

AN ABSTRACT OF THE THESIS OF

NANCY L. STRANG for the MASTER OF SCIENCE
(Name) (Degree)
in Family Life presented on June, 1979
(Major)
Title: HUSBANDS' AND WIVES' ATTITUDES TOWARD THE THERAPEUTIC ROLE

Abstract approved: **Redacted for Privacy**
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The purposes of this study were to construct a Likert scale to measure the attitudes of husbands' and wives' toward the therapeutic role, and to identify the basic components underlying this role.

A 32 item scale was developed from questionnaire data obtained through a systematic random sample of households in Corvallis, Oregon. Split-half reliability was found to be .94, as adjusted by the Spearman-Brown Prophecy Formula. Validity was not empirically established, however, some evidence is provided by comparison of scale scores with four independent items similar to questions used in previous research.

The application of factor analysis to the scale produced significant loadings on ten factors. These factors were then organized into four categories: category A reflected husbands' and wives' considerateness, understanding, and appreciation for one's spouse; category

B was named empathetic communication; category C was labeled avoidance or denial of potential problems; and category D concerned traditional family role orientation.

Although the present study was exploratory, the results provide some support for the thesis that the therapeutic role is emerging. An overwhelming majority of the respondents reported that they utilized their spouse as the primary therapeutic resource, and that it was very important to them that their spouse was a friend and companion.

Husbands' and Wives' Attitudes Toward
The Therapeutic Role

by

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A THESIS

submitted to

Oregon State University

in partial fulfillment of
the requirements for the
degree of

Master of Science

June 1979

APPROVED:

Redacted for Privacy

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Date thesis is presented December 15, 1978

Typed by Sharon Mosley for Nancy L. Strang

ACKNOWLEDGEMENTS

I wish to express sincere appreciation to Dr. Arthur E. Gravatt, my major professor, for providing me with the opportunity, encouragement, and guidance throughout this research project. His delightful optimism, stimulating ideas, enthusiasm, and interest in this study facilitated my intellectual growth and development.

Special thanks is extended to Dr. Knud Larsen who offered valuable advice during the scale construction phase of this study; to Helen Lowry for her help in determining the sampling design and for suggestions during the data collection stage; and to Dave Niess for his patience and tremendous assistance with the programming and computer analysis.

I also wish to thank Donna Nelson for serving as a member of my graduate committee; to Dr. David Faulkenberry who substituted for Dr. Peterson as my minor advisor and for his advice on statistical matters; and to Dr. Carl O'Connor for serving as the graduate representative on my committee and for his helpful comments in writing the final draft of this thesis.

In addition to the assistance provided by many faculty members, I want to acknowledge a few individuals who enriched my life during my graduate study. I am grateful for the enduring emotional support, encouragement, love, patience, and understanding provided by my husband,

John. His wisdom beyond his years stimulated my individual growth in countless ways.

I also wish to express a loving thanks to Sister Kris Goodrich, Emy Wadsworth, and Shirley Hunt for their special and cherished friendship throughout my graduate years. They truly provided nourishment for the development of the affective dimensions of my personality.

Finally, I want to thank Dr. Robert Dale for his sincere friendship and concern during the final phase of this research study.

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HUSBANDS' AND WIVES' ATTITUDES TOWARD THE THERAPEUTIC ROLE

Introduction

This study focuses on the therapeutic role as an emerging family function. Family functions have been a major concern of social scientists for many years. As the American society became industrialized and urbanized, many of the traditional functions underwent modification. This resulted in a transfer of some of the functions from the family to societal institutions (e.g. education, religion, and a concomitant emergence of other functions (e.g. recreation, therapeutic). The one function that continues to be fundamentally important, in spite of the changes, is that of providing affection and reassurance for family members (Ogburn, 1938; Blood, 1964; Blood and Blood, 1978).

Burgess and Locke (1950) have conceptualized this change as a shift from an institutional to a companionship type of family. The companionship family form emphasizes an egalitarian conjugal relationship united by the bonds of affection, mutual understanding and common interests. An important aspect of the marital relationship involves mutual problem solving and satisfaction of personal needs, in addition to maintaining the individual identities of the partners (Hess and Handel, 1959). In fact, the success or happiness of a marriage today is typically evaluated in terms of the degree to which the marital relationship provides a mutually satisfying experience for both the

husband and wife (Gagnon and Greenblatt, 1978). Additional support for this idea is provided by Ackerman (1958), who claims that an important aspect of a family's health lies in the degree that family members cooperate in dealing with problems and resolving conflicts.

Nye and Berardo (1973) have recently hypothesized the emergence of three familial roles: sexual (males only), recreation and therapeutic. This study is concerned solely with the therapeutic role, which functions as a support system in protecting and helping family members cope with the frustrations that are inevitable in living in a competitive and impersonal society (Nye and Berardo, 1973).

Objectives

The principle objectives of this study are to develop a Likert scale that measures husbands' and wives' attitudes toward the therapeutic role and to identify the basic underlying components of this role.

Since research investigating the therapeutic role is scanty, this study is regarded as a preliminary attempt to develop an empirically effective attitude instrument for measurement of the therapeutic role.

Assumptions

The following assumptions are made regarding the therapeutic role within the context of the marital relationship.

1. Attitudes toward the therapeutic role are assumed to exist.
2. Attitudes toward the therapeutic role are assumed to vary among individuals.

3. A Likert scale is an effective device for measuring attitudes.
4. Attitudes toward the therapeutic role can accurately be measured by means of a Likert scale.
5. Attitudes toward the therapeutic role are influenced by a set of expectations which are structured around specific rights and duties.

Justification

Family life experiences permeate nearly every facet of an individual's life, ranging from personality formation and development to interpersonal interaction. Within the marital relationship, therapeutic behavior has been identified as an integrative factor influencing the quality of the relationship (Blood, 1978; Farber, 1957; Mangus, 1957b). Since the majority of men and women tend to rely on informal, rather than professional sources of help for their problems (Gurin, Veroff and Feld, 1960), it is important to gain a deeper understanding of the therapeutic role in marital interaction.

Achievement of a healthy and satisfying relationship is contingent upon both psychological and sociological variables (Stone and Farberman, 1970). Some of the factors that influence the type and quality of marital interaction include: roles, attitudes, expectations, values, prior experiences and motivations.

A review of the literature reveals that only a few studies have investigated the therapeutic role as defined by Nye and Berardo (1973). In each of these studies the Washington Role Inventory (Nye and Gecas, 1976) was the sole measure of the therapeutic role. There are several limitations inherent in this measuring device. First, the instrument

is composed of single item statements, each of which is thought to measure a distinct concept (e.g. norms, sanctions, competence).

Several researchers, however, contend that sets of questions, rather than single items, yield the most reliable results (Campbell, 1963; Green, 1954; Oppenheim, 1966). Second, although the authors' procedure for testing the existence of roles in society is based on a normative model, the Washington Role Inventory does not include a normative question measuring the therapeutic role. Third, there is no established procedure for scaling the items or appropriately assigning weights to them. Finally, although a normative question with respect to the therapeutic role does not appear in the Washington Role Inventory, Nye includes this type of question in other studies (1974; 1976). The wording of the normative statements in these sources, however, is used inconsistently. For example, "duty" is freely interchanged with "responsibility" albeit both words are interpreted the same way. This interchangeable use of terms is not justified according to Oppenheim (1966), since a change in wording often results in a change in semantics.

Definition of Terms

The terms listed below are employed with various meanings throughout the literature. However, for the purposes of this study, they will be defined in the following manner.

Attitude: The relatively persistent and stable predisposition of an individual to act or react in a consistent manner toward certain objects or situations (Fishbein, 1967; Oppenheim, 1966; Sarnoff

and Katz, 1954). An attitude embodies three components: behavioral (overt); belief (ideation); and emotional (affective) (Sawrey and Telford, 1975). According to Green (1954), an individual's responses on a questionnaire constitutes his/her elicited verbal attitudes. In this study, a respondent's attitude toward the therapeutic role will be measured by the sum of his/her responses to items on the Likert scale.

Likert Scale: A type of attitude scale consisting of a series of statements that are rated according to degree of agreement or disagreement (Likert, 1932). Typically, five alternative responses are possible for each statement and are assigned the weights, 1-5. A total score for each respondent is then obtained by summing the weighted responses for each statement, over all statements.

Role: A normatively defined set of behaviors that is expected of an occupant of a particular social position (Bates, 1956). Associated with each role are certain rights and duties that are acquired by the occupant of the position, and all occupants are expected to fulfill them. Nye and Gecas (1976) point out that an individual's attitudes and values are also factors that help to define roles.

Role Norm: A behavioral expectation that is shared by the members of a group regarding what behavior is considered tolerable (Rodgers, 1973). Since expectations define the limits of acceptable behavior for a particular role, they provide a conceptual link between role behavior and the social structure (Sarbin, 1968). The majority

of the statements comprising the Likert scale take the form, "A spouse should...".

