings were returned and useable. The present 32 item scale is the result of the process of examining frequency distributions, factor analysis, and examining for significant differences between divorced and married persons at the .001 level (Spanier, 1976).

The D.A.S. has been employed successfully as a pre and post measure by Davis, et.al. (1982) to assess the effectiveness of weekend and weekly marriage enrichment programs. Markman, Jameison and Floyd (in press) cite a modified version of the Locke-Wallace Marital Adjustment Scale as a reliable testing instrument in their work with premarital relationships. The Locke-Wallace M.A.S. correlates with the D.A.S. at the .86 level among married respondents and at the .88 level for divorced respondents (Davis, et.al., 1982). Eleven of the fifteen items of the Markman Modified M.A.S. are included exactly in Spanier's (1976) D.A.S. With an overall reliability of .96 it was

concluded that "...The D.A.S. does measure general dyadic adjustment reliably"(p.25).Spanier and Thompson(1982, p.737) in a Confirmatory Analysis of the D.A.S., concur with Sharpley and Cross' conclusion that,continued "...confidence in the scale is warranted for subsequent users, and we can be reasonably sure that the overall scale continues to be appropriate for the evaluation of dyadic adjustment"(p.741).

The Knox Problem Intensity Form (Markman, in press) was used to measure the ability of couples to reduce the level of existing problem intensity. The adapted Knox Problem Intensity Form (Markman et.al., in press) lists 10 general areas couples typically experience some degree of trouble with: finance, communication, relatives, sex, religion, recreation, friends, alcohol and drugs, parenting and/or decision when to have children, and jealousy. The individual rates each area from 0 to 100 as to how severe a problem they believe that particular area to be in their relationship. They also indicate how severe they believe their spouse will rate that same area. A zero indicates no problem at all and 100 indicates the area is a very severe one. The person is also asked to indicate how long this problem has existed.

The Family Adaptability and Cohesion Evaluation Scale (FACES II) (Olson, Portner and Bell, 1982) was used to measure adaptability, cohesion and satisfaction. The FACES II is a 30 item instrument. The items are answered on a five point Likert type scale from almost never (1) to almost always (5). FACES II is based on the assumption that not all family members will see their family system in the same way. FACES II allows each member to describe how he/she perceived their family.Olson et.al(1983,p.3) explains that this instrument is "...designed

so that it can be given twice; once for how family members currently see their family (perceived) and secondly, for how they would like it to be (ideal)". The two scores, perceived and ideal, are then compared to arrive at a level of satisfaction regarding the current family system. Information is also provided as to how the individual would like to see the system change.

"Theoretically, the perceived - ideal discrepancy is valuable since it provides a measure of family satisfaction with the current family system. This relates to a newly developed alternative hypothesis regarding extreme types in the Circumplex Model, which makes the Model less value biased. This hypothesis states that extreme types will function well as long as all family members like it that way...This is particularly relevant for cultural groups which have norms that support family behavior at the extremes (i.e. rigidly enmeshed patterns in Mormons, Orthodox Jewish and Amish families) (Olson, Portner & Bell, 1982, p.2)."(Appendix A, for Circumplex model.)

Two scores are obtained from the FACES II, an adaptability score and a cohesion score. Each scale is divided into four levels which result in 16 possible categories, or combinations for each individual. This model is described as the Circumplex Model (Olson, Portner and Bell, 1982). The four levels of family cohesion range from extreme low cohesion (disengaged) to extreme high cohesion (enmeshed). There are two moderate or balanced levels of cohesion labeled separated and connected. The four levels of adaptability range from extreme low (rigid) to extreme high (chaotic). The two moderate balanced levels of adaptability are labeled flexible and structured.

"For each dimension, the balanced levels (moderate) are hypothesized to be most viable for healthy family functioning and the extreme areas are generally seen as more problematic for couples and families over time (Olson, Portner and Bell, 1982, p.1)."

Norms for FACES II are based on a total of 2,082 parents and 416 adolescents. A complete description of the norming procedures can be found in the FACES II Manual (Olson, et.al., 1982).

In addition to these three assessment tools, the aforementioned perceived effects of training measure was used on the post-treatment assessment.

Self-Report Measures:

In addition to the credibility of the D.A.S. cited earlier, self-report, pencil-paper attitudinal scales possess strength regarding their use in this field of studying personal relationships. McCarthy (1982) points out that attitudinal scales remain the major tool of researchers in personal relationships where observational data of behavior is impossible. Reasons for this fact are many and include being quick and convenient to administer and analyze, there are few ethical drawbacks, and they are accepted by subjects. McCarthy further states that the more the self-report tool looks at objective behavior rather than subjective affective information the less likelihood there is for unconscious biasing on the part of the subject. The D.A.S. addresses questions to both the affective and objective behavior component.

Treatment of Data:

It was hypothesized that a couple's participation in the six week post-wedding program would lead to increased levels of marital quality, and that this increase in quality would take place even though they had participated in a premarital program. Change in marital quality was measured by the difference between the perceived and ideal scores on the FACES II and the Dyadic Adjustment Scale, and change in the problem intensity, as indicated on the Knox Problem Intensity Form, from pre-treatment assessment to post-treatment assessment. Then change in scores in the treatment group were compared to the

control group pre and post treatment assessment scores. The level of significance of change was determined by the use of Scheffe's Test of a two-way analysis of variance (Bruning and Kintx, 1977, p. 125), and a one-tailed T-test for studies that involve a relatively small number of subjects. The one-tailed T-test was used because the predicted change was only in one direction. The labels significant trend, significant and very significant were used to identify various degrees of change that occurred at the post-testing session. Significant trend described change that exceeded the .10 level of statistical significance. Significant described change that exceeded the .05 level and very significant described changes that exceeded the .01 level.

TREATMENT

The treatment consisted of six, two hour sessions, one session per week. Each week the topic of that particular session was presented in a lecture-discussion format. Following the lecture-discussion presentation, group discussion was facilitated to apply the general information to individual couples. This format is standard for enrichment and growth group models (Bader, 1980; Elliot, 1982; Davis, 1982, Ross, 1977). This pragmatic application of the material to each couple's relationship was done to increase the effectiveness of the training and to respond to a common shortcoming of marriage enrichment and marriage preparation programs of not surveying and applying content to specific needs of the members; presenting only what the researcher thinks they should know (Bader, 1980; Schuman and Denton, 1979). The close of each session included an assignment to be worked on by the couple during the week. The six (6) sessions were divided as follows:

Session 1:

The presentation-discussion topic for the first session was a developmental model of the process relationships go through. The model presented is by Wiese and Steinmetz (1972). They describe the typical relationship as cycling through the five distinct phases: The first stage is the dream world stage where everything is beautiful and the bliss that accompanies the honeymoon is alive and well. In the second stage, a time of disillusionment, the couple faces the reality that each other is human and thereby declared less than perfect. This is usually birthed in a conflict tension confrontation. Time and misery, the third stage, is worse for the couple from their perspective than stage two. Everything seems to be going wrong. This is where blaming occurs and conditions are placed on each other vs the acceptance they thought they had. The time of awakening follows the misery state and is characterized by the realization that their partner is not likely to change and that the responsibility for happiness within the marriage lies within each individual's ability to accept that responsibility. Therefore, there begins to be a move by each one to make life better for the other, rather than demand change from them. This realization then sets the stage for a move into the fifth phase of development, the stage of love. In addition to the developmental process of a typical relationship, a systems model (Elliot & Saunders, 1982; Lewis, Beavers, Gossett, & Phillips, 1976) within the marriage was incorporated in the presentation.

The systems model operates on three basic concepts: 1) that of circular causality, that the marital partners interact in a sequence of reciprocal exchanges which fit together to bring about a given situation;

2) communication and interaction patterns become organized into a predictable pattern; and 3) that the marital system has the ability to change and to resist change in order to maintain a balance (Elliott & Saunders, 1982). Following the presentation, each couple was instructed to move to a more private part of the room. They were asked to discuss their own relationship for 10 to 15 minutes relative to the developmental phases. After the private discussion, the couples were asked to return to the large group and briefly share with the rest of the group. Several couples said they felt they had moved through the process several times, but at different levels. They also revealed it was nice to know the difficult phases were normal. At the end of the evening an assignment was given; each couple was to 1) consider and discuss where they fit in the developmental model and 2) to examine their system of interaction as a couple.

Session 2:

Problem solving or conflict resolution was the topic of the lecture-discussion. The scripture verse, Ephesians 4:25-27, 2932, (see Appendix E) was used to emphasize the importance of resolving conflict and anger as opposed to letting it go unresolved. A constructive view of conflict was presented as having the potential for producing growth and a social learning model of conflict resolution was discussed (Patterson, 1975; Gotoman et.al., 1976; Jakubowski & Lange, 1978). The presentation emphasized the importance of viewing one's spouse as a partner, and the problem as something for the two of them to work on together. This allied approach is in opposition to the destructive trap of competing with each other to determine who is right or wrong and the problem becoming an issue between them. Empahsis was also placed on dealing with the

present and leaving the past behind, on working on only one problem at a time, and describing problems in specific behavior and avoiding vague generalizations. It was pointed out that some couples find it quite helpful to set aside a certain amount of time on a regular basis to talk about on going problems in order to avoid hashing over the problem continually.

In session two, goal setting was also stressed regarding the need for specifics, such as an acceptable level of change, not just improvement and the technique of setting small intermediate goals that are easily obtainable. The importance of beginning at the beginning was brought up in the discussion. One couple said they had decided to improve the quality of their communication system, but did not know when they would have time to work on it. Therefore, it was recommended by the leader that the couple set an intermediate goal of adjusting their schedules by either eliminating or changing some other activities to provide time together. Once the time goal had been achieved, they could discuss the specifics of their communication system and arrive at some specific goals in that area.

Following the presentation each couple was given the copy of the Knox Problem Intensity Form they had completed prior to the first session. They were then asked to move to a more private area of the room and discuss which one area they would work on for the next four weeks. In addition to choosing the area to work on, they were instructed to set goals regarding the chosen area. Following the 10 to 15 minutes of private discussion, the couples were asked to return to the large group and share their tentative goals with the rest of the people in the group. The assignment for the following week was for them to clarify their goals and be as specific as possible regarding what change they anticipated taking place.

Session 3:

The lecture reviewed the problem solving approach discussed in session two utilizing a model for giving negative feedback adapted from Jakubowski and Lange (1978). A handout of the negative feedback model is in Appendix A. Following the review, each couple presented the results of the assignment from the previous week, which was to clarify the goals set from the Problem Intensity form. An assertiveness model for making requests of each other was then presented. In the name of clear communication, emphasis was placed on the responsibility of the sender to let the receiver know if expectations are associated with the request; and what possible consequences will take place if the request is denied. An example of some possible consequences are feeling hurt, being angry, etc. The group interaction centered on the couples' progress with goals set last week. The assignment for this session was: 1) for each couple to make a request of each other by the method presented in the first part of this session; and 2) to continue to, or begin to, work toward their goals set from the Knox Problem Intensity Form.

Session 4:

The sexual relationship was the topic of lecture and discussion. The purpose of the sexual relationship in a marriage, typical hinderances, and things that a couple can do to prevent those hinderances from effecting that part of their relationship were presented. Ways of maintaining a healthy sexual relationship include the following:

- 1) Express affection in both sexual and non-sexual ways, such as shared activities and non-sexual touching and verbal expression of appreciation.
- 2) Maintain an open communciation about sex at times

other than during love making. 3) Expect the sexual relationship to change, to ebb and flow throughout the marriage. It is important to understand that sex is effected by pressure from the outside, and that is normal. 4) Allow permission to learn and to teach each other because all people are different and change is a natural part of the relationship.

Sources of information presented during this session included work by Kaplin (1974), Zibergeld (1978) and the author's work with the University of Washington, Sexual Dysfunction Clinic.

While there were some questions and comments regarding sexual issues, there seemed to be a general hesitation on the part of most members to discuss the subject. The comments involved issues such as what is normal regarding frequency of intercourse. One woman did comment on the discomfort associated with telling her husband that there were some times when she was not interested in having sex. Emphasis was placed on the importance of being able to say no and being open with one's spouse regarding sexual desires, likes and dislikes; and that two people can love each other and still have times when they are not interested in having sex.

Toward the end of the discussion the couples were asked to share progress or struggles regarding their goals set at the beginning of the program. Most of the couples said that they were proceeding toward their goal satisfactorily, or had already reached a conclusion to their goal. The assignment for the next week was in the form of individual recommendations regarding each couple's progress. A general assignment was also given for the couples to discuss the quality of their sexual relationship, including the presence or absence of the specific traits of a healthy

sexual relationship presented during the presentation.

Session 5:

The topic of focus was on relationships with in-laws and other possible outside sources of influence. Bakker, and Bakker-Rabda's (1973) model of human territoriality was used to facilitate this presentation. Ephesians 5:21-33, (see Appendix E) with particular emphasis on verse 31 was used to point out the need for a couple to establish their own relationship apart from their relatives, and to take responsibility for themselves. That is, to assume responsibility for their own part in the marriage, as opposed to allowing in-laws to have an overwhelming influence regarding the establishment of their marital relationship. Several of the people who had been married before found the territoriality model particularly useful in dealing with ex-spouses. The assignment for the next week was based on individual recommendations for each couple regarding progress toward their goals set at the beginning of the program. Two couples said they planned to begin dealing with their ex-spouse and in-laws in the manner outlined. They were encouraged to do so by the rest of the group.

Session 6:

Each couple was asked to summarize their progress and growth during the previous five weeks and to state how they planned to maintain the change. The post-test was administered at this time.

Researcher :

The groups were facilitated by the experimenter. While it is understood that a possible bias effect could take place, potential positive effects seemed to offset this. Positive effects of the experimenter running his own study are discussed by

McCarthy (1981). McCarthy discusses the importance of rapport between the experimenter and his subjects and the need for interpersonal skills. He raises the question of whether or not an unfamiliar researcher could establish the rapport needed in order to use his interpersonal skills. There are several studies which establish a precedence for experimenters gathering their own data, Bader et.al. (1980) and Goethal (1979) to name only two. Since the pool of subjects for this study had been selected from a pre-marriage class in a large non-denominational Charismatic church, the need for rapport with this heretofore unapproached group appeared even more essential.

It is this author's opinion, as is Stedman's (1982) regarding his own program, that the viewpoint of this program's content is consistent with much current psychological thinking about couple communication, conflict resolution, and interaction in general as well as with most current theology of marriage. Therefore, if sufficient rapport is maintained much can be gained by both worlds, that world of psychological perspective and the contemporary religious community.

Chapter IV

RESULTS

A total of 18 couples that met the requirements for selection responded to the invitation to participate in the study. Eleven expressed an interest in participating in the study and were able to adjust their work and school schedules to meet once per week for the six weeks. These eleven couples were assigned to the treatment group. Seven other couples also expressed an interest in participating in the study. However, they were either unable to adjust their schedules or had moved out of the local area which made a regular commute impractical. These seven couples were assigned to the control group. During the period of post-testing, one of the control group couples moved and their post-assessment questionnaires were lost in the mail. Then in the process of following up this couple, the time passed when the forms were to be returned. Therefore, the one control group couple was not included in the final analysis. These results are based on eleven couples in the treatment group and six couples in the control group.

A one tailed T-test, for use with studies involving a relatively small sample size, was used to assess the degree of change from pre-test to post-test. The one tailed T-test was used due to the predicted direction of change being in only one direction. Significant trend was used to describe change that exceeded the .10 level of statistical significance. Significant was used to describe change that exceeded the .05 level of significance and very significant was used to describe change that exceeded the .01 level of significance.

PRE-TEST

A one-tailed T-test revealed no significant difference between the treatment group and the control group at the beginning of the study in the following areas: Age - the mean age was 28.9 years for the treatment group and 28.7 years for the control group ($p < .435$); Marital Adjustment - as measured by the Dyadic Adjustment Scale (D.A.S.) - treatment group mean D.A.S. score was 111.7 and 113.6 for the control group ($p < .342$); Cohesion as measured by the FACES II - treatment group was 64.4 and 63.3 ($p < .439$) for the control group; Adaptability as measured with the FACES II - treatment group 42.8 and 44.8 for the control group ($p < .598$); and Satisfaction as measured by the adapted D.A.S. - treatment group was 19.7 and 17.6 for the control group ($p < .297$).

There was a significant difference in the mean number of months of marriage between the treatment group, 9.1 months, and the control group, 6.2 months ($p < .012$). There also was a significant difference of the mean pre-total Problem Intensity scores between the treatment group, 201.1, and the control group 112.9 ($p < .021$). An analysis of variance of the pre-total problem intensity (pre-T.P.I.) scores and months married revealed an $F=4.051$ for a significance level of $p < .013$ for the treatment group. (No such difference regarding same variable existed in the control group.) The distribution of the pre-T.P.I. for the treatment group was bi-modal and distributed as follows: three and six months (6 individuals) averaged 327.5 T.P.I.; seven, nine and eleven months (8 individuals) averaged 82.8 T.P.I.; twelve months (4 individuals) 180 T.P.I. and 13 months (4 individuals) 263 T.P.I. See Figure IV.4a, and Table IV.12.

Table IV.1 Total Problem Intensity (TPI): Sum of all rated problems for each individual, Pre-test and Post-test. Treatment group relative to the Control Group.

	Group	Mean	s/d	T value	1 tail Prob.
Pre- TPI	Treatment	201.1	134.1	2.12	.021**
	Control	112.9	68.6		
Post-TPI	Treatment	125.9	87.7	-.22	.414
	Control	133.3	111.8		
**significant					

Table IV.2 Post Total Problem Intensity Scores, Treatment Group relative to the Control Group.

Analysis of Covariance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	299586.031	33	9078.364		.
Amount due to Covariance of Pre TPI	106322.578	1	106322.578	19.139	0.000
Amount explained by effect of treatment.	21045.541	1	21045.541	3.788	0.016*
Explained (total)	127368.109	2	63684.055	11.463	0.000
Amount unexplained.	172217.922	31	5555.417		
34 cases were processed.				*significant trend.	

Therefore, with the exception of mean number of months married and the pre-total problem intensity scores the treatment and control groups were evenly matched on the other important variables.

FINDINGS RELATED TO THE HYPOTHESIS

Problem Intensity

The individually rated problem areas on the Knox Problem Intensity form were tallied on each individual for both groups pre and post. A comparison was then made with the treatment group relative to the control group and pre to post within each group.

It was hypothesized that the treatment group would experience a significant decrease in problem intensity levels from pre-test to post-test relative to the control group. This hypothesis was confirmed by a significant trend decrease in Total Problem Intensity (TPI) for the treatment group relative to the control group ($F=3.788$, $p<.061$). A coanalysis of variance was used to assess the degree of change in TPI to account for the significant difference in TPI levels ($p<.021$) at the pre-test, between the treatment group and the control group. See Table IV.2 and Figure IV.1.

The treatment group reduced their mean problem intensity score from 201.1 to 125.7 during the six weeks of treatment. This reduction in problem intensity score from pre to post testing within the treatment group is very significant ($T=4.33$, $p<.000$), Table IV.3, Figure IV.2. During the same period the control group raised its T.P.I. score from 112.9 to 133.3. This is not a significant change ($T= -.67$, $p<.256$), see Table IV.3 and Figure IV.1.

Satisfaction

Two scales were used to assess satisfaction, the adapted Dyadic Adjustment Scale (D.A.S.) and the Family Adaptability and Cohesion Evaluation Scale II (FACES II). The level of satisfaction was measured by completing both forms twice, once as the relationship is actually perceived, and once as the individual desires the relationship to be.

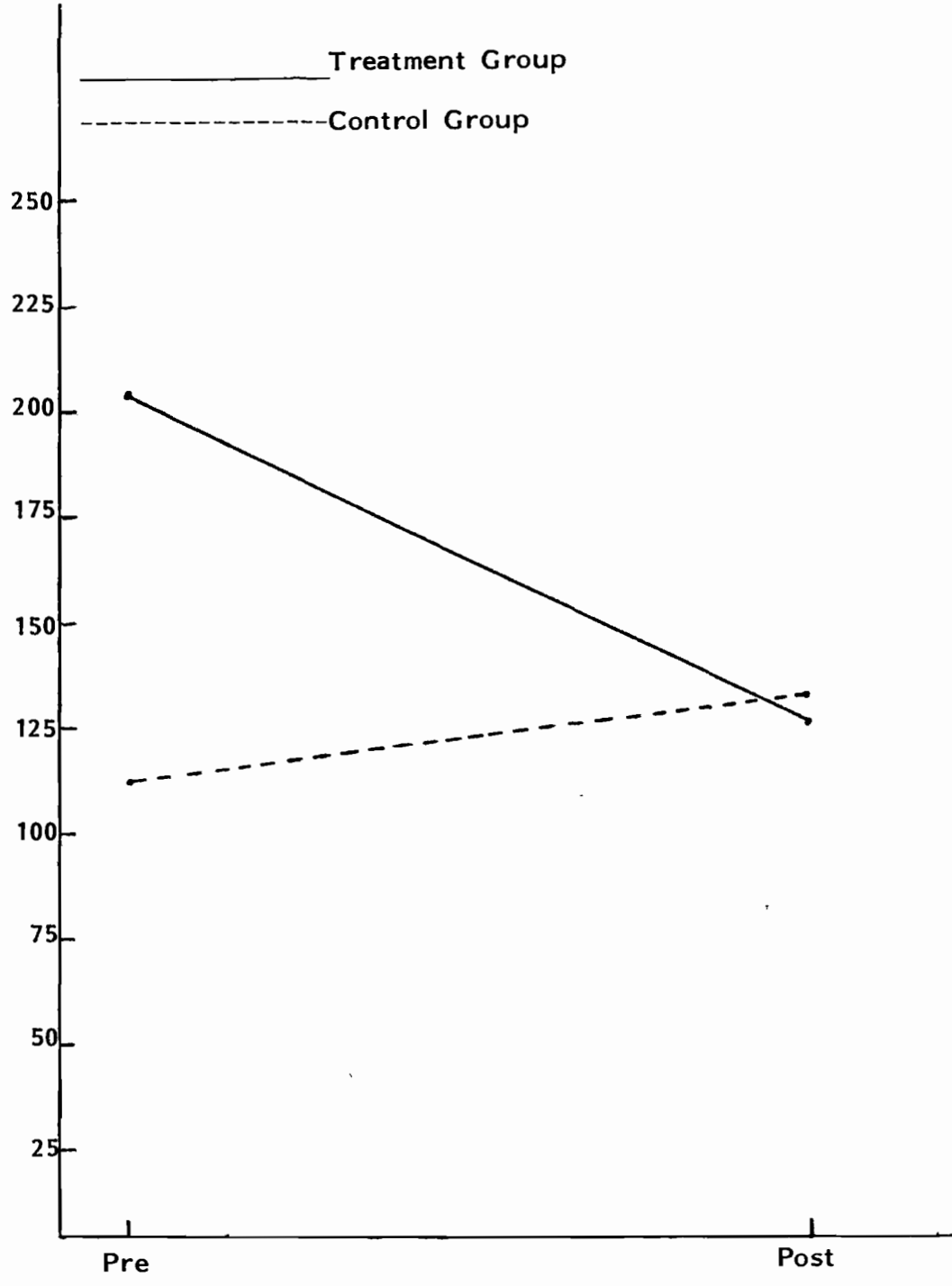


Figure IV.1 Total Problem Intensity

Table IV.3 Total Problem Intensity (TPI): Treatment and Control Group, Post-test relative to Pre-test.