Therapeutic Role: The therapeutic role has recently been hypothesized as an emerging familial role (Nye, 1976; Nye and Berardo, 1973; Nye and Gecas, 1976). This role encompasses a realm of "helping behaviors" that spouses are expected to perform for one another, such as, providing affection, reassurance, sympathy, listening, advice giving, emotional support, warmth, respect, love, acceptance, caring, sincerity, understanding, and security.

THEORETICAL ORIENTATION

Over the past quarter century there has been a tendency to subsume symbolic interactionism and structural role theory under the general rubric of role theory (Stone and Farberman, 1970). Researchers, however, have not consistently distinguished between these two forms. Sarbin (1954) and Mangus (1957a) consider both views but do not distinguish between the two. Biddle and Thomas (1966) include only the structural aspect in their account of role theory, while Heiss (1976) describes the similarities and differences of each but concentrates on the interactional perspective. In order to establish a comprehensive role theory, Heiss (1976) maintains that both the structural and social-psychological factors should be accounted for.

Several assumptions are found to be common to both types of role theorists: humans are born into a pre-existing symbolic environment; human beings are active as well as reactive organisms; the social act is the fundamental unit of societal analysis; individuals learn roles by engaging in social interaction; individuals associate particular positions in the social structure with certain role expectations; and role expectations operate as guides for behavior (Heiss, 1976, Stryker, 1964).

Although the two forms of role theory share certain basic commonalities (e.g. assumptions and concepts), each form addresses different aspects of the same problem (Heiss, 1976). While the interactional

perspective is concerned with the process of role acquisition, expression and development, the structural view deals with the functional and consequential aspects of roles. In addition, Nye and Gecas (1976) note that the type of social context differs with respect to each view. The structuralists tend to analyze roles in the context of formal organizations which have relatively well defined role definitions. The interactionalists, on the other hand, generally attempt to explain role behavior in informal or unstructured groups, where expectations for behavior are loosely defined. Since both formal and informal interactional patterns are discernable in the family, role theory appears to be a particularly relevant focal point from which to study therapeutic role attitudes.

The marital relationship may be viewed as an organization of inter-related roles and communication networks (Burgess, 1926; Heiss, 1976; Stryker, 1964). As a special type of small group, based on intimate and informal relationships, the marital dyad is structured around positions, roles and expectations for behavior.

Within the family, the husband and wife each occupy positions that serve to locate them, cognitively speaking, in a system of role relationships (Nye and Berardo, 1973; Schvaneveldt, 1966). Associated with each position is a set of ascribed roles, which together, constitute an individual's "role set" (Merton, 1957). In a formal sense, roles may be defined with respect to statuses in the family (e.g. husband or wife), or in an informal sense in terms of specific activities (e.g. provider or child care) (Nye and Gecas, 1976). Since roles exist only in relation to other roles they are said to be reciprocal (Bates, 1956).

Thus, the role of the husband has no meaning except in relation to the wife role.

Roles are elements of the social structure and are characterized by norms (Bates, 1956; Biddle and Thomas, 1966; Gross, Mason and McEachern, 1958; Nye and Berardo, 1973). Norms are standards of behavior which specify a range of behavior that is considered desirable and appropriate for a particular social position (Dyer, 1962). Individuals learn to perform roles in accordance with cultural and subcultural norms. If the husband and wife share similar cultural backgrounds, many of the norms they subscribe to will be similar. Normative patterns, existing at both the cultural and subcultural levels, may be observed from overt behavior or from verbalized responses to normative questions (Biddle and Thomas, 1966; Nye and MacDougal, 1959). Sanctions operate as an informal system of social control by rewarding those who enforce the social norms and penalizing those who deviate from them (Vernon, 1972).

The roles of the husband and wife are defined by a complex pattern of expectations (Dyer, 1962; Heiss, 1976; Nye and Berardo, 1973). Role expectations are "collections of cognitions - beliefs, subjective probabilities, and elements of knowledge - which specify in relation to complementary roles the rights and duties, the appropriate conduct, for persons occupying a particular position" (Sarbin and Allen, 1968, p. 498). In this sense, as husbands and wives acquire marital roles, they also acquire certain expectations concerning how they should perform these roles.

Interactionists hold that while some of the expectations for marital roles are specified by societal norms, others will be created through the interaction of the spouses as they attempt to cope with the reality they experience as a married couple (Turner, 1970). Congruence of role expectations and performance of roles generally results in positive interaction among the participants. However, discrepancy between expectations and enactment of roles often results in role strain or role conflict (Hurvitz, 1965). Further, the husband and wife must not only anticipate their own reactions to their partner, but also their spouse's actions and reactions to them in order for interaction to proceed (Mangus, 1957a). This requires some ability to organize one's perceptions of the roles of the other. If role perceptions are similar and accurate, spouses are better able to anticipate their partners' feelings and behavior and adjust their own responses and expectations accordingly (Stuckert, 1963).

Through the interaction process, husbands and wives internalize the attitudes and intentions of their partners. This involves learning to perform one's roles in response to: the expectations of significant others (Hurvitz, 1974); the norms of relevant subgroups, such as the family (Nye and MacDougal, 1959); and in accordance with societal norms (Biddle and Thomas, 1966). The competent person, then, is not only prepared to perform his/her roles, but also understands the expectations of others with whom he/she will be interacting (Mangus, 1957c).

The general proposition of this study, derived from role theory is: Spouses who perceive norms of mutual understanding, emotional

support and common interests are more likely to have positive attitudes toward the therapeutic role than spouses who do not perceive these specifications as norms.

Review of the Related Research

Marital Roles

Marital roles have received considerable attention over the years. Although few research studies directly test role theory, increasing numbers of researchers employ role theory concepts (e.g. role, role-taking, role-playing, empathy, interaction) in their investigations.

Traditionally, society has defined familial roles according to gender differences which appear to be quite consistent cross-culturally (Parsons and Bales, 1955). However, minimal evidence exists to explain this difference in terms of physiological necessity (Goode, 1963).

Research conducted during the 1950's and 1960's examined the roles of persons in small groups and formed the basis for later research involving families. Bales and Slater (1955), found that certain members of a group were primarily concerned with the maintenance of relationships between members, while others attended to the achievement of a specific task. In addition, they noted that these behaviors tended to be differentiated with respect to gender. Parsons and Bales (1955) applied these principles to marriage roles, and developed a schema based on instrumental-expressive dimensions. The instrumental axis is associated with task performance and provides a link between the family and society. Instrumental roles are generally considered to be performed by the person occupying the husband-father position. The

expressive dimension, on the other hand, is concerned with regulating social emotional interaction and is typically associated with the wife-mother position.

This conceptual distinction was applied to cross-cultural data by Zelditch (1955), who tested the hypothesis that nuclear families differentiated leadership roles along the instrumental-expressive dimensions. He found that many societies allocated leadership roles within the family in this manner, and concluded that intrafamilial role differentiation was not the result of intrinsic factors, rather, it was merely a convenient way to organize role performance with respect to certain economic activities.

A more recent study by Arnoff and Crano (1975) attempted to reject Zelditch's hypothesis. However, the authors failed to recognize that a crucial aspect of the thesis dealt with the leadership dimension in relationship to sex roles. Instead, they concentrated on women's contributions of labor to the economy of the family, and in doing so excluded both the leadership and expressive aspects of roles.

Somewhat similar to Parsons and Bales expressive role is Levinger's (1964) socio-emotional role. He maintains that both the husband and wife regard the affective dimension of the marital relationship as more highly valued than the task performance dimension. Closely associated with this idea is Burgess' concept of the companionship role in marriage (Burgess and Wallin, 1953; Burgess, Locke and Thomes, 1963). This role concerns communication of ideas and attitudes, sympathetic

understanding, sharing interests and leisure activities with one's partner. In addition, mental hygiene, companionship and giving affection were proposed by Blood (1964) as emerging family roles.

Several studies have been concerned with identifying the components of marital roles in general. Benson (1971) described the basic obligations of husbands and wives as: truthfulness and dependability; sharing work; mutual ego support and sympathy; talking and listening; sexual satisfaction and physical warmth; and volunteering one's services. For Hurvitz (1961), sharing activities, leisure time and thoughts; showing an interest in the feelings and concerns of one's spouse; awareness of needs for fulfillment; regarding the spouse as a friend and confidant; and refraining from abusing and ridiculing one's partner constitute the components of marital roles. A factor analytic study by Tharp (1963) identified twelve dimensions of marital roles, which were grouped into five classes: external relations; internal instrumentality; role sharing; sexuality and solidarity. The solidarity dimension is most relevant to the therapeutic role and consists of several factors: intimacy, social and emotional interaction, togetherness, understanding and companionship. Although the specifics of these conceptualizations differ, a general underlying theme prevails: husbands and wives are expected to provide mutual support, affection, encouragement, and assistance for each other in order for the relationship to be satisfying for both partners.