Group		Mean	s/d	T value	1 tail prob.
Treatment	Pre TPI	201.1	134.1	4.33	.000***
	Post TPI	125.7	87.7		
Control	Pre TPI	112.9	68.8	- .67	.256
	Post TPI	133.3	111.8		
***very significant					

It was hypothesized that the members of the experimental group would experience an increase in marital satisfaction relative to the control group as a result of participation in the post-wedding follow-up program. This hypothesis was not confirmed. Even though there appeared to be a marked increase in satisfaction for the experimental group, when a coanalysis of variance was applied to the post treatment D.A.S. difference scores the relative increase was not statistically significant ($F=2.067$, $p<.161$). See Table IV.4a.

The satisfaction mean difference scores of the cohesion and adaptability (FACES II) measures for the treatment group, relative to the control group, were also not significant, $F=.160$, $p<.692$ and $F=.009$, $p<.925$, see tables IV.4b and IV.4c.

However, there does appear to be a treatment effect taking place within the experimental group, relative to the D.A.S. difference scores that does not show up in the coanalysis of variance. When the treatment group post mean score of 13.0 is compared to its own pre-treatment score 19.7 there is a very significant increase in marital satisfaction, (T value= 3.14, $p<.0025$). The small increase in satisfaction for the control group

from pre to post, 17.7 to 15.9 respectively, is not significant (T value = .88 $p < .200$). See Figure IV.2 and Table IV.5. This will be discussed in chapter five.

Adjustment

It was hypothesized that the experimental group would show significant improvement in marital adjustment relative to the control group. This hypothesis was not confirmed statistically. Marital adjustment was measured by the D.A.S. While there was a slight increase in adjustment scores for both the treatment group and the control group, 111.7 to 114.1 and 113.6 to 117.9 respectively, the change was not significant within either group, or for the treatment group relative to the control group. Coanalysis of variance of the post D.A.S. scores revealed no significant difference between the experimental group and the control group ($F=1.477$, $p < .233$). See Table IV.6

Adaptability and Cohesion

The hypotheses that the experimental group would experience significant improvement in adaptability and cohesion was not confirmed. There was no significant change in adaptability and cohesion pre to post test in the treatment group relative to the control group (Coanalysis of variance, Adaptability: $F = .812$, $p < .374$; Cohesion: $F = .840$, $p < .366$.) See Table IV.7 and IV.8 respectively.

The treatment group and the control group did move from separated category, 64.36 and 63.3, to the connected category, 67.6 and 65.3 in cohesion. Table IV.9 and FACES II Circumflex Model and Cutting Points in Appendix A.) The treatment group mean score in adaptability moved from 42.8, rigid to 45.7, structured during the six week program. The control group pre mean adaptability score was 44.7 and post score was 47.6. Both of these scores are in the structured

Table IV.4a Satisfaction, difference scores on the Adapted Dyadic Adjustment Scale, Treatment Group relative to the Control Group.

Analysis of Covariance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	2903.883	33	87.996		
Amount due to Covariance of Pre DAS diff.scores.	969.153	1	969.153	16.564	0.000
Amount explained by effect of treatment.	120.946	1	120.946	2.067	0.161
Explained (total)	1090.099	2	545.050	9.316	0.001
Amount unexplained.	1813.783	31	58.509		
34 cases were processed.					

Table IV.4b Satisfaction, difference scores on the FACES II Cohesion Scale. Treatment group relative to the Control Group.

Analysis of Covariance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	789.059	33	23.911		
Amount due to Covariance of diff. cohesion scores	140.767	1	140.767	6.766	.014
Amount explained by effect of treatment	3.336	1	3.336	0.160	.692
Explained (total)	144.104	2	72.052	3.463	.044
Amount unexplained	644.955	31	20.805		
34 cases were processed					

Table IV.4c Satisfaction, difference scores on FACES II Adaptability scale. Treatment group relative to the Control Group.

Analysis of Covariance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	653.559	33	19.805		
Amount due to Covariance of pre-diff. adaptability scores.	46.574	1	46.574	2.379	0.133
Amount explained by effect of treatment.	0.176	1	0.176	0.009	0.925
Explained (total)	46.749	2	23.375	1.194	0.317
Amount unexplained	606.809	31	19.574		
34 cases were processed					

range. The changes in adaptability scores were not statistically significant.

FINDINGS NOT DIRECTLY RELATED TO THE HYPOTHESES

First and Second Marriages

The comparatively low level of the mean pre T.P.I. score in the control group appears to be due in part to the significant difference between the first marriage individuals (T.P.I. score = 50) ($T = 2.10$, $p < .031$). This difference increased slightly from pre-testing to post-testing, first marriage T.P.I. 168.3 and second marriage T.P.I. 28.9, and therefore was even more significant ($T = 2.17$, $p < .0275$). A significant difference did not exist on the T.P.I. scores of the treatment group between first and second marriage individuals.

See Figure IV.3, and Table IV.11.

The treatment group second marriage people displayed a higher mean T.P.I. (264.2) than the first marriage people (177.5) at pre-test.

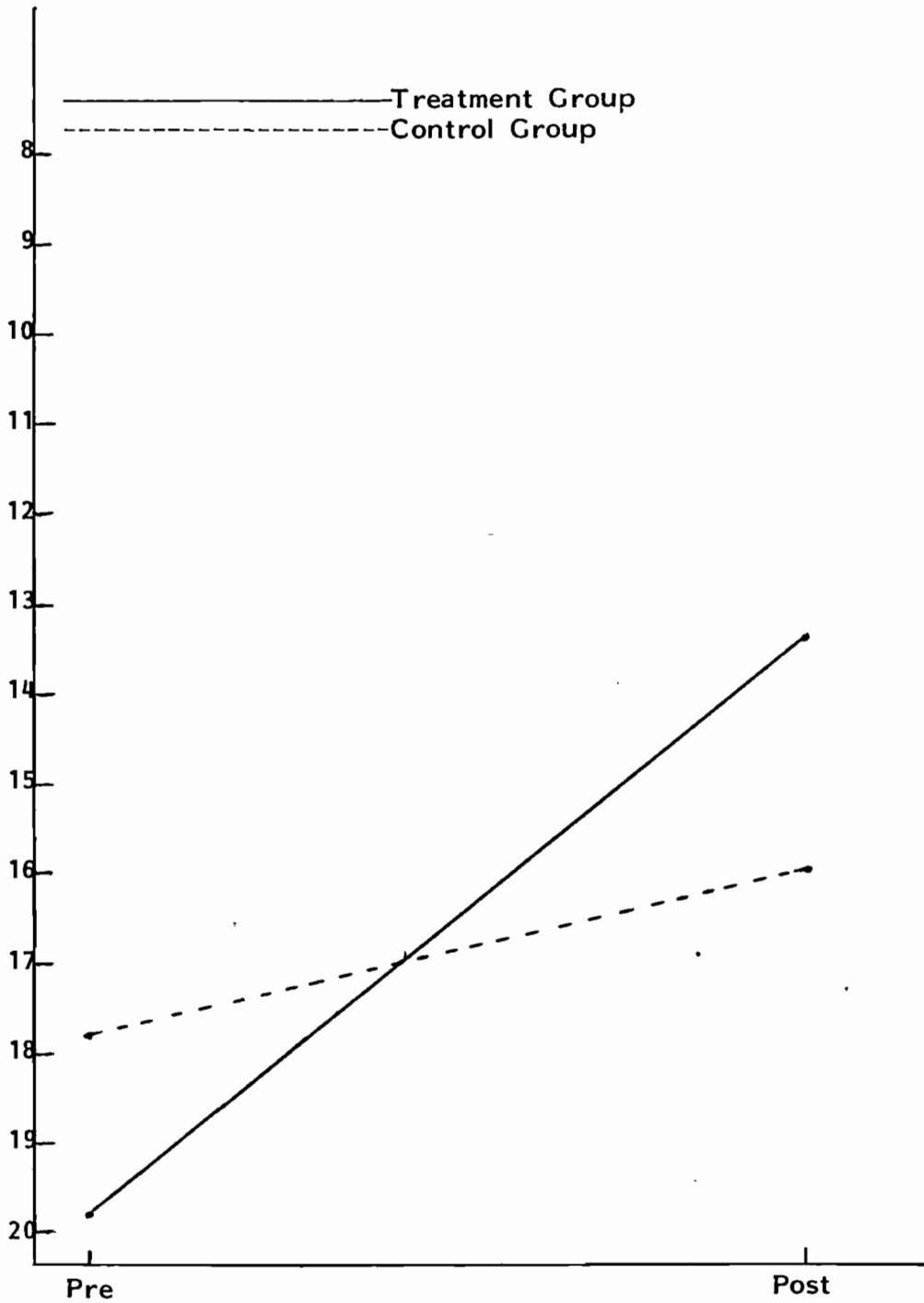


Figure IV.2 Marital Satisfaction (Adapted Dyadic Adjustment Scale).

Table IV.5 Satisfaction: Pre and Post difference scores between "real" and "desired" ratings on the Dyadic Adjustment Scale(DAS) and on the Family Adaptability and Cohesion Evaluation Scale(FACES II) within the Treatment and Control Groups.

Group		Mean	s/d	T value	1 tail Prob.
DAS Treatment	Pre	19.7	11.4	3.14	.0025***
	Post	13.4	8.7		
Control	Pre	17.7	9.2	.88	.200
	Post	15.9	10.6		
*** Very Significant					

Group		Mean	s/d	T value	1 tail Prob.
FACES II					
Cohesion: Treatment	Pre	4.4	4.7	-.67	.255
	Post	4.9	4.2		
Control	Pre	8.9	4.9	.73	.241
	Post	7.25	5.7		
Adaptability: Treatment	Pre	5.7	5.1	-1.01	.163
	Post	7.0	4.8		
Control	Pre	8.5	6.0	.59	.285
	Post	7.5	3.8		

This difference is significant only at the .09 level ($T = -1.38$, $p < .092$).

The post-test revealed a much lower mean T.P.I. for the second marriage people (150) and a lower mean T.P.I. for the first marriage people (116.6). Therefore, the treatment group was a more homogeneous group ($T = -0.79$, $p < .439$) following the program.

Problem Intensity Rate of Reduction

In addition to the Total Problem Intensity scores, the two most intensely rated problem areas on the Knox form were totalled pre-treatment and post-treatment for both groups. The difference between

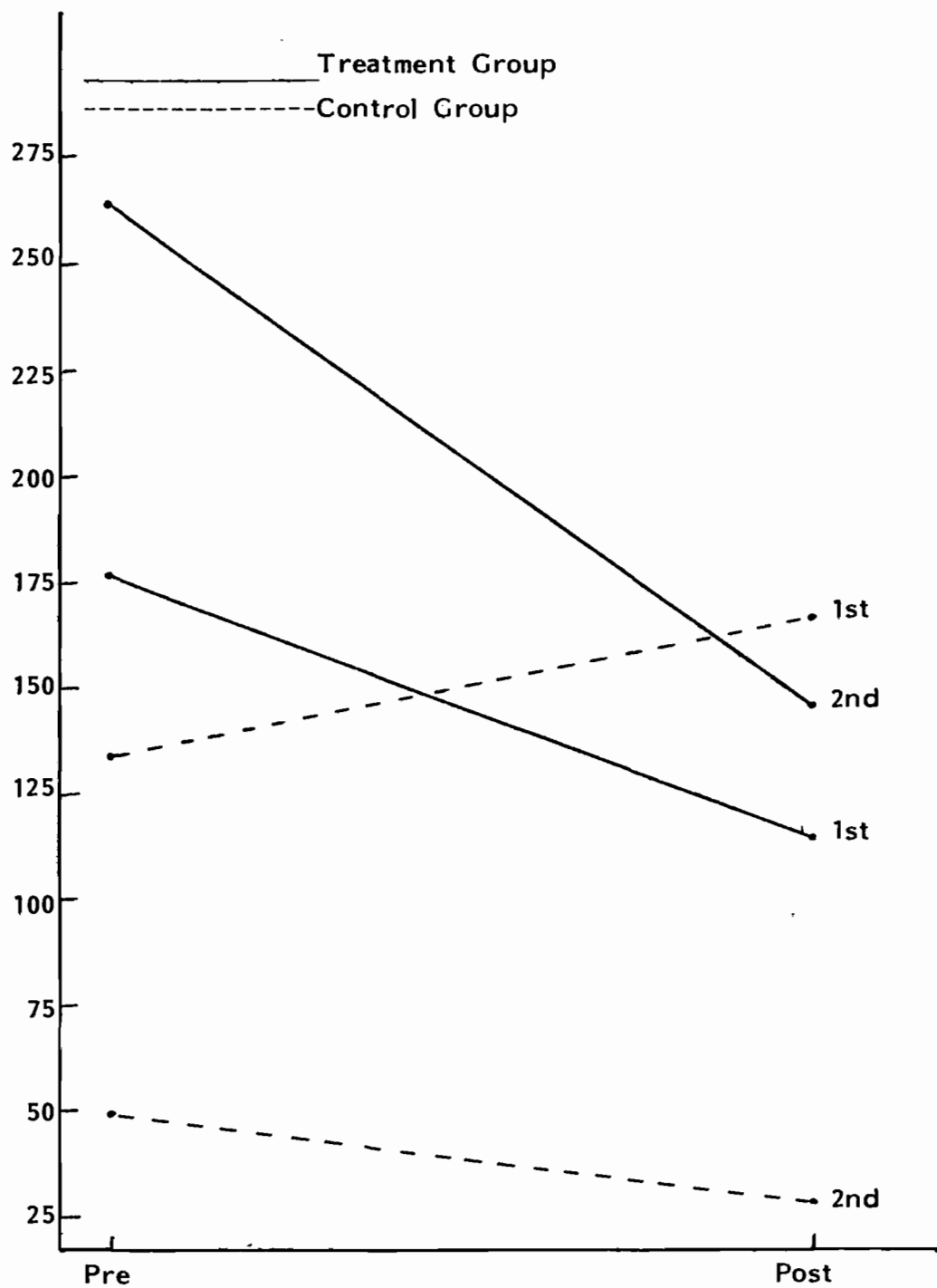


Figure IV.3 Total Problem Intensity. 1st & 2nd Marriage Individuals.

**Table IV.6 Adjustment, Post Dyadic Adjustment Scale(DAS) scores.
Treatment group relative to Control group.**

Analysis of Covariance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	3132.382	33	94.921		
Amount due to Covariation of pre DAS scores.	1883.685	1	1883.685	48.992	0.000
Amount explained by effect of treatment	56.773	1	56.773	1.477	0.233
Explained (total)	1940.458	2	970.229	25.234	0.000
Amount unexplained 34 cases processed	1191.924	31	38.449		

**Table IV.7 Adaptability, post Adaptability scale scores on the FACES II
Treatment group relative to the Control group.**

Analysis of Covariance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	994.0299	33	30.122		
Amount due to Covariation of Pre Adaptability Scores.	236.198	1	236.198	9.915	0.004
Amount explained by effect of Treatment.	19.352	1	19.352	0.812	0.374
Explained (total)	255.550	2	127.775	5.364	0.010
Amount unexplained 34 cases were processed	738.480	31	23.822		

Table IV.8 Cohesion, post Cohesion scores on the FACES II. Treatment group relative to the Control group.

Coanalysis of Variance

Source of Variation	Sum of Squares	d/f	Mean Square	F	Significance of F
Total Variation	1710.941	33	51.847		
Amount due to Covariance of Pre Cohesion Scores	407.268	1	407.268	9.947	0.004
Amount explained by effect of Treatment.	34.407	1	34.407	0.840	0.366
Explained (total)	441.675	2	220.837	5.394	0.010
Amount unexplained	1269.266	31	40.944		
34 cases were processed					

the sums of the same two areas were then evaluated by way of a T-test. The treatment group's mean reduction was 43.2 on the most intensely rated problems, while the control group's mean reduction was only 22.9. The treatment group's mean reduction relative to the control group is a significant trend ($T = 1.31$, $p < .0995$), and will be discussed in the next chapter. See Table IV.10.

Problem Intensity Relative to Length of Time Married

The Total Problem Intensity (T.P.I.) scores displayed a bi-modal distribution in the treatment group when compared to the number of months married through an Analysis of Variance and was statistically significant ($F=4.051$, $p < .013$). Six individuals had been married three and six months with means of 340 and 315 respectively. Eight individuals had been married seven, nine and eleven months with means of 72.5, 95 and 81.25. Eight more individuals had been married twelve and thirteen

Table IV.9 Adjustment, Cohesion and Adaptability: Scores for the Treatment Group relative to the Control Group. DAS and FACES II Scales.

		Group	Mean	s/d	T value	1 tail Prob.
Adjustment: (DAS)						
Pre	Treatment	111.8	12.7	-.41	.342	
	Control	113.6	13.1			
Post	Treatment	114.1	9.7	-1.10	.141	
	Control	117.9	9.7			
Cohesion: (FACES II)						
Pre	Treatment	64.4	22.49	.16	.439	
	Control	63.3	5.3			
Post	Treatment	67.6	7.7	.89	.191	
	Control	65.3	6.1			
Adaptability: (FACES II)						
Pre	Treatment	42.8	15.2	-.42	.338	
	Control	44.8	5.6			
Post	Treatment	45.7	5.5	-1.01	.161	
	Control	47.7	5.5			

Table IV.10 Problem Intensity: (Knox Problem Intensity Form). Reduction of the intensity of the two most severely rated problems treatment group relative to the control group.

Group	Mean Reduction	s/d	T value	1 tail Prob.
Treatment	43.2	36.7	1.31	.0995*
Control	22.9	53.0		
* Significant Trend.				

Table IV.11 Total Problem Intensity (TPI): 1st marriage relative to 2nd marriage individuals. Pre and Post test.

		n	Mean	s/d	T value	1 tail Prob.	
Treatment Group:							
Pre	TPI	1st Marriage	16	177.5	120.9	-1.38	.09*
		2nd Marriage	6	264.6	158.6		
Post	TPI	1st Marriage	16	116.6	87.9	-0.79	.220
		2nd Marriage	6	150.0	90.4		
*Significant Trend.							
Control Group:							
Pre	TPI	1st Marriage	9	133.9	66.4	2.1	.031**
		2nd Marriage	3	50.0	18.0		
Post	TPI	1st Marriage	9	168.3	107.3	2.17	.028**
		2nd Marriage	3	28.3	25.7		
** Significant							

months with means of 180 and 263.75. The post T.P.I. scores still appeared as a bi-modal distribution. However, the distribution was not significant ($F=1.469$, $p < .2543$) and were obviously lower in amplitude. The three and six month individuals had mean T.P.I. scores of 192.5 and 172.5. The seven, nine, and eleven month individuals had means of 37.5, 77.5 and 71.25. The twelve and thirteen month people had means of 121.25 and 162.5. The control group individuals did not display a significant difference relative to months married and total problem intensity. See Figure IV.4 a & b and Table IV.12.

Subjective Measure of Improvement

In addition to the established measures, the treatment group was asked to indicate on a Likert type scale whether their relationship had