The Therapeutic Role

The most recent formulation of familial roles was undertaken by Nye and Berardo (1973). Of the eight roles identified (provider, housekeeper, child care, child socialization, sexual, recreational, therapeutic, kinship), three were hypothesized as emerging. Emerging roles differ from traditional roles in that there is insufficient evidence to establish them as normatively defined family functions. In addition, emerging roles are often neither recognized nor performed across classes. The present study focuses on the therapeutic role.

The therapeutic role involves the responsibility of providing emotional support, empathetic understanding, encouragement and different points of view for one's spouse. Ability and accuracy of taking the role of the other are important in performing this role. Through empathetic understanding, spouses perceive and interpret the feelings, attitudes, intentions and actions of each other which allows them to anticipate and influence future behavior. As part of this process, the roles become more clearly defined.

Since roles are reciprocal, the therapeutic role may be viewed in terms of an informal counselor-client relationship. Because the husband and wife are considered to be significant others, they do not have to concentrate on establishing an initial rapport that is essential to a professional helping relationship. Rather, the task of developing and maintaining an objective therapeutic attitude toward one's spouse becomes paramount. The spouse enacting the

therapeutic role, then, encourages his/her partner to identify, confront and express his/her feelings, attitudes and goals. The "counselor" may then offer a clarification of the problem, an interpretation of the issue or a different point of view.

The interaction of the spouses may be viewed in terms of social acts. Through behavioral exchanges, the "counselor" tries to uncover the "client's" definition of the situation in order to help the spouse cope effectively with the predicament. If the interaction is based on a genuine concern for one another and there is a desire and a commitment to develop a satisfying relationship, positive feelings of acceptance, respect and security are generally created.

Researchers seem to agree that the facilitative conditions of a positive therapeutic relationship include: an affective bond, unconditional positive regard, acceptance, empathetic understanding, sincerity, emotional adaptability, non-possessive warmth, effective communication, openness, commitment toward the continuance of the relationship, lack of role strain, consensus of attitudes, congruence of attitudes and behavior and accuracy of perception (Hansen et al, 1977; Hurvitz, 1965; Mangus 1957c; Okun, 1976; Rogers, 1957; Saltzman, 1976). These dimensions are considered to be products of the therapeutic process and not personality traits of the individuals involved in the encounter.

The expectations for persons involved in the helping professions was assessed in a study by Thomas, Polansky and Kounin (1955). They reported that a potentially helpful person was expected to maintain

communication, realistically assess the importance of the problem, be sensitive to tension, attempt to reduce tension and facilitate decision making difficulties. Since the therapeutic relationship consists of active participation by both the "counselor" and "client", the interaction process is considered to be mutually beneficial. Further, the intimacy of the marital relationship ensures that any therapeutic encounter will have an effect not only on the individuals involved, but on the relationship as well.

The role of the support system within the marital dyad, as hypothesized by Nye and Berardo (1973), has received very little research attention, despite its presumed importance. At least four major dimensions of the therapeutic role have been identified (Nye and Gecas, 1976). The first concerns the responsibility of spouses to provide emotional support and empathetic understanding for one another. The second involves providing affection and reassurance for one's spouse. Another dimension encompasses the various qualities associated with effective communication, such as listening, accuracy of role-taking and feedback. The fourth area embodies the obligation of husbands and wives to offer different points of view and possible solutions in resolving problems. Although the content and process involved in enacting these behaviors are different, they are all generally considered to be important in any helping relationship.

The most pertinent studies that provide evidence in support of the existence and importance of the therapeutic role are based on

Nye and Berardo's (1973) delineation of family roles. Nye and McLaughlin (1976) demonstrated that effectiveness in performing the therapeutic role was the best predictor of marital satisfaction for both spouses. Chadwick, Albrecht and Kunz (1976) found the greatest consensus between spouses' expectations and adequacy of performance with respect to marital intimacy. They also noted that husband's reported their wives to be superior in actual performance of all roles except the provider role. Wives, however, rated their husbands' performance as being superior in the provider, recreation and therapeutic roles. In addition, roles were investigated in relation to degree of conformity to spouses's expectations. The two roles that showed the least amount of conformity were the therapeutic and training of older children. Although the amount of satisfaction derived from performing each role was high, the percent of husbands and wives that rated the therapeutic role as providing a great deal of satisfaction was low with respect to the satisfaction gained from performing the other roles. It should also be mentioned that wives reported considerably more satisfaction in performing the therapeutic role than did husbands. Clark, Gecas and Nye (1978) also included the therapeutic role in their study of the amount of time husbands spent at work and the performance and competence in enacting marital roles. They hypothesized that the degree of the husbands' involvement in work is negatively related to therapeutic performance and competence. Although the data show a negative relationship between hours worked and competence, the correlation was very small

($r = -.07$). Husbands' work time was also found not to significantly decrease participation in the role ($r = .08$). Furthermore, a positive non-significant relationship between husbands' income and competence in the performance of the therapeutic role was reported. Finally, Nye (1974) attempted to establish normative verification for the existence of three emerging roles: therapeutic, recreation and sexual (males only). The findings indicate that the majority of the respondents (70% of the husbands and 60% of the wives) acknowledged the normative character of the therapeutic role as well as performed it in a positive manner.

Numerous other studies show indirect evidence of the importance of sharing and coping with the feelings and concerns of the marital partners. The majority of the studies that tap some aspect of the therapeutic role were concerned with marital satisfaction, happiness and adjustment.

Hicks and Platt (1970) point out that maximizing positive, while minimizing negative strokes is beneficial to achieving a satisfying marital relationship. More specifically, they note that the factors that contribute to marital satisfaction are mutual respect, understanding, expressions of affection, and reassurance. A study by Mathews and Mihanovich (1963) examined the types of behavior that differentiated happily and unhappily married couples. They found the following behaviors were adversely related to marital happiness: spouses have little insight into each other's feelings; spouses intentionally said hurtful things and falsely accused one another; spouses felt neglected by their

mates; spouses received little affection, appreciation, reassurance or companionship from their partners; and spouses often felt belittled and that their self respect was attacked. Another study by Landis and Landis (1968) addressed the issue of crisis in marriage with respect to happily and unhappily married couples. Happily married couples generally discussed the crisis peacefully and tried to understand the spouse's point of view rather than blaming the spouse, considering divorce, talking the crisis over with persons other than the spouse or becoming physically ill.

Further support for the positive effects of therapeutic behavior on marital satisfaction can be found in the following studies. Blood (1969) revealed that the wife's satisfaction with the amount of attention she received from her husband was a major contributor to marital success. Michel (1970), in a study of Parisian wives, found that the most satisfied wife's reported that their husband's showed an interest in how they spent their time during the day, and that both partners shared their problems and concerns with one another. The results of a study by Blood and Wolfe (1960) showed that wives who indicated that they always talked their problems over with their husbands were most satisfied with their marriages. In addition, they found that husbands most often responded to disclosure of their wives' troubles with sympathy and affection, and with advice on how the wife could solve the problem. Finally, Locke and Karlsson (1952) showed that affectionateness and demonstration of affection were positively related to marital adjustment.

Communication and the Therapeutic Role

A discussion of communication appears to be critical for further delineation of the therapeutic role (Nye and Berardo, 1973). Through the dynamics of effective communication, modification of attitudes and behavior often occurs. The ability to take the role of the other makes it possible for communicators to adapt their behavior to the demands of the situation and to one another. In this sense, the communicator is an active participant as well as an analytical observer in the communication process.

Researchers and therapists have long recognized the importance of effective communication in achieving a satisfying marital relationship (Hurvitz, 1960, 1974; Mangus, 1957c, Miller, Corrales and Wackman, 1975; Rogers, 1951). Communication provides the medium through which spouses develop a better understanding of one another in addition to being a vehicle by which problems and conflict are dealt with (Hurvitz, 1974). Since communication is vital to the maintenance and enrichment of well adjusted relationships as well as to rebuilding conflict stricken ones, it is viewed as a salient dimension of the therapeutic role.

Implicit in this idea is the assumption that effective marital communication requires the solving of problems at varying degrees and levels of interaction. Blood and Wolfe (1960), in their Detroit study, found that wives who reported always telling their troubles to their husbands also tended to be most satisfied with their marriages. Similarly, Landis and Landis (1968) discovered that happily married couples engaged in considerably more discussion as a method of resolving

differences than did unhappily married couples. Navran (1967) compared the responses of 24 happily married couples with 24 unhappily married couples seeking counseling. She found that the two groups were differentiated with respect to both quantitative and qualitative variables. These included: amount and content of verbal and nonverbal communication; degree of sensitivity and understanding of spouse's feelings; degree to which communication channels were left open; and the frequency and extensiveness of discussion of intimate issues and personal problems.

While discussion of differences or problems within the marital relationship is generally assumed to be therapeutic for the husband and wife, not all problems can be resolved satisfactorily through talking (Cutler and Dyer, 1965). In fact, there is some evidence that couples who are having marital problems may only aggravate the difficulties by attempting to discuss them (Landis and Landis, 1968). Crosby (1973) suggests that a viable alternative might be for spouses to agree to disagree on certain problematic issues.

A related area of research concerns the process of revealing personal information about oneself to another person. Jourard (1958) was the first to refer to this concept as self-disclosure. The literature on self-disclosure reveals inconsistent findings regarding the degree of disclosure and marital satisfaction. A study by Levinger and Senn (1967) reports a strong positive relationship between full disclosure of feelings and marital satisfaction. Navran's (1967) research appears to provide support for this finding. A more recent examination, however, suggests that the relationship between these two variables is

curvilinear (Cozby, 1973; Jourard, 1971). More specifically, there appears to be an optimal level for revealing information of an intimate nature, after which point any further disclosure results in a decrease in marital satisfaction. Gilbert (1976) argues that self-disclosure should be studied qualitatively, rather than quantitatively, although she stresses considerable more research is needed to substantiate this. In addition, she proposes that the relationship between marital satisfaction and self-disclosure is curvilinear when a person's needs for security, safety and status quo are not met.

Another important aspect of communication is listening, which is generally considered to be intrinsically therapeutic (Wiemann and Knapp, 1975). An active listener conveys a sense of interest, sincerity, trust, respect and support to the person transmitting the message (Rogers, 1967). According to Bienvenu (1970), listening skills, self-disclosure, understanding, tone of voice and method of coping with discord differentiated couples with good and poor communication skills. It was also found that nagging, conversational discourtesies and lack of communication contributed to poor communication.

Representing a somewhat different aspect of communication are a few studies dealing with empathy and role-taking. Developing an ability to take the role of another and a conception of a generalized other are essential for the acquisition of adult roles (Jackson, 1966). The theory suggests that couples who develop effective communication patterns have a greater ability to role-take (Heiss, 1976). Although Stryker's investigation does not directly focus on the marital relationship, it is introduced because it is one of the few studies that

directly tests role theory. Stryker (1956) tested fifteen hypotheses concerning the accuracy of role-taking derived from Meadian propositions. The majority of the hypotheses were not found to be statistically significant. However, all but one were in the direction predicted by the hypotheses. It was concluded that other structural variables, such as rationality, utilitarianism and organization be taken into account in the analyses. A study by Buerkle and Badgley (1959) looked at the role-taking patterns of two groups of couples. One group consisted of couples involved in marital counseling, while the other was composed of couples participating in religious affiliated couple's clubs. The couples were presented with a series of hypothetical marital situations and asked to resolve the conflict situation by selecting a solution that either took the role of the other or did not. The untroubled couples revealed significantly higher role-taking scores than did the troubled couples. In other words, those not seeking counseling for problems were much more likely to select empathetic and considerate role responses as opposed to selfish and unthoughtful ones.

Empathetic role response refers to the ability to accurately interpret the feelings, attitudes, intentions and behavior of another person in order to anticipate and predict his/her behavior (Dymond, 1949; Foote and Cottrell, 1955; Hobart and Klausner, 1959; Mangus, 1957c). Further, "empathy both facilitates communication and provides for growth and change" (Keefe, 1975, p. 10). Although role-taking and empathy are very similar, and often used interchangeably, Shantz (1975) differentiates between the two on the basis that empathy involves the capacity for responding emotionally while role-taking does not.

The body of literature concerning empathy has primarily grown out of clinical settings where the focus has been on the one-to-one relationship. Truax and Mitchell (1971) reviewed the literature relating empathy to the outcome of the therapy process. Another important contribution was the identification of understanding and feeling as components of empathy (Buchheimer, 1963).

Cottrell (1950) was one of the first to recognize the importance of studying empathetic responses within the marital relationship. Burgess, Locke and Thomes (1971) claim that sympathetic understanding is essential to the unity of the marital relationship, while Foote and Cottrell (1955) consider empathy necessary for the development of interpersonal competence within the marital relationship. Kirkpatrick (1963) provides further support for this idea by suggesting that couples who enjoy common interests and participate in leisure activities together often have a greater understanding and empathy for one another. In investigating the relationship between empathetic response and marital status, Kirkpatrick and Hobart (1954) found that married couples tended to respond more empathetically than dating couples.

Two studies were located that provided support for the positive relationship between empathy and marital adjustment. Taylor's (1967) data showed that there was a positive relationship between husbands' and wives' empathetic accuracy and marital adjustment, but that the relationship was more significant with respect to the perceptions of the husband than with respect to the wife. Stuckert (1963) found that the accuracy with which the wife perceives the husband is related to marital satisfaction, yet the converse was not found to be true.

Empathy is one of the skills necessary for effectively adapting to a variety of situations, in addition to promoting healthy interpersonal relationships. It seems plausible that the more accurately one perceives the attitudes, feelings and behaviors of others, the more able one is to make adjustments. Buerkle, Anderson and Badgley (1961) demonstrated that adjusted couples were more willing to modify their behavior than were maladjusted couples. Other studies have shown that wives tend to adapt more in marriage than do husbands (Luckey, 1960; Burgess and Locke, 1945; Taylor, 1967; and Kieren and Tallman, 1972).

Summary

The research on marital roles suggests that husbands' and wives' roles have traditionally been allocated and differentiated along an instrumental-expressive dimension. As society underwent industrialization and urbanization, emphasis on the companionship role in marriage increased. The recent hypothesis of the therapeutic role as an emerging familial role incorporates many of the ideas of the companionship role. However, the emerging nature of the therapeutic role suggests that many of the norms and sanctions surrounding this role are not clearly defined.

Although few research studies provide direct evidence for the normative existence of the therapeutic role within the marital relationship, the indirect evidence is voluminous. One finding that clearly emerges is that the therapeutic attitudes and behavior have a crucial influence on marital interaction and particularly on marital satisfaction. Numerous studies also demonstrate the importance of effective

communication in the development and maintenance of therapeutic relationships. Some of the components of effective communication include: empathy, listening, understanding, self-disclosure, trust, respect, unconditional positive regard, accuracy of perception and sensitivity to the needs and feelings of others. In spite of the identification of the dimensions of the therapeutic role by Nye and Gecas (1976), the diffuseness of the concept renders investigation of this role a tedious process.

METHODOLOGY

This study consists of two phases: (1) the development of the therapeutic role scale for the marital relationship, and (2) the establishment of reliability. Validity of the scale will also be discussed.

Attitude Questionnaires

In developing an attitude questionnaire, Schuman and Johnson (1976) recommended that items measuring attitudes or behavior should be clearly stated so that the subject can easily differentiate between the two and respond appropriately. Based on the assumption that general attitudes cause specific attitudes which in turn cause specific behaviors, Herberlein and Black (1976) suggest that an attitude questionnaire should consist of both general and specific items, particularly if reciprocal causality is expected. Other criteria for construction of the Likert attitude scale may be found in the work of Dillman (1978), Likert (1932) and Oppenheim (1966).

Item Selection

An item pool of 175 items was developed after a thorough review of the literature. This pool was first reduced by having several persons independently judge each item for ease of rateability and estimated variability across subjects. Items that were considered difficult to rate or unlikely to discriminate were eliminated.

A final sample of 100 items ostensibly covered several therapeutic related dimensions including communication, emotional support, respect and trust, affection and reassurance and problem solving. Even though these labels were useful descriptively in the early stages of scale development, ultimate scale structures were established empirically through factor analysis after the items had been scaled. In order to guard against response set, half of the items were phrased in a negative manner and then all items were randomly ordered.

Scoring

Subjects were asked to rate each statement according to the direction and intensity of agreement. Direction and intensity were indicated on the questionnaire by the numbers 1-5 which corresponded to the following alternatives: 1 = strongly disagree; 2 = disagree; 3 = uncertain or neutral; 4 = agree; 5 = strongly agree.

Items that represented negative attitudes toward the therapeutic role were assigned values in reverse order before responses were coded and analysis was undertaken. It should be noted that the response categories of a Likert scale are assumed to be of equal intervals. Individual total scores were then calculated for each subject by summing the value of the response for each of the 100 items. Total scores would ideally range from 100 to 500. Since agreement with a statement (after reverse coding of negative items) reflects a positive attitude toward the therapeutic role, higher scores are representative of more positive attitudes than are lower scores.