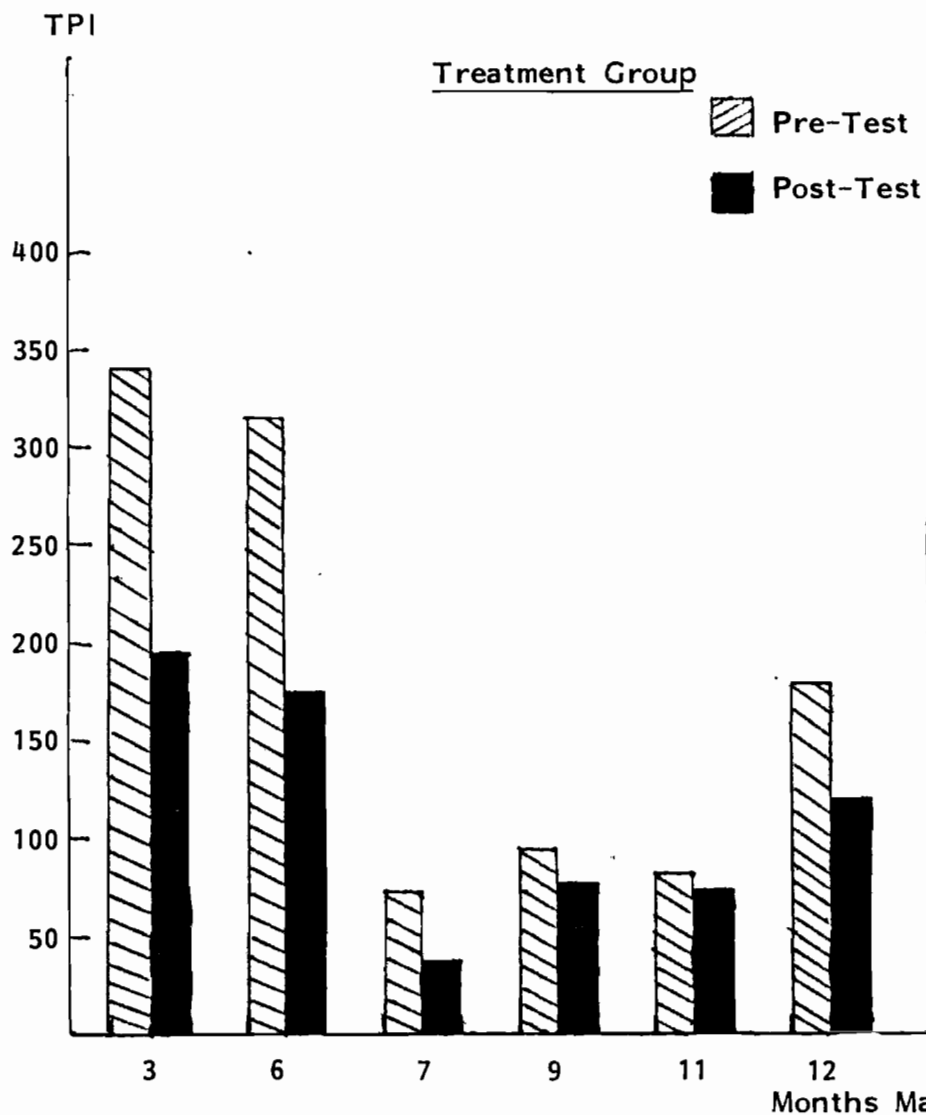


Figure IV.4-a

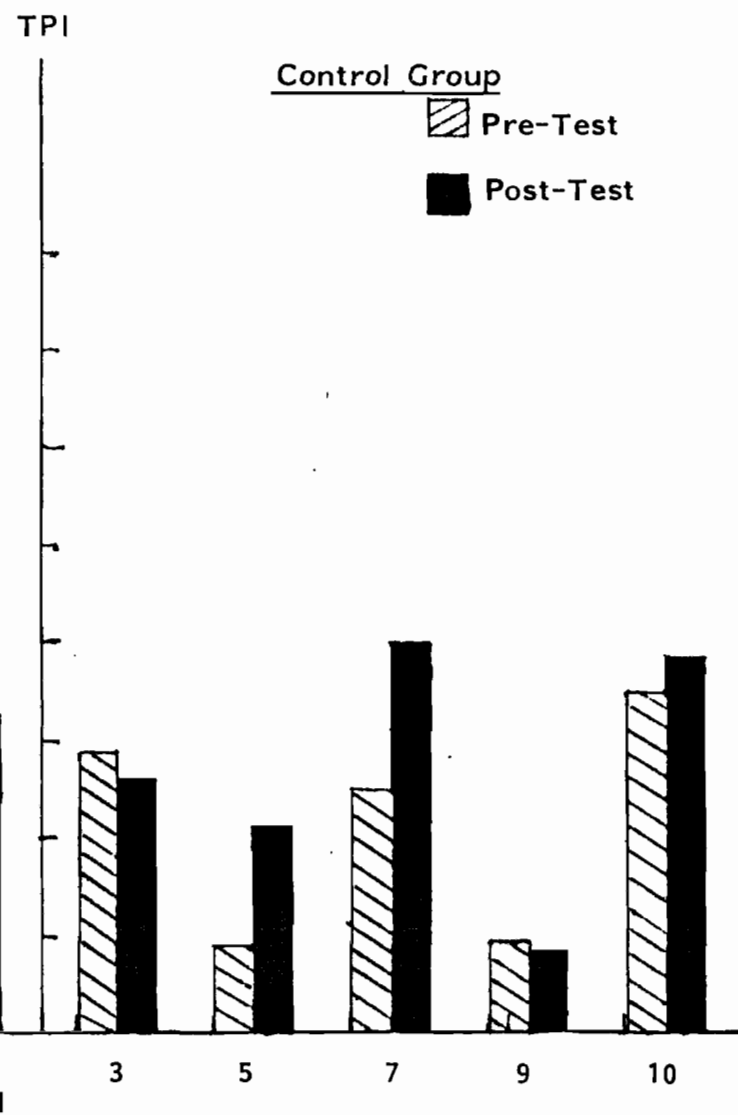


Figure IV.4-b

Total Problem Intensity(TPI) Per Number of Months Married. Treatment and Control Groups.

Table IV.12 Analysis of Variance: Length of time married and Total Problem Intensity (TPI). Treatment group Pre and Post Test.

ANALYSIS OF VARIANCE				
	Months Married	Number of Individuals	Mean TPI	
Pre Treatment:	3	4	340.00	
	6	2	315.00	
	7	2	72.50	
	9	2	95.00	
	11	4	81.25	
	12	4	180.00	
	13	4	263.75	
Source	df	MS	F	Sig.
Between Groups	6	38941.098	4.051	0.013* *
Within Groups	15	9613.333		
	Months Married	Number of Individuals	Mean TPI	
Post Treatment:	3	4	192.5	
	6	2	172.5	
	7	2	37.5	
	9	2	77.5	
	11	4	71.25	
	12	4	121.25	
	13	4	162.50	
Source	df	MS	F	Sig.
Between Groups	6	9964.962	1.469	0.2543
Within Groups	15	6785.000		
**very significant				

increased or decreased in quality. Eighteen of the twenty-two people indicated their relationship had improved, two said it had remained the same and two felt it had decreased in quality. The scale ranged from one to ten. A five indicated the quality at the beginning of the treatment. The mean rating at the end of treatment was 7.3 (approximately 23% improvement). All couples in the treatment group also

Table IV.13 Analysis of Variance: Length of time married and Total Problem Intensity (TPI). Control Group, Pre and Post Test.

ANALYSIS OF VARIANCE				
	Months Married	Number of Individuals	Mean TPI	
Pre Treatment:	3	4	142.5	
	5	2	45.0	
	7	2	125.0	
	9	2	47.5	
	10	2	175.0	
<hr/>				
Source	df	MS	F	Sig.
Between Groups	4	7321.354	2.284	0.1603
Within Groups	7	3205.357		
<hr/>				
	Months Married	Number of Individuals	Mean TPI	
Post Treatment	3	4	130.0	
	5	2	105.0	
	7	2	200.0	
	9	2	42.5	
	10	2	192.5	
<hr/>				
Source	df	MS	F	Sig.
Between Groups	4	8510.417	0.575	0.6899
Within Groups	7	14789.286		
<hr/>				

indicated they thought the program was helpful , very helpful and extremely helpful . The mean rating being very helpful .

Improvement As Couples

While this evaluation was designed to assess the impact of the post-wedding follow-up on the individual within the marriage, the one-tailed T-test was also used to determine the degree of change experienced as a couple.

Table IV.14 Summary of three research projects utilizing the Dyadic Adjustment Scale(DAS). Mean DAS scores for the Present Study, Sharpley and Cross (1982), and Spanier (1976).

	Present Study Treatment Group	Present Study Control Group	Sharpley & Cross (1982)	Spanier (1976)
Mean DAS	111.8	113.6	108.5	114.8
s/d	12.7	13.7	19.7	17.8
Mean Length of time Married.	8.6 (months)	6 (months)	3 (years)	13.2 (years)
Mean Age	29	28	33	35

Table IV.15 Couples' Combined Total Problem Intensity (TPI) scores.
"Treatment Group relative to Control Group."

	Group	Mean	s/d	T value	1-tail prob.
Pre	Treatment	402.3	249.1	1.63	.061
	Control	225.8	109.0		
Post	Treatment	251.4	165.0	-0.17	.434
	Control	266.7	201.6		

Table IV.16 Couples' Combined Total Problem Intensity (TPI) scores.
"Pre-test relative to Post-test".

	Group	Mean	s/d	t value	1 tail prob.
Treatment	Pre	402.1	249.1	3.58	.0025***
	Post	251.4	165.0		
Control	Pre	225.8	109.0	-0.59	.291
	Post	266.7	201.6		

*** very significant

Problem Intensity : Pre-test, the treatment group couples mean problem intensity score was 402.3 and the control group couple mean problem intensity score was 225.8. The difference at pre-test between the two groups' couple scores on total problem intensity approached significance ($p < .061$). The post-test revealed a treatment couple mean of 251.4 and a control couple mean of 266.7 ($p < .435$). See Table 11 in Appendix B. The reduction in mean problem intensity for the treatment group couples, from 402.3 to 251.4, was beyond a very significant level ($p < .0025$). Over the same period of time the control couples experienced an increase in problem intensity, from 225.8 to 266.7. See Table IV.16, and Figure IV.5.

In seven of the eleven treatment group couples, both partners experienced a decrease in problem intensity. In the four other couples one partner reported an increase in problem intensity and the other reported a decrease. Of the four out of 22 individuals in the treatment group who reported an increase in problem intensity, the mean increase was only 26.5. Three of those four couples who had one partner reporting an increase in problem intensity, also had the other partner reporting a marked decrease in problem intensity. Therefore, these three couples still experienced an overall decrease in problem intensity. the result being, ten of the eleven couples in the treatment group experienced a reduction in total problem intensity. See Table IV.19.

Only one couple in the six control group couples had both partners reporting a decrease in problem intensity. Three couples had one partner reporting an increase and one a decrease in problem intensity. In the two remaining couples, both partners reported an increase in problem intensity. The mean increase in problem intensity among seven of the twelve individuals in the control group was 86.4.

Due to the fact that five of the six couples had at least one partner reporting an increase in problem intensity, and the high mean (86.4) increase, all of the couples in the control group, except one, experienced an overall increase in problem intensity. See Table IV.19.

Satisfaction: Individual scores were also combined into couple scores on the satisfaction measure (the Dyadic Adjustment Scale - difference score). Pre-test the mean satisfaction score for the couples in the treatment group was 30.5 and 35.3 for the control group ($p < .333$). (The lower the difference score, the higher the degree of satisfaction.) Post-test, the mean satisfaction (difference) score for the treatment was 26.1 and 31.8 for the control group ($p < .227$). Both groups experienced an increase in satisfaction from pre-test to post-test. The treatment group couples experienced a significant increase in satisfaction from pre-test, 39.5 to post-test, 26.1 ($p < .0175$). While the improvement in satisfaction experienced by the control group was not as drastic (pre mean satisfaction = 35.3 and post mean = 31.8) as the treatment group, the improvement was a significant trend ($p < .076$). See Tables IV.17 and IV.18, and Figure IV.6.

Summary

The hypothesis that participation in the post-wedding follow-up program would lead to a decrease in problem intensity was confirmed by decrease in problem intensity for members of the treatment group relative to the control group. Although the satisfaction hypothesis was not confirmed relative to the control group, the members of the treatment group did experience an increase in satisfaction when their post score was compared to the pre-test score. Second marriage individuals

Table IV.17 Couples' Combined Satisfaction (difference DAS) scores.
Treatment Group relative to Control Group.

	Group	Mean	s/d	T value	1-tail prob.
Pre	Treatment	39.5	19.6	0.44	.333
	Control	35.3	15.6		
Post	Treatment	26.1	13.2	-0.77	.227
	Control	31.8	17.2		

Table IV.18 Couples' Combined Satisfaction (difference DAS) scores.
Pre-test relative to Post-test.

Group		Mean	s/d	T value	1-tail pro.	%reduc.
Treatment	Pre	39.5	19.6	2.44	.0175**	34%
	Post	26.1	13.2			
Control	Pre	35.3	15.6	1.68	.076*	10%
	Post	31.8	17.2			
*significant trend				**significant		

Table IV.19 Summary table. Individual Increase or Decrease Per-couple,
on Satisfaction and Problem Intensity Levels.

Satisfaction:	Both	1-increase	Both	1-increase	1-same	Both
Group	Increase	1-same	same	1-decrease	1-decrease	Decrease
Treatment	4	3	1	3	0	0
Control	0	3	0	1	1	1

TPI Levels:	Both	1-decrease	Both
Group	Decrease	1-increase	increase
Treatment	7	4	0
Control	1	3	2