Procedure

The data for this study were obtained from a systematic random sample of households in Corvallis, Oregon. An area probability survey map was used to locate the seventy-five blocks that were included in the sampling scheme. Two household units per block were then selected by means of a table of random digits and questionnaire packets were distributed to each of these residences. The packet contained a cover letter, two questionnaires (one for each spouse), and two self-addressed stamped envelopes. The cover letter described the nature of the study and stressed the importance of both the husbands' and wives' participation. In addition, anonymity and confidentiality of responses was ensured. Questionnaires were then numbered consecutively before the packets were assembled for identification purposes. In an attempt to eliminate bias, husbands and wives were asked to complete the questionnaires without consulting one another and individual envelopes were provided for questionnaire return. Besides the 100 attitudinal statements, the questionnaires included 4 independent statements related to the therapeutic role and 15 demographic questions (adapted from the Washington Family Role Inventory, Nye and Gecas, 1976).

One week following the distribution of the packets a hand written postcard was sent to the respondents, thanking those who had participated in the study and encouraging those who had not done so to complete and return the questionnaires as soon as possible. A total of 99 usable questionnaires were returned; 44 from husbands and 55 from wives. The response rate was calculated to be 42% after elimination of 11

households from which questionnaires were returned with a note that the residents were not married.

The sample in this study appears to be fairly representative of the population from which it was drawn. (See Appendix B, Table 1). In general, the sample was regarded as middle class and relatively homogeneous. Corvallis residents, however, tend to rank higher in education, income and age when compared to an equivalent national sample. The median income level for this sample is lower than would be expected, but it is viewed as a consequence of the ambiguity of the phrasing of the income question, a large number of nonresponses, and a fairly large number of housewives, students and retired persons. In addition, the sample did not contain a single racial or ethnic minority, which is typical of the Corvallis population. A description of this data appears in Table 1.

Construction of the Scale

Responses to the 100 attitude items were used for constructing the Likert scale. Item analysis, a measure of internal consistency, was utilized to generate item-to-total correlation coefficients for each attitude statement. In order to obtain approximately equal numbers of positive and negative statements, positive items with correlations of .50 and above and negative items with correlations of .45 and greater were considered for inclusion in the scale. A final scale of 32 items was selected on the basis of similarity of husbands' and wives' correlation coefficients when each was analyzed separately. It was reasoned

TABLE 1. SUMMARY OF SELECTED SOCIAL CHARACTERISTICS OF THE SAMPLE

<u>Characteristic</u>	<u>Wives</u>	<u>Husbands</u>	<u>Combined</u>
Number of respondents	55	44	99
Mean Age	43.15	44.55	43.46
S.D.	15.65	16.76	16.50
Mean Years Married	19.77	19.27	19.40
S.D.	14.55	15.01	14.60
	Percent	Percent	Percent ¹
Marital Status			
First marriage	87.3	86.0	87.7
Remarriage	7.3	13.9	10.2
Widowed	5.4	0	3.1
Education			
High School or less	12.7	9.8	11.5
High School graduate	5.5	12.2	8.3
Technical/Trade or Business School	3.6	0	2.1
Some College	21.8	12.2	17.7
College degree	41.8	21.9	33.3
Graduate degree	14.5	43.9	27.1
Religious Preference			
Catholic	10.9	6.8	9.1
Mormon	1.8	2.3	2.0
Jewish	1.8	2.3	2.0
Protestant	50.9	47.7	49.5
Other	10.9	9.1	10.1
None, Agnostic	23.6	31.8	27.3
Family Income			
Median category	\$10,000-14,999		

¹Percentages are adjusted for missing values.

that attitude statements that yielded a large discrepancy in husbands' and wives' correlations would not provide the best representation of husbands' and wives' attitudes. The items selected for the scale are listed in Table 2 in the order that they appear in the questionnaire.

Table 3 reports the mean therapeutic role score for husbands and wives and their respective standard deviations. The data also appear to satisfy the criterion of homogeneity of variance.

The results of the analysis of variance for all husbands and wives is shown in Table 4. The variation within groups is greater than between groups although statistical significance is not achieved.

Since a majority of the sample consisted of husband and wife pairs, a paired t-test was performed on the data of matched couples to test the differences between the means of the two groups. The results show that husband's and wife's attitudes are significantly different at the $\alpha = .05$ level (See Table 5). Similar findings have emerged in other attitudinal research studies (Araji, 1977; Granbois and Willett, 1970; Jacobson, 1952; Tharp, 1963). Thus, the interaction of both husband's and wife's scores does not appear to fictitiously inflate the correlation coefficients produced through item analysis.

Reliability of the Scale

The reliability of the scale was assessed by the split-half correlation technique. This method entails arranging the items into two groups, such that all even-numbered items comprised one scale and all odd-numbered statements a second sample. A Pearson Product Moment

TABLE 2. THERAPEUTIC ROLE ATTITUDE SCALE ITEMS

Total r	Ques- tion #	Vari- able #	Attitude Statement
.55	2	*1.	If a husband has a bad day at work he should keep quiet about it.
.53	16	2.	A wife should be sympathetic to her husband's moods.
.68	17	3.	Even when a husband disagrees with his wife's opinion he should listen to her side of the issue.
.45	19	4.	A wife shouldn't burden her husband with her emotional problems.
.67	26	5.	The spouse who talks the most should have the final say in an argument.
.67	31	6.	A husband should show appreciation for his wife's efforts to make him happy.
.57	39	*7.	A husband should know what's troubling his wife without having to ask.
.56	41	8.	Working out a problem successfully should be a satisfying experience for both the husband and wife.
.67	45	*9.	A display of affection begun by the husband shows that he is less masculine than he should be.
.53	47	*10.	A wise spouse should not tell her/his partner the real reason why she/he is upset.
.58	48	*11.	A spouse should ignore one's partner's comments when she/he doesn't want to hear what the other is going to say.
.63	50	*12.	More affection should be shown by the wife than the husband.
.66	53	*13.	If a husband isn't firm with his wife she will become too independent.
.57	55	14.	It's important for a husband and wife to express their personal feelings about one another.

TABLE 2. THERAPEUTIC ROLE ATTITUDE SCALE ITEMS (CONTINUED)

Total r	Ques- tion #	Vari- able #	Attitude Statement
.53	56	15.	A wife should offer her husband other points of view at times when he is undecided.
.52	57	*16.	It's permissible for a husband to neglect his wife's needs because he works long hours.
.71	59	*17.	A spouse should keep her/his mouth shut in an argument to hide how she/he really feels.
.67	61	18.	It is good for a husband and wife to talk about those problems that are troublesome for their marriage.
.67	63	19.	A common understanding should provide the basis for a healthy marital relationship.
.53	64	20.	A husband places a lower value on emotional support than does a wife.
.51	69	*21.	A husband should be disappointed when his wife wants to spend some time alone rather than with him.
.52	71	22.	Disagreements in marriage are a natural process of developing a closer relationship.
.58	72	*23.	If the husband forgets to write down a check in the checkbook and recognizes the mistake, he shouldn't tell his wife for fear she'll scold him.
.59	73	*24.	A husband can't be expected to understand the demands a wife is confronted with at home.
.62	81	25.	A husband should be sympathetic to his wife's moods.
.50	84	26.	It is wrong for a spouse to get angry with one's partner without telling her/him why.
.66	87	27.	A husband that is late coming home for dinner should call to let his wife know he'll be late.
.55	88	28.	The wife and the husband should respect each other's ethical, moral, political and religious beliefs even when they differ.

TABLE 2. THERAPEUTIC ROLE ATTITUDE SCALE ITEMS (CONTINUED)

Total r	Ques- tion #	Vari- able #	Attitude Statement
.49	92	*29.	A wife can't be expected to understand the demands her husband is confronted with at work.
.68	93	30.	A spouse should be encouraged to talk about one's problems rather than ignoring them.
.52	95	*31.	A couple should avoid talking about issues in their marriage that can't be agreed upon.
.56	100	32.	A husband and wife should show an interest in each other's work activities.

* These attitude items were stated in the negative manner.

TABLE 3. THERAPEUTIC ROLE SCORES FOR ALL HUSBANDS AND WIVES

Sex	n	Mean Therapeutic Role Score	s.d.
Husbands	44	129.7045	12.9948
Wives	55	132.8909	18.1309

d.f.: $1 \quad n_1 + n_2 - 2 = 97$

TABLE 4. ANALYSIS OF VARIANCE FOR HUSBANDS' AND WIVES' SCORES

Source	D.F.	SS	MS	F-Ratio	F-Probability
Between	1	248.1823	248.1823	.9625	.3290
Within	97	25012.5045	257.8690		
Total	98	25260.6869			

TABLE 5. THERAPEUTIC ROLE SCORES FOR HUSBAND-WIFE PAIRS

Sex	n	S_D	$S_{\bar{D}}$	paired t-value
Husbands	40	13.7933	4.7250	2.1667*
Wives	40			

d.f.: $n - 1 = 39$

$t(30, .05) = 2.042$

*Statistically significant at $\alpha = .05$

Correlation Coefficient was then computed to determine the reliability coefficient of the two groups sampled. The correlation coefficient of .89 was adjusted by the Spearman Brown Prophecy Formula in order to provide a more accurate estimate of the true reliability. Following this adjustment a correlation coefficient of .94 was obtained.

A second indicator of internal consistency was assessed by comparing the responses to four duplicated items (See Appendix B, Table 2). Three of the items produced similar results, although only two of these met the other requirements for inclusion in the scale. The fourth statement, "A wife should fully trust her husband", produced quite discrepant responses and was therefore not considered for further analysis.

Validity

Although validity of this attitude scale cannot be accurately determined, the responses to four items on the questionnaire concerning identification, competence and enactment were compared to the responses obtained on similar questions in previous research studies.

Role identification (question #101) was measured by the question, "How important is it that your spouse is a friend and companion to you?". It was argued that if the therapeutic role was important to the individual, then the individual would be more likely to hold positive attitudes toward it. Appendix B, Table 3 shows that 89% of the wives and 86% of the husbands rated this question as very important. This infers that the majority of the respondents tend to possess favorable attitudes toward the therapeutic role. In addition this question taps a normative

aspect of the therapeutic role, by reasoning that if the role is very important to the majority of the respondents, it is probable that certain norms and sanctions are operating to guide behavior. Nye's (1974) study documents the existence of norms and sanctions supporting the therapeutic role. He found that 70% of the husbands and 60% of the wives stated that it was a spouse's duty to help one's partner solve problems.

Two of the items measured an aspect of role enactment: (question #102) "Does your spouse support you when you have a problem and need someone to talk to?"; and (question #104) "Whom do you (first) seek out when you have a problem and need someone to talk to about it?". The majority of both husbands and wives reported that their spouse provided support either most of the time or at all times (See Appendix B, Table 3). It is interesting to note that 51% of the husbands stated that their wives provided support at all times, while only 41% of the wives reported that their husbands did so. A study by Nye (1974) found that the majority of the spouses not only felt that it was a duty to enact the therapeutic role, but that they performed it in a positive manner. This suggests a validity check on the data in the present study.

Responses to the second enactment question suggest that an overwhelming majority of both husbands and wives sought out their spouse first when they had problems. Appendix B, Table 3 shows that 91% of the husbands and 96% of the wives utilized their spouse as the primary

therapeutic resource. This data is consistent with a finding by Gurin et.al. (1960), who reported that when a spouse actively sought help for one's problems, the majority of the respondents contacted their spouse first.

The last question measuring level of performance asked: (question #103) "How well does your spouse provide understanding and emotional support?". Fifty-three percent of the husbands and 54% of the wives rated their spouse as performing this role much above average, while 23% of the husbands and 28% of the wives indicated that their spouses were above average (See Appendix B, Table 3). Clearly, the majority of the respondents said that their spouses were competent in providing understanding and emotional support. Chadwick, Albrecht and Kunz (1976) included this same question in a questionnaire measuring marital and family role satisfaction. They found that the mean response for both husbands and wives was that their spouse performed this role with average competence (See Appendix B, Table 4). The present study found that the mean response for both husbands and wives was considerably higher than that obtained by Chadwick, Albrecht and Kunz. This difference may reflect a more egalitarian approach to marital roles in this sample than in Chadwick et. al's Utah sample. Furthermore, they also reported that only three-fifths of the females and two-fifths of the males stated they derived a great deal of satisfaction from performing the therapeutic role.

In sum, the results of other pertinent research studies provide some support for the validity of the present investigation.

Factor Analysis

In order to identify the underlying components of therapeutic role attitudes, the scale was subjected to a principle components factor analysis. Analysis of the data yielded substantial loadings on ten factors in the rotated matrix. Table 6 summarizes the items in the scale whose factor loadings were .35 or greater. Only one item, #11, did not meet the .35 criteria and was therefore eliminated from further examination. Since five of the factors had sufficient factor loadings on only one or two items, the factors were organized into four conceptually similar categories in an attempt to simplify labeling.

Category A: Considerateness, Understanding, and Appreciation

This class combines factors 1, 9 and 10 and the items reflect considerateness, understanding and appreciation for one's spouse. The highest loadings occurred on variables that appear to reflect a genuine positive regard and sensitivity to the needs of one's spouse. The following nine variables compose this class.

<u>Var.#</u>	<u>Factor 1</u>	<u>Factor Loading</u>
6.	A husband should show appreciation for his wife's efforts to make him happy.	.76
7.	A husband should know what's troubling his wife without having to ask.	.70
9.	A display of affection begun by the husband shows that he is less masculine than he should be.	.63
23.	If the husband forgets to write down a check in the checkbook and recognizes the mistake, he shouldn't tell his wife for fear she'll scold him.	.51

TABLE 6. ROTATED FACTOR MATRIX.

Variable Number	Communi- nality	Factor Loadings									
		I	II	III	IV	V	VI	VII	VIII	IX	X
1	.47			.39	.42						
2	.74									.73	
3	.80			.71							
4	.59			.71							
5	.55							.58			
6	.80	.76									
7	.53	.37				.37					
8	.60		.47						.35		
9	.60	.37			.49						
10	.52			.41	.45						
12	.63							.35	.49		
13	.55							.51			
14	.66		.69								
15	.54		.55								
16	.48							.52			
17	.69				.45			.36			
18	.70							.35		.38	
19	.63		.54								
20	.44				.38	.38					
21	.73				.75						
22	.39			.36							
23	.68	.70									
24	.75								.73		
25	.66	.63									
26	.74	.51		.42				.39			
27	.68	.43								.59	
28	.64						.68				
29	.62						.64				
30	.71		.49	.37							
31	.65					.73					
32	.47			.42							

<u>Var.#</u>		<u>Factor Loading</u>
25.	A husband should be sympathetic to his wife's moods.	.43
26.	It is wrong for a spouse to get angry with one's partner without telling him/her why.	.37
27.	A husband that is late coming home for dinner should call to let his wife know he'll be late.	.37

Factor 9

2.	A wife should be sympathetic to her husband's moods.	.73
18.	It's good for a husband and wife to talk about those problems that are troublesome for their marriage.	.38

Factor 10

27.	A husband that is late coming home for dinner should call to let his wife know he'll be late.	.59
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Category B: Empathetic Communication

This class comprises factors 2, 3 and 6 and was labeled empathetic communication. Variables in this category are related to the dynamics of material interaction. Special emphasis is placed on the values of openness, honesty, respect, empathy, sensitivity and understanding.

Factor 2

8.	Working out a problem successfully should be a satisfying experience for both the husband and wife.	.47
14.	It's important for a husband and wife to express their personal feelings about one another.	.68

<u>Var.#</u>		<u>Factor Loading</u>
15.	A wife should offer her husband other points of view at times when he is undecided.	.55
19.	A common understanding should provide the basis for a healthy marital relationship.	.54
30.	A spouse should be encouraged to talk about one's problems rather than ignoring them.	.49

Factor 3

1.	If a husband has a bad day at work he should keep quiet about it.	.39
3.	Even when a husband disagrees with his wife's opinion he should listen to her side of the issue.	.71
4.	A wife shouldn't burden her husband with her emotional problems.	.71
10.	A wise spouse should not tell her/his partner the real reason why she/he is upset.	.41
22.	Disagreements in marriage are part of the natural process of developing a closer relationship.	.36
26.	It is wrong for a spouse to get angry with one's partner without telling her/him why.	.42
30.	A spouse should be encouraged to talk about one's problems rather than ignoring them.	.37
32.	A husband and wife should show an interest in each other's work activities.	.42

<u>Var.#</u>	<u>Factor Loading</u>
<u>Factor 6</u>	
28. The husband and wife should respect each other's ethical, moral, political and religious beliefs even when they differ.	.68
29. A wife can't be expected to understand the demands her husband is confronted with at work.	.64

Category C: Avoidance or Denial of Potential Problems

Factors 4 and 5 are included in this category which was named avoidance and denial of potential problems. Deceitfulness, selfishness and dishonesty appear to be prevalent in these items.

<u>Factor 4</u>	
1. If a husband has a bad day at work he should keep quiet about it.	.42
9. A display of affection begun by the husband shows that he is less masculine than he should be.	.49
10. A wise spouse should not tell her/his partner the real reason why she/he is upset.	.45
17. A spouse should keep her/his mouth shut in an argument to hide how she/he really feels.	.45
20. A husband places a lower value on emotional support than does a wife.	.75
21. A husband should be disappointed when his wife wants to spend time alone rather than with him.	.38

<u>Var.#</u>		<u>Factor Loading</u>
<u>Factor 5</u>		
7.	A husband should know what's troubling his wife without having to ask.	.37
20.	A husband places a lower value on emotional support than does a wife.	.38
31.	A couple should avoid talking about issues in their marriage that they can't agree upon.	.73

Category D: Traditional Family Role Orientation

This category consists of factors 7 and 8 and concerns traditional family role orientation. Conformity to stereotypic middle class values is evident in this grouping of variables.