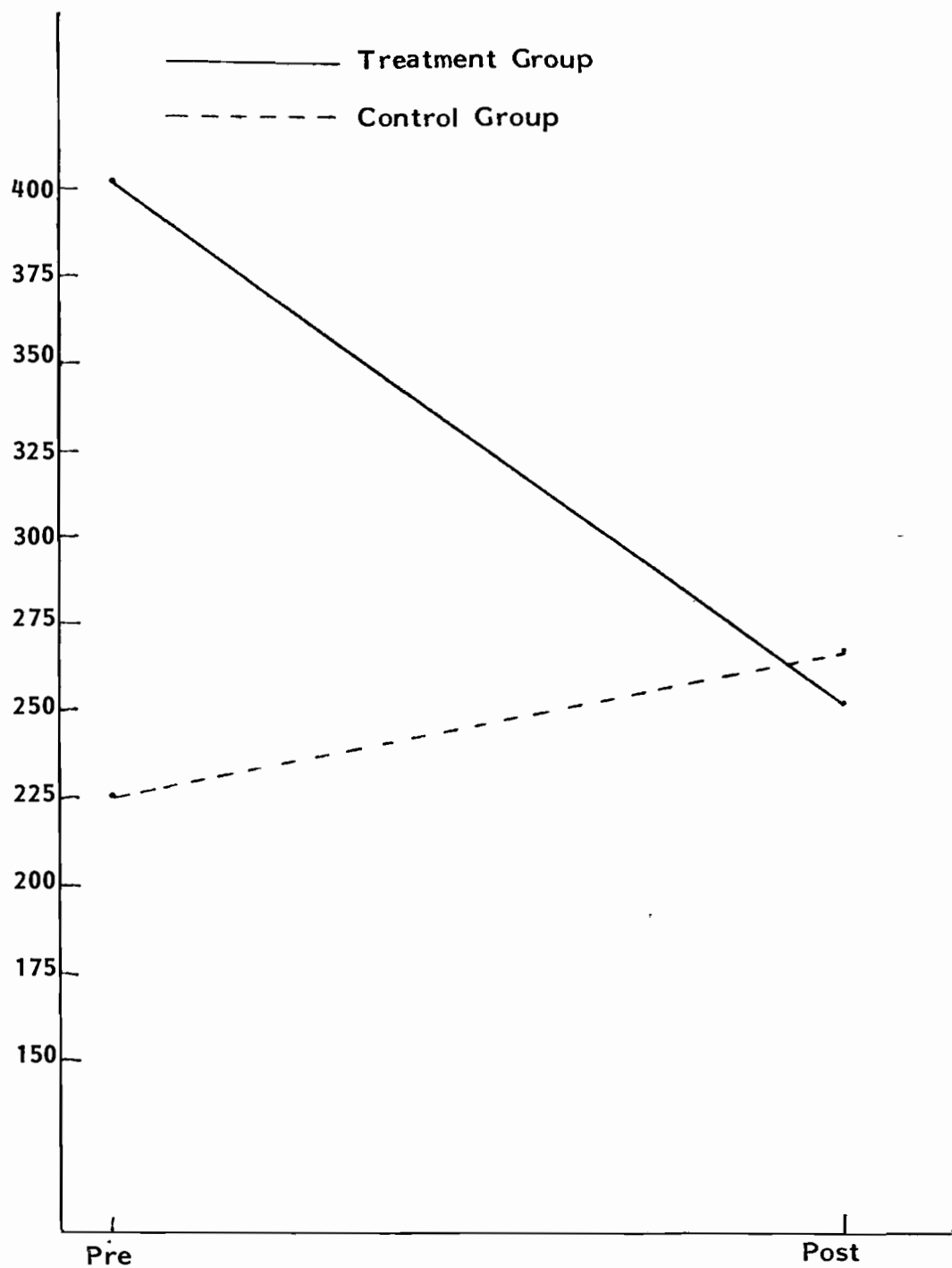


Figure IV.5 Couples' Combined Total Problem Intensity Scores(TPI)

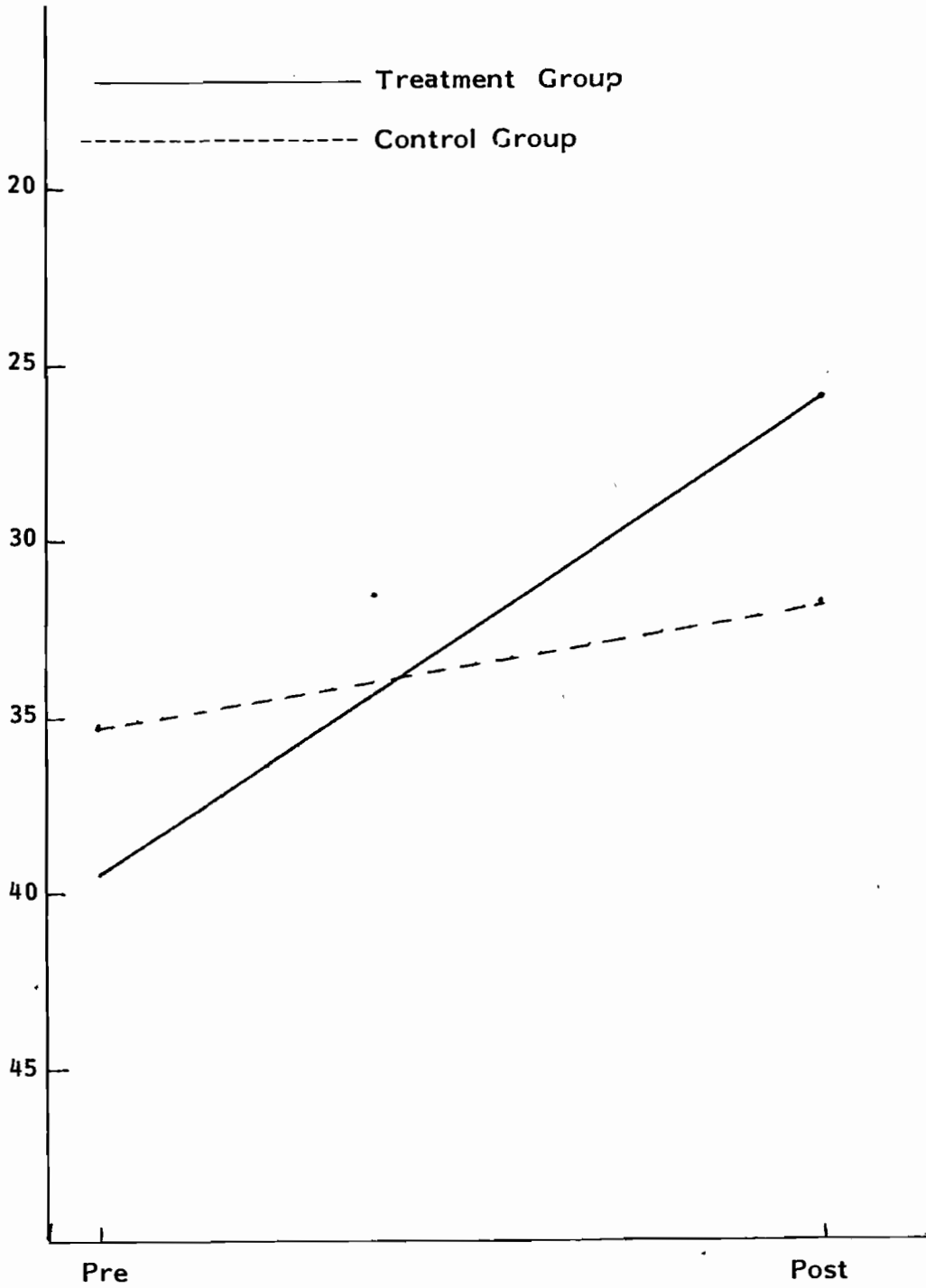


Figure IV.6 Couples' Combined Satisfaction Scores

exceeded, or responded as well as first marriage individuals to the program in the areas of satisfaction and problem intensity. Additional confirmation for the validity of the program was seen in the analysis relative to improvement by couples. Couples in the treatment group displayed a significant improvement from pre to post test in problem intensity and satisfaction.

Chapter V

DISCUSSION

It was the purpose of this study to evaluate the effectiveness of a post-wedding counseling group with participants of a premarital group. The program was designed to provide newly married couples who had participated in a seven week premarital counseling program with additional understanding and tools necessary to: increase their level of satisfaction in marriage; and reduce excessive problem intensity within their relationship. The hypothesis that those who participate in the post-wedding program will experience a decrease in problem intensity was confirmed statistically. This was confirmed through a significant reduction in problem intensity by the treatment group relative to the control group. Members of the treatment group and the control group had participated in the same premarital program.

Even though the participants of the treatment group and the control were not randomly assigned, the two groups resembled each other in several important characteristics: 1) general adjustment, as measured by the Dyadic Adjustment Scale (D.A.S.), (treatment group mean DAS=111.8, control group mean DAS=113.6, $p < .342$); 2) mean satisfaction scores, as measured by the difference scores on the Adapted D.A.S., (treatment group = 19.7, control group 17.7, $p < .297$). (The lower the score, the more satisfied one is with the relationship). 3) The mean age of the participants in the study was 28.8, treatment group average age was 28.9 and the control group average age was 28.7. There was no significant differences between the two groups at pretest in; 4) cohesion and 5) adaptability levels ($p < .439$ and $p < .388$ respectively), on the Family Adaptability and Cohesion Scale (FACES II). These similarities between

the treatment and control group, despite the lack of random assignment, tend to compensate for the common criticism, (Powell & Wampler, 1982) of not controlling for satisfaction levels of control group participants prior to the treatment.

There was no significant change in cohesion and adaptability scores in the treatment group relative to the control group as measured by the FACES II. Both the treatment group and the control groups' mean Cohesion scores placed them in the separated category. The Cohesion range of possible scores is divided into four specific areas on a continuum from 1) disengaged, to 2) separated, to 3) connected, to 4) enmeshed. Olson, Portner, and Bell (1982) describe the two middle categories as being the healthier and more balanced areas. See Appendix A for graphic illustration of Olson et.al.'s model and cutting points for each area. Post-testing indicated that both groups had moved from the separated into the connected category. The move for 34 subjects from separated to connected appears to be independent of any intervention and likely a function of time. It is important to remember that the degree of change was not statistically significant (Table IV.9).

There was also no significant change in the Adaptability scores, however, there was a change worthy of note. The mean pre-treatment adaptability score for the experimental group placed it in the rigid category, while the control group's mean score placed it in the structured group. The Adaptability range of possible scores is also divided into four specific areas, from 1) rigid to 2) structured to 3) flexible, to 4) chaotic. Like the Cohesion measure, the two middle categories are considered healthy and more balanced than the two extreme categories (Olson, Portner, & Bell, 1982). See Appendix A. The post adaptability scores indicated the treatment group mean had moved from the

rigid to the structured (more desirable) area. The control group remained in the structured area. Again, even though this is a change in the desired direction, no conclusions can be drawn due to the lack of statistical significance. (Table IV.9)

In regard to the lack of statistical significance between post-testing scores on the D.A.S. for the treatment group and the control group, the following should be noted: the pre-test scores for both groups are similar (no statistical significance) and are in the same well-adjusted range of marital functioning. The treatment and control group D.A.S. scores of 111.9 and 114.1 ($p < .342$), are consistent with a study by Sharpley and Cross (1982) and the original study by Spanier (1976), that list 108.5 and 114.8 respectively as the mean D.A.S. scores of well adjusted couples (Table IV.14) Therefore, significant improvement in general adjustment of already well-adjusted individuals is not likely. This would seem to be even more the case for this group of people who, within the last 12 months, had participated in a seven week premarital program, with the goal of facilitating the adjustment process.

Satisfaction

Even though the hypothesis that the treatment group would experience a significant increase in satisfaction relative to the control group was not confirmed statistically, a closer look at related data suggests that the treatment program did have a positive effect on levels of satisfaction. One indicator that some sort of treatment effect took place is the significance level of the Coanalysis of Variance. The Coanalysis of Variance was applied to the control for the pre-test difference in satisfaction levels between the two groups. The improvement in the mean satisfaction score of the members of the treatment group relative to the control

group was at the $p. < .161$ level. (See Table IV.4).

This degree of improvement in satisfaction may have been more significant if the number of participants in the study had been larger. Secondly, a very significant change took place from pre-test to post-test within the treatment group. When the post-test mean satisfaction score of 13.4 (adapted D.A.S. difference scores) is compared to the pre-test score of 19.7 the improvement is significant to the .0025 level. (This comparison was done through a one-tailed T-test for studies with a small sample size). (See Table IV.5) The same change did not occur in the control group during the same time period. Additionally, examination of Figure IV.2 suggests improvement in satisfaction resulting from participation in the treatment program.

Therefore, with the improvement in scores relative to the control group, the very significant improvement from pre-test to post-test within the treatment group, and the graphic evidence in Figure IV.2 it can be inferred that some improvement in satisfaction resulted from participation in the program. The need for further study regarding the effects of a post-wedding program on newly married couples' marital satisfaction is evident.

Satisfaction was measured by the difference between the expected and actual scores on the D.A.S. Therefore, this method of measuring satisfaction is also an indicator of the congruency of one's expectations of marriage and reality. It could then be concluded from the significant change that took place within the treatment group from pre to post test, and the near significant change relative to the control group, that the treatment program assisted couples in bringing their expectations in closer proximity to their actual relationship, or vice

versa. This positive effect on the congruency between expectations and actuality further supports the validity of a post-wedding follow-up in addition to a premarital program. This is especially true since the degree of similarity between expectations and actuality regarding marriage is directly proportional to healthy marital adjustment (Lewis & Spanier, 1979).