<u>Factor 7</u>		
5.	The spouse who talks the most should have the final say in an argument.	.58
13.	If a husband isn't firm with his wife she will become too independent.	.51
16.	It's permissible for a husband to neglect his wife's needs because he works long hours.	.52
17.	A spouse should keep her/his mouth shut in an argument to hide how she/he really feels.	.36
18.	It is good for a husband and wife to talk about those problems that are troublesome for their marriage.	.35

<u>Var.#</u>		<u>Factor Loading</u>
26.	It is wrong for a spouse to get angry with one's partner without telling her/him why.	.39
<u>Factor 8</u>		
12.	More affection should be shown by the wife than the husband.	.49
24.	A husband can't be expected to understand the demands a wife is confronted with at home.	.73

Since half of the factors extracted contained few items with substantial factor loadings, it suggests that these factors should be explored in greater depth. A reexamination of the scale items might provide clues for the development of additional items which would possibly reflect the dimensions that were underrepresented. At the same time, a reassessment of those factors with five or more variables might suggest a reduction of some of the items without changing the factor structure. It appears that those items which load on more than one factor are measuring a more generalized therapeutic role attitude.

Limitations of the Study

Certain restrictions are placed on the generalizability of the findings due to the following limitations. 1. Since the sample selected for this study was obtained from Corvallis, Oregon, it may not be representative of samples obtained in other geographical areas. 2. Restrictions are also placed on these findings due to a certain percentage on non-responses that are inevitable in questionnaire studies. 3. Although husbands and wives were asked not to consult one another

in completing the questionnaires, we have no assurance that they complied with this request. 4. The findings may be biased by the tendency of individuals to respond in socially desirable ways to questions concerning personal aspects of their lives. 5. Finally, since items are stated in normative terms, one cannot infer therapeutic behavior from therapeutic role scores alone.

SUMMARY AND CONCLUSIONS

In the present study, a Likert scale was developed to measure husbands' and wives' attitudes toward the therapeutic role. Data were gathered by a systematic random sample of households in Corvallis, Oregon. The 99 responses to the questionnaire statements were then factor analyzed by item analysis and a 32 item scale was constructed. Scale reliability was determined to be .94 after adjustment by the Spearman Brown Prophecy Formula. Validity of the scale could not be established empirically but was discussed in reference to findings of previous studies.

Factor analysis was applied to the Likert scale for the purpose of identifying the components of therapeutic role attitudes. Ten factors yielded substantial loadings on at least one variable, and all items with the exception of one were retained for further examination. However, since half of the factors extracted contained two or fewer items with sufficient factor loadings, the factors were grouped into four categories to facilitate labeling. These categories included: 1) appreciation, affection and reassurance; 2) empathetic communication; 3) denial and avoidance of potential problems; and 4) traditional role orientation.

The findings of this study have further clarified the nature of the therapeutic role concept in the following ways. First, the results of this study provide evidence to support the existence and measurability of therapeutic role attitudes. Second, husbands and wives can

be characterized as possessing varying degrees of therapeutic role attitudes. Third, the existence of the therapeutic role as part of the cluster of roles associated with the positions of husband and wife has been clarified. Fourth, factor analysis revealed the complexity of the dimensions of the therapeutic role and suggests that a wide range of therapeutic role attitudes may be functional and adaptive to the marital relationship. Fifth, husbands and wives consider the therapeutic role. Lastly, spouses perceive their partners as the primary therapeutic resource when they have a problem and need someone to talk to.

Implications for Future Research

Several areas for additional exploration have become evident during the development of the therapeutic role attitude scale:

1. The empirical reliability and validity of the scale could be improved by critically analyzing the contents of the attitude statements in order to determine which items should be retained or eliminated in a revised scale. In addition a reexamination of scale items would suggest clues as to the development of new attitude statements for possible inclusion in a revised scale.

2. The complexity of the dimensions of the therapeutic role suggests further analysis of the scale. Further research involving a separate analysis of husbands and wives and a comparison with the results obtained in this study would clarify some issues raised by the present research.

3. A measure of actual therapeutic behavior together with the measure of therapeutic role attitudes would provide a greater understanding of the dynamics of the therapeutic role. This would also be an indicator of the degree of crystalization of this role.

4. Inclusion of items measuring self and spouse on different attitude and behavior items would be a measure of conformity and consensus for matched couples.

5. The correlation of questions measuring satisfaction with life in general and marital satisfaction with therapeutic role attitudes would be valuable in the interpretation of therapeutic attitude and behavior scores.

6. Obtaining data from a larger, more representative sample would increase the confidence in the findings of this study. Ideally, a large national sample proportionally representing all segments of the social structure should be drawn. In addition to the demographic variables measured in this study, it would be important to measure mobility, rural-urban residence, and ethnic and cultural indicators. Additional analysis for the present study should also be completed on the correlation between demographic variables and therapeutic role attitudes.

7. The correlation of therapeutic role attitude scores with kinship and support network variables would deal with theoretical issues arising from structural and interactional views of the nature of the therapeutic role.

8. Measuring the relationship between other constructs and therapeutic role attitudes would contribute to an integration of role theory with structural and interactional approaches. Some of these constructs might include: internal versus external locus of control; self concept; traditionalism versus modernism; style of language; and personality characteristics.

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APPENDICES

School of
Home Economics



Family Life Department 754-4765
Corvallis, Oregon 97331 (503) 754-3551

Dear Participant:

A long time belief of the Family Life Department is that help to families should be based on knowledge gained from studying "real" families. As part of this commitment, we want to measure husband's and wife's attitudes toward different aspects of family life.

You have been selected as a participant on the basis of a random sample of households in the Corvallis area. Your cooperation is vitally important in order to obtain an accurate sampling of married couples living in Corvallis.

We have enclosed two questionnaires, one for you and one for your partner. Your responses will be most valuable if each of you fills out the questionnaire without consulting the other. The questionnaire generally takes twenty-five minutes to complete and can be mailed back in the enclosed self-addressed stamped envelopes. It would help us greatly if you would return the questionnaires within the week.

All responses will remain completely confidential and anonymous and will be used solely for the purposes of this research study. This study has been approved by the Oregon State University committee that reviews off-campus research.

Thank you for your cooperation and for returning the questionnaires.

Sincerely,

Nancy Strang

APPENDIX A. THE QUESTIONNAIRE

DIRECTIONS

Listed below are a number of statements collected from a variety of sources. There are no right or wrong answers. You will probably agree with some items and disagree with others. We are interested in the extent to which you agree or disagree with such matters of opinions.

Read each statement carefully. Then indicate the extent to which you agree or disagree by circling the corresponding alternative to the left of each item. The number of alternatives and their meanings are:

If you disagree strongly	Circle 1
If you disagree	Circle 2
If you have no opinion	Circle 3
If you agree	Circle 4
If you agree strongly	Circle 5

First impressions are usually best in such matters. Please read each statement carefully. Decide if you agree or disagree and the strength of your opinion. Then circle the appropriate alternative to the left. Work as rapidly as you can. Give your opinion on every statement.

If you find that the numbers to be used in answering do not adequately indicate your own opinion, use the one which is closest to the way you feel. Circle only one alternative for each item.

- 1 2 3 4 5 1. A wife should not disagree in public with her husband's opinions.
- 1 2 3 4 5 2. If a husband has a bad day at work he should keep quiet about it.
- 1 2 3 4 5 3. A husband should be sympathetic to his wife's moods.
- 1 2 3 4 5 4. A wife should advise her husband in solving work difficulties.
- 1 2 3 4 5 5. A wife needs more affection than her husband.
- 1 2 3 4 5 6. In family arguments, the wife should yield to the husband to preserve peace.
- 1 2 3 4 5 7. A husband should be supportive of a wife's hobby even if it doesn't include him.
- 1 2 3 4 5 8. A wife should expect a husband's full attention when she consults him about a problem.
- 1 2 3 4 5 9. A husband who doesn't agree with his wife's political views should attempt to convince her that her beliefs are wrong.
- 1 2 3 4 5 10. Husbands often feel that their wives aren't aware of the problems that they encounter in their jobs.
- 1 2 3 4 5 11. A husband and wife should enjoy the same types of recreational activities.

- 1 2 3 4 5 12. It's a wife's duty to try and make their home a happy place for their family.
- 1 2 3 4 5 13. A couple should expect to discuss all matters calmly.
- 1 2 3 4 5 14. A husband should set aside a special time during the day to listen to his wife's concerns.
- 1 2 3 4 5 15. After a marital argument, it's alright for a spouse to leave home for a night to cool off.
- 1 2 3 4 5 16. A wife should be sympathetic to her husband's moods.
- 1 2 3 4 5 17. Even when a husband disagrees with his wife's opinion he should listen to her side of the issue.
- 1 2 3 4 5 18. A husband should tell his wife what to do when she can't seem to make a decision.
- 1 2 3 4 5 19. A wife shouldn't burden her husband with her emotional problems.
- 1 2 3 4 5 20. The husband and wife should not try to make over each other in dress, habits and manners.
- 1 2 3 4 5 21. A husband is more dependent on his wife than a wife is on her husband.
- 1 2 3 4 5 22. A wife should compliment her husband on his appearance.
- 1 2 3 4 5 23. Wives often feel that their husbands do not understand them.
- 1 2 3 4 5 24. A spouse has a right not to tell one's partner what's troubling her/him.
- 1 2 3 4 5 25. A husband should be upset with his wife when she fails to fulfill his expectations.
- 1 2 3 4 5 26. The spouse who talks the most should have the final say in an argument.
- 1 2 3 4 5 27. If one's intellectual needs are not met by her/his spouse, s/he should seek intellectual satisfaction elsewhere.
- 1 2 3 4 5 28. Husbands and wives should understand one another completely.
- 1 2 3 4 5 29. Even when a husband disagrees with his wife's opinion he should listen to her side of the issue.
- 1 2 3 4 5 30. A wife's feelings of jealousy toward her husband's female business partner should be kept from him.
- 1 2 3 4 5 31. A husband should show appreciation for his wife's efforts to make him happy.
- 1 2 3 4 5 32. A wife has a duty to be responsive to her husband's needs.
- 1 2 3 4 5 33. Spouses should provide unconditional emotional support for one another.

- 1 2 3 4 5 34. When a spouse leaves her/his clothes lying around the house, the other spouse should pick up after her/him without expressing dissatisfaction.
- 1 2 3 4 5 35. A wife should fully trust her husband.
- 1 2 3 4 5 36. A wife can satisfy her intellectual needs through her husband.
- 1 2 3 4 5 37. A husband generally does not appreciate his wife's advice on how to solve his problems.
- 1 2 3 4 5 38. A wife has a right to complain when her husband wants to spend some time without her.
- 1 2 3 4 5 39. A husband should know what's troubling his wife without having to ask.
- 1 2 3 4 5 40. A husband should share his personal feelings with his wife even when he thinks she isn't interested.
- 1 2 3 4 5 41. Working out a problem successfully should be a satisfying experience for both the husband and wife.
- 1 2 3 4 5 42. A wife should tell her husband when she thinks that what he's saying doesn't make any sense.
- 1 2 3 4 5 43. After a problem is solved, it is wrong for the other spouse to criticize the way the problem was handled.
- 1 2 3 4 5 44. Though frustrating, a wife should be willing to accomodate unexpected business obligations of her husband.
- 1 2 3 4 5 45. A display of affection begun by the husband shows that he is less masculine than he should be.
- 1 2 3 4 5 46. A husband should advise his wife on ways to solve her work problems.
- 1 2 3 4 5 47. A wise spouse should not tell her/his partner the real reason why s/he is upset.
- 1 2 3 4 5 48. A spouse should ignore one's partner's comments when s/he doesn't want to hear what the other is going to say.
- 1 2 3 4 5 49. It's a husband's duty to reassure his wife when she's feeling depressed.
- 1 2 3 4 5 50. More affection should be shown by the wife than the husband.
- 1 2 3 4 5 51. A wife should not be upset when her husband volunteers her services without her knowledge, or vice versa.
- 1 2 3 4 5 52. It's a wife's duty to try and make their home a happy place for the family.
- 1 2 3 4 5 53. If a husband isn't firm with his wife she will become too independent.
- 1 2 3 4 5 54. It's more important for a wife to be a better listener than a talker.
- 1 2 3 4 5 55. It's important for a husband and wife to express their personal feelings about one another.

- 1 2 3 4 5 56. A wife should offer her husband other points of view at times when he is undecided.
- 1 2 3 4 5 57. It's permissible for a husband to neglect his wife's needs because he works long hours.
- 1 2 3 4 5 58. A spouse cannot be expected to meet all the needs of one's partner.
- 1 2 3 4 5 59. A spouse should keep her/his mouth shut in an argument to hide how s/he really feels.
- 1 2 3 4 5 60. If a husband or wife gets a speeding ticket, the spouse should be understanding and not make a big issue about it.
- 1 2 3 4 5 61. It is good for a husband and wife to talk about those problems that are troublesome for their marriage.
- 1 2 3 4 5 62. It is wrong for a spouse to refuse to talk about a problem that affects both the husband and wife.
- 1 2 3 4 5 63. A common understanding should provide the basis for a healthy marital relationship.
- 1 2 3 4 5 64. A husband places a lower value on emotional support than does a wife.
- 1 2 3 4 5 65. In the heat of an argument it's alright for a spouse to bring up past grievances.
- 1 2 3 4 5 66. It is not good for a wife to always be supportive of her husband because sooner or later he will take advantage of her.
- 1 2 3 4 5 67. A wife should fully trust her husband.
- 1 2 3 4 5 68. If a husband ignores his wife's attempts at working out a problem, she should let him know that she's disappointed in his behavior.
- 1 2 3 4 5 69. A husband should be disappointed when his wife wants to spend some time alone rather than with him.
- 1 2 3 4 5 70. A spouse who needs to lose weight should be repeatedly reminded about her/his eating habits.
- 1 2 3 4 5 71. Disagreements in marriage are part of the natural process of developing a closer relationship.
- 1 2 3 4 5 72. If the husband forgets to write down a check in the checkbook and recognizes the mistake, he shouldn't tell his wife for fear she'll scold him.
- 1 2 3 4 5 73. A husband can't be expected to understand the demands a wife is confronted with at home.
- 1 2 3 4 5 74. It is wrong for a spouse to neglect her/his partner no matter what the circumstance is.
- 1 2 3 4 5 75. When a husband or wife has a hangover from drinking too much, it's alright for the spouse to call the employer and make up an excuse for her/his absence from work.

- 1 2 3 4 5 76. It is permissible for a wife to neglect her husband's needs because she works long hours.
- 1 2 3 4 5 77. It's a wife's duty to reassure her husband when he's feeling depressed.
- 1 2 3 4 5 78. If a spouse stumbles across a receipt for a \$30.00 parking violation in which the car was impounded, s/he should not mention it unless her/his spouse does.
- 1 2 3 4 5 79. It's a husband's duty to be responsive to his wife's needs.
- 1 2 3 4 5 80. When a housewife has a hectic day she should not tell her husband about it.
- 1 2 3 4 5 81. A husband should be sympathetic to his wife's moods.
- 1 2 3 4 5 82. A husband should be expected to clearly express how he feels at all times.
- 1 2 3 4 5 83. On the average, a wife is more emotional than her husband.
- 1 2 3 4 5 84. It is wrong for a spouse to get angry with one's partner without telling her/him why.
- 1 2 3 4 5 85. A wife who locks the keys in the car while shopping, should expect to get a lecture from her husband when she gets home.
- 1 2 3 4 5 86. A wife should respect her husband even when he takes their savings and spends it for gambling purposes.
- 1 2 3 4 5 87. A husband that is late coming home for dinner should call to let his wife know he'll be late.
- 1 2 3 4 5 88. The husband and wife should respect each other's ethical, moral, political, and religious beliefs even when they differ.
- 1 2 3 4 5 89. A husband can't be expected to understand the pressures that a wife feels when she works outside the home in addition to caring for a family.
- 1 2 3 4 5 90. One should never refuse an apology from one's spouse.
- 1 2 3 4 5 91. A husband should give his wife compliments frequently.
- 1 2 3 4 5 92. A wife can't be expected to understand the demands her husband is confronted with at work.
- 1 2 3 4 5 93. A spouse should be encouraged to talk about one's problems rather than ignoring them.
- 1 2 3 4 5 94. A wife should tell her husband what to do if he can't seem to make a decision.
- 1 2 3 4 5 95. A couple should avoid talking about issues in their marriage that they can't agree upon.
- 1 2 3 4 5 96. A husband should bring his wife flowers or candy when he fails to come home for dinner and neglects to call.

- 1 2 3 4 5 97. A husband should have the final say in those decisions that cannot be agreed upon by the husband and wife.
- 1 2 3 4 5 98. A wife should expect a daily report on her husband's work activities.
- 1 2 3 4 5 99. Being frank should encourage a spouse to confront her/his problems more openly.
- 1 2 3 4 5 100. A husband and wife should show an interest in each other's work activities.

Please check the response that best describes how you feel in each case.

101. How important is it that your spouse is a friend and companion to you?
- | | |
|--|--|
| <input type="checkbox"/> very important | <input type="checkbox"/> little importance |
| <input type="checkbox"/> quite important | <input type="checkbox"/> no importance |
| <input type="checkbox"/> some importance | |
102. Does your spouse support you when you have a problem and need someone to talk to?
- | | |
|--|--|
| <input type="checkbox"/> yes, at all times | <input type="checkbox"/> no, not usually |
| <input type="checkbox"/> yes, most of the time | <input type="checkbox"/> never