Although the control group experienced a slight improvement in satisfaction, the change was not significant ($p < .200$) See Table IV.5 and Figure IV.2. While this might indicate that increased satisfaction could take place naturally, previous research demonstrates that satisfaction in marriage tends to decrease over time unless there is a direct intervention (Lewis & Spanier, 1979). Further more, it is generally agreed that transition periods are the most effective time to facilitate adjustment to new situations (Markman et.al., in press). By allowing something to happen naturally, we risk the establishment of new maladaptive habits; thereby, inhibiting the long range healthy adjustment to marriage. It should be noted that the pre-test satisfaction scores show the treatment group beginning at a lower level than the control group, giving the treatment group a little more room for improvement.

Problem Intensity

The relative level of problem intensity was cited in Chapter two as a barometer of marital quality. The hypothesis that the members of the experimental group would experience a decrease in problem intensity, relative to the control group, due to their participation in the treatment program was confirmed. The reduction in problem intensity experienced by the treatment group is indeed impressive. Figure IV.1 displays the

positive substantial change experienced by the treatment group from pre-test to post-test. When the post-test TPI (Total Problem Intensity) score is compared to its own pre-test TPI we see a very significant decrease in problem intensity (pre TPI = 201.1, post TPI = 125.7, $p < .000$). During the same time period the control group experienced a slight increase in problem intensity.

In addition to totaling the intensity levels for the ten areas listed on the Knox form, the two most intensely rated areas were summed separately at the pre-test for each individual. Naturally the areas identified as most intense varied from person to person. The same two areas were then summed again at the post-test. The difference from pre-test to post-test, or degree of reduction, in intensity of the two most severe areas was then calculated. The treatment group displayed a 53% greater reduction in problem intensity than the control group. This suggests a more active role in problem solving by the treatment group. (Treatment group mean reduction = 43.2, Control group mean reduction = 22.9, $p < .099$.)

There were two independent variables, first or second marriage and length of time married, that are note worthy regarding problem intensity (TPI). There was a difference at pre-test between the mean T.P.I. scores for individuals in their first marriage and individuals in their second marriage in the treatment group. Individuals in their first marriage averaged 177.5 T.P.I. and individuals in their second marriage averaged 264.1 T.P.I. ($p < .09$). At the post-test both of these sub-groups experienced a reduction in T.P.I. and the difference between the first and second marrieds did not approach significance, first marriage post mean T.P.I. = 116.6,

second marriage 150 ($p < .220$). The positive response, regarding the drastic reduction of problem intensity, of second marriage as well as first marriage individuals due to participation in this program is, indeed, encouraging. See Table IV.1 and Figure IV.3.

While the control group also experienced a significant difference between pre-T.P.I. scores for first and second married people, it was the second married subjects who had the lower scores, first married = 133.9 and second married = 50 ($p < .031$). In addition to this reversal relative to the treatment group, the control group post-test, experienced an increase in significant difference between the two groups, first married = 168.3, second married = 28.3 ($p < .028$). It should be noted that the control group had a smaller number of second married people than the treatment group. Therefore, comparison between the treatment group and control group relative to second married individuals is tentative at best. See Table IV.11 and Figure IV.3.

An analysis of variance, within the treatment group, revealed the existence of a significant difference in Problem Intensity (T.P.I.) scores at the pre-test according to the number of months married. The post-test indicated a shift toward homogeneity with each month group experiencing a reduction in mean T.P.I. scores. See Figure IV.4A and Table IV.12. The control group also became more homogeneous at the post-testing session but with an overall increase in mean T.P.I. scores. See Figure IV.4B and Table IV.13.

A reduction in problem intensity regardless of the number of months married for both first and second marriage individuals, and an increase in their levels of satisfaction was experi-

enced by people who already displayed a healthy level of marital adjustment, according to the Dyadic Adjustment Scale scores (Table IV.6). The members of this study had already participated in a premarital counseling program, and still experienced a significant increase in marital quality. These facts clearly support the validity of this post-wedding follow-up program, and previous research (Microys and Bader, 1977; and Bader and Microys, 1980) that concludes: post-wedding sessions are more effective at improving a couple's ability to resolve conflict constructively than premarital sessions. Few studies, however, have included work with second marriage people. Although the number of second married individuals is small, their positive response to the intervention is encouraging and supports the need for further study.

The strength of this post-wedding follow-up program appears to be assisting the participants 1) in discovering their own appropriate abilities to problem solve, and 2) encouraging them to take a more active role in the process, rather than just hoping the problem will go away. The results of the problem intensity hypothesis suggest that not only did the participants set out to reduce problem intensity, but that they also experienced a degree of success resulting in lower problem intensity. Experiencing success in this area early in the marriage is its own reward and reinforces the chance of the couple repeating the process again, thus increasing the likelihood of establishing positive problem solving habits.

Response to Follow-Up Program by Couples

Since the assessment tools used, and stated hypothesis, were aimed at the progress of the individual in the newly married relationship, the effect of the post-wedding follow-up on the couple as a unit was also assessed. The response to the program by the couple units was very positive and statistically significant in two areas of marital quality, satisfaction and problem intensity. This is seen by the very significant reduction in mean problem intensity scores for couples in the treatment group from pre-test (402.1) to post-test (251.4) ($p < .0025$). Control group couples on the other hand experienced an increase in problem intensity from pre-test (225.8) to post-test (266.7). See Table IV.16 and Figure IV.5.

Treatment group couples also responded favorably in the area of marital satisfaction. These couples improved in satisfaction by significantly reducing their difference scores between expectations and reality from pre-test (39.5) to post-test (26.1) by 34% ($p < .0175$). Control group couples also improved in satisfaction, but only by 10% (pre-test difference score, 35.3; post-test difference score, 31.8; $p < .087$). See Table IV.18 and Figure IV.6.

Peer Support

Throughout the six weeks several couples commented on relative feelings of isolation as a couple. Over the last several years, this author has noticed the phenomenon of feeling isolated among some newly married couples. Since no documentation relative to this topic has been accomplished, this author can only speculate as to its cause. It appears that the change from single life to married life carries with it, for these couples, an abrupt reduction in involvement with friends

they had premaritally. Then there is a time lag between association with old friends one had as a single person, and the development of new associations as a married person. Often the new friends would naturally share the common experience of being newly married. The time lag seems to be due in part to the change in emphasis on friends and the fact that the majority of their energy and attention would be directed toward their spouse.

Of those who commented on feelings of isolation, they said there was comfort in seeing other newly married couples working through the same adjustment issues, such as how to deal with the influence from relatives and ex-spouses. The sense of commonality and support appeared to be an important part of the program for these people. Lewis and Spanier (1979) list the degree of positive support from one's existing peers as being directly related to successful adjustment to marriage. Therefore, this serendipitous effect of peer support emphasizes an additional use of a post-wedding follow-up program.

Timing of Post Wedding Intervention

It has been speculated that the time in early marriage when a couple seems the most open to assistance is around the three to six month mark (Schumm & Denton, 1979). Based on the people who were able to adjust their schedules to participate in the present study, people up to and around the one year mark are also quite open to input. Sixteen of the 22 people in the treatment group had been married between seven and thirteen months, at the beginning of treatment. This may indicate more of a willingness on the part

of couples who have been married 9 to 12 months than those who have been married only three to five months. It may also be that the couple who has been exposed to premarital counseling is more ready to accept input for a longer period of time.

General Measures of Adjustment

The general measures of marital relationships, D.A.S. and FACES II, did not seem to be sensitive enough to measure the effects over the short term of this post-wedding follow-up program. This makes particular sense when we understand that the majority of couples in their first year of marriage will tend to see their relationship in a positive light. The more specific measures seem to be sensitive to change within the context of this program. That is the adapted D.A.S. and the Knox Problem Intensity form.

Subjects' Perception of the Program

When the treatment group individuals were asked to appraise the helpfulness of the program and changes in the quality of their relationship, the responses were overwhelmingly positive. Eighteen of the couples felt their relationship had improved an average of 23% since the beginning of the program. It can be assumed that the increase in perceived quality is attributed to the increase in satisfaction and the decrease in problem intensity.

During the wrap up session, couples were asked to comment on the more useful areas discussed. The two areas most frequently mentioned were the third session on problem solving and assertively giving feedback, and the fifth session on dealing with outside sources of influence.

The fifth session presentation centered on dealing with in-laws and other relatives. However, the individuals who had been married previously found the Territoriality (Bakker, Bakker-Rabdau, 1973) model quite useful in understanding their own feelings toward their ex-spouse, or their mate's ex-spouse, and in deciding on effective ways of dealing with them.

On the post-test general information questionnaire, the individuals were asked to discuss and compare the follow-up program with the pre-wedding program they had been involved with. They all felt the premarital program had been beneficial as it helped them focus on the relationship they were developing at the time. They also said they would want to be involved in a pre-wedding group if they were beginning again. However, they all agreed, with the exception of one male, that the follow-up program was more beneficial to them. The general reason they gave was as follows: Now that they were into the marriage, they could see the importance of the issues discussed and could begin to directly apply information immediately.

Conclusions

With the results now in hand it does seem useful to offer a follow-up program as part of standard premarital counseling. The goal of the follow-up program would be to help couples bring any extremes into perspective and learn effective ways of dealing with problems, rather than allow these problems to lead to maladaptive habitual patterns of interaction and eventual withdrawal. In short, the purpose is to assist couples in increasing their general adjustment

to marriage, by teaching them how to problem solve, in a manner that pre-marital counseling does not accomplish. An effective way to do this is within the context of the couple's own newly established marital relationship, using their problems as examples for them to practice on. Based on the response of the second marriage people in the treatment group, regarding their reduction in T.P.I., a program of this type appears to be equally productive for those entering their second marriage. This certainly seems logical when we realize that second marriage people are probably unknowingly bringing undesirable habits from the previous relationship, yet at the same time often being overly cautious in taking the necessary risk in the problem solving process. Due to the fact that the number of second married people in the study is small, concrete conclusions regarding this population cannot be made. However, the results are encouraging and suggest the need for further study regarding the validity of follow-up marriage preparation with newly second married people.

The results of this study also suggest the need to re-examine the optimum time to intervene within the first year of marriage. The research cited in the second chapter states that six months is the time when couples are the most open for input regarding their marriage. However, the subjects in this study who had been married 12 and 13 months benefited as much as those who had been married a much shorter time.

These results indicate that clinicians who are involved in marriage preparation programs should consider seriously the need to add post-wedding follow-up as a routine part of their premarital counseling. A post-wedding follow-up program focusing on problem resolution should

be a crucial addition to premarital programs.

However, this post-wedding follow-up program had no measurable effect on adaptability, cohesion, and marital adjustment over the short term. Therefore, it appears that the primary effect a post-wedding program has on the newly married couple is to assist them in effectively reducing their problem intensity. Increasing the effectiveness with which newly married people solve problems is worth the energy. Experiencing success early in a new relationship helps establish the appropriate habits that become fixed habitual response patterns later in the marriage.

Intervening in a couple's life early in their marriage, but after the wedding, is appropriate even though the couple has been involved in premarital counseling. Although the subjects involved in this study according to the pre-test results, were generally satisfied and well adjusted, they still experienced increased levels of satisfaction and decreased problem intensity. Assisting the couples in establishing acceptable and effective ways of settling conflict and problems using the context of their own relationship is the most desirable. These conclusions are consistent with the preventative goal of authors and researchers such as Markman and Floyd (1980), that of "...changing behavior patterns that are not well established", in order "... to decrease the probability of maladaptive behavior developing later on" (p.30).

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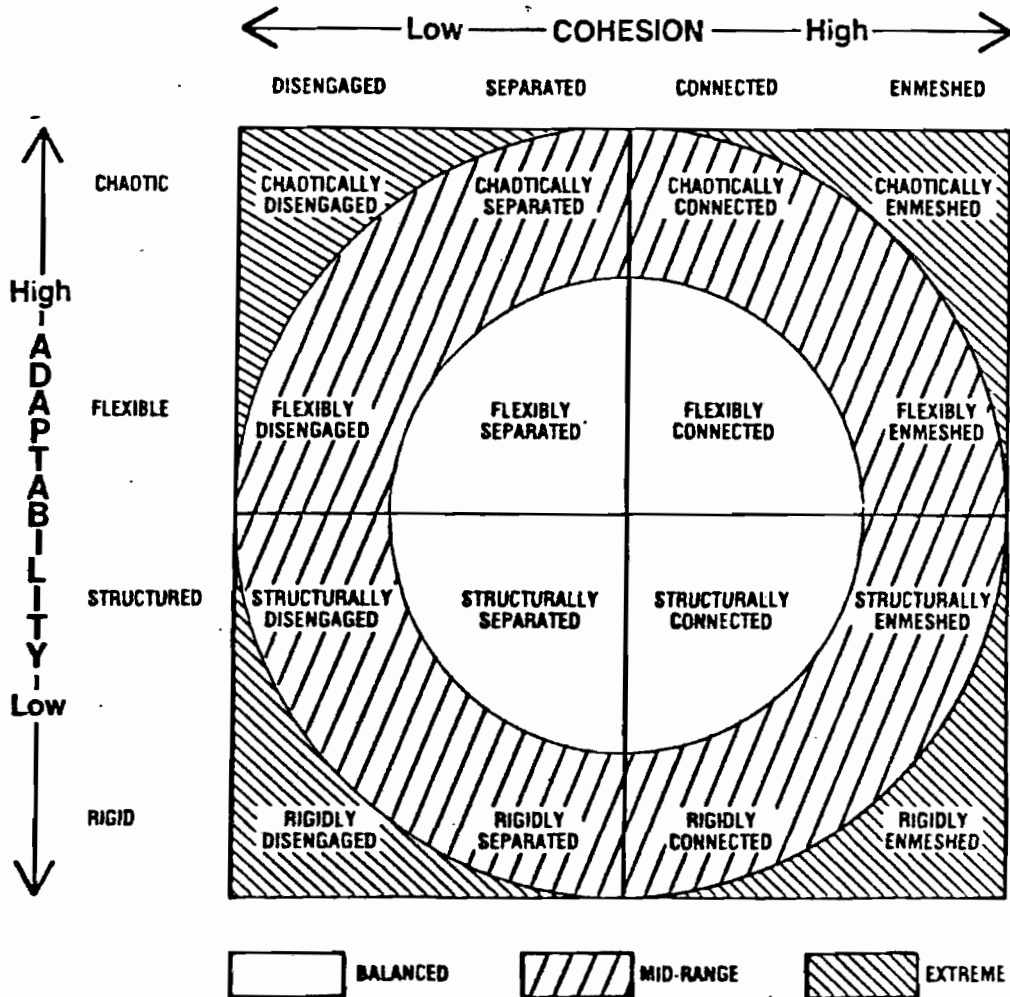
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APPENDICES

APPENDIX A

CIRCUMPLEX MODEL DIAGRAM AND FACES II CUTTING SCORES

CIRCUMPLEX MODEL: SIXTEEN TYPES OF MARITAL AND FAMILY SYSTEMS



FACES II: Cutting Points

C O H E S I O N

DISENGAGED SEPARATED CONNECTED ENMESHED

PARENTS (56.9 or below) PARENTS (57.0-65.0) PARENTS (65.1-73.0) PARENTS (73.1 and above)
 ADOL. (47.9 or below) ADOL. (48.0-56.0) ADOL. (56.1-64.0) ADOL. (64.1 and above)

ADAPTABILITY

CHAOTIC	DISENGAGED	SEPARATED	CONNECTED	ENMESHED
PARENTS 56.1 or above ADOL. 52.1 or above				
FLEXIBLE	DISENGAGED	SEPARATED	CONNECTED	ENMESHED
PARENTS 50.1-56.0 ADOL. 45.1-52.0				
STRUCTURED	DISENGAGED	SEPARATED	CONNECTED	ENMESHED
PARENTS 44.0-50.0 ADOL. 38.0-45.0				
RIGID	DISENGAGED	SEPARATED	CONNECTED	ENMESHED
PARENTS 43.9 or below ADOL. 37.9 or below				

APPENDIX B

**FAMILY ADAPTABILITY AND
COHESION EVALUATION SCALES**

FACES II ITEMS

by

David H. Olson, Joyce Portner, and Richard Bell

1. Family members are supportive of each other during difficult times.
2. In our family, it is easy for everyone to express his/her opinion.
3. It is easier to discuss problems with people outside the family than with other family members.
4. Each family members has input in major family decisions.
5. Our family gathers together in the same room.
6. Children have a say in their discipline.
7. Our family does things together.
8. Family members discuss problems and feel good about the solutions.
9. In our family, everyone goes his/her own way.
10. We shift household responsibilities from person to person.
11. Family members know each other's close friends.
12. It is hard to know what the rules are in our family.
13. Family members consult other family members on their decisions.
14. Family members say what they want.
15. We have difficulty thinking of things to do as a family.
16. In solving problems, the children's suggestions are followed.
17. Family members feel very close to each other.
18. Discipline is fair in our family.
19. Family members feel closer to people outside the family than to other family members.
20. Our family tries new ways of dealing with problems.
21. Family members go along with what the family decides to do.
22. In our family, everyone shares responsibilities.
23. Family members like to spend their free time with each other.
24. It is difficult to get a rule changed in our family.
25. Family membes avoid each other at home.
26. When problems arise, we compromise.
27. We approve of each other's friends.
28. Family members are afraid to say what is on their minds.
29. Family members pair up rather than do things as a total family.
30. Family members share interests and hobbies with each other.



FACES II ANSWER SHEET



Family Social Science
University of Minnesota
290 McNeal Hall
St. Paul, Minnesota 55108

INSTRUCTIONS: Complete Part I completely, and then complete Part II. Please answer all questions, using the following scale.

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

PART I:

PART II:

How Would You Describe Your
Family Now?

How Would You Like Your Family
TO BE?

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |
| 21. _____ | 22. _____ |
| 23. _____ | 24. _____ |
| 25. _____ | 26. _____ |
| 27. _____ | 28. _____ |
| 29. _____ | |
| 30. _____ | |

- | | |
|-----------|-----------|
| 31. _____ | 32. _____ |
| 33. _____ | 34. _____ |
| 35. _____ | 36. _____ |
| 37. _____ | 38. _____ |
| 39. _____ | 40. _____ |
| 41. _____ | 42. _____ |
| 43. _____ | 44. _____ |
| 45. _____ | 46. _____ |
| 47. _____ | 48. _____ |
| 49. _____ | 50. _____ |
| 51. _____ | 52. _____ |
| 53. _____ | 54. _____ |
| 55. _____ | 56. _____ |
| 57. _____ | 58. _____ |
| 59. _____ | |
| 60. _____ | |

☐ 36 +
☐ - Sum 3, 9, 15
19, 25, 29
☐ + Sum all other
odd numbers
plus item 30
☐ TOTAL
COHESION

☐ 12 +
☐ - Sum 12, 24,
28
☐ + Sum all other
even numbers
except item 30
☐ TOTAL
ADAPTABILITY

☐ 36 +
☐ - Sum 3, 9, 15
19, 25, 29
☐ + Sum all other
odd numbers
plus item 30
☐ TOTAL
COHESION

☐ 12 +
☐ - Sum 12, 24,
28
☐ + Sum all other
even numbers
except item 30
☐ TOTAL
ADAPTABILITY

APPENDIX C
KNOX PROBLEM INTENSITY FORM

PROBLEM INVENTORY:

DATE: _____ NAME: _____ MALE _____, FEMALE _____

INSTRUCTIONS: Below is a list of areas of disagreement experienced by many married couples. We would like to get some idea of the importance of each area in your relationship. In the first column following each problem area please write in a number from 0 to 100 to indicate the severity of the problem area in your relationship. In the second column, please write in a number from 0 to 100 to indicate how you think your spouse will respond to this problem area. A zero indicates that the problem area is not severe and a 100 indicates it is a very severe problem area. In the third column please write the number of years, months, weeks or days that this area has been a problem.

For example:

	Your response	How you think your spouse will answer	How long
Relatives	90	80	1½ yrs

This answer indicates that you view the "relatives" problem area as a severe problem for your relationship, and you think your spouse also thinks it is severe, but not quite as much as you. Also, you think the problem has existed for 1½ years.

	Your response	How you think your spouse will answer	How long
1. Money			
2. Communication			
3. Relatives			
4. Sex			
5. Religion			
6. Recreation			
7. Friends			
8. Alcohol and Drugs			
9. Parenting or deciding to have children			
10. Jealousy			

Please use the next two lines for Individual Personal Problems-Feel free to write down any other problem area(s) which you may feel is(are) relevant to your relationship.

11. _____			
12. _____			

1. _____ 2. _____ 3. _____

APPENDIX D
DYADIC ADJUSTMENT SCALE

DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

Please fill out two of these forms. One for the way you see your marriage Now. And one for the way you think it Should be.

Please indicate which one this one this is.

The way I see my marriage Now.

The way my marriage Should be.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behavior)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals, and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19. Do you confide in your mate?	5	4	3	2	1	0
20. Do you ever regret that you married? (or lived together)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves?"	0	1	2	3	4	5

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0
	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinion or were problems in your relationship during the past few weeks. (Check yes or no)

	Yes	No
29. Being too tired for sex.	0	1
30. Not showing love.	0	1

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

- 5 I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
 4 I want very much for my relationship to succeed, and will do all I can to see that it does.
 3 I want very much for my relationship to succeed, and will do my fair share to see that it does.
 2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
 1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
 0 My relationship can never succeed, and there is no more that I can do to keep the relationship going.

APPENDIX E

SCRIPTURE REFERENCES
(NEW AMERICAN STANDARD BIBLE)

Ephesians 4:25-27, 29-32
(New American Standard Bible)

25. Therefore, laying aside falsehood, **SPEAK TRUTH, EACH ONE of you, WITH HIS NEIGHBOR**, for we are members of one another.

26. **BE ANGRY, AND yet DO NOT SIN**; do not let the sun go down on your anger.

27. and do not give the devil an opportunity.

29. Let no unwholesome word proceed from your mouth, but only such a word as is good for edification according to the need of the moment, that it may give grace to those who hear.

30. And do not grieve the Holy Spirit of God, by whom you were sealed for the day of redemption.

31. Let all bitterness and wrath and anger and clamor and slander be put away from you, along with all malice.

32. And be kind to one another, tender-hearted, forgiving each other, just as God in Christ also has forgiven you.

Ephesians 5:21-33
(New American Standard Bible)

*21. and be subject to one another in the fear of Christ.

22. Wives, be subject to your own husbands, as to the Lord.

23. For the husband is the head of the wife, as Christ also is the head of the church, He Himself being the Savior of the body.

24. But as the church is subject to Christ, so also the wives ought to be to their husbands in everything.

25. Husbands, love your wives, just as Christ also loved the church and gave Himself up for her;

26. that He might sanctify her, having cleansed her by the washing of water with the word.

27. that He might present to Himself the church in all her glory, having no spot or wrinkle or any such thing; but that she should be holy and blameless.

28. So husbands ought also to love their own wives as their own bodies. He who loves his own wife loves himself;

29. for no one ever hated his own flesh, but nourishes and cherishes, it, just as Christ also does the church,

30. because we are members of His body.

*31. FOR THIS CAUSE A MAN SHALL LEAVE HIS FATHER AND MOTHER, AND SHALL CLEAVE TO HIS WIFE: AND THE TWO SHALL BECOME ONE FLESH.

32. This mystery is great; but I am speaking with reference to Christ and the church.

33. Nevertheless let each individual among you also love his own wife even as himself; and let the wife see to it that she respect her husband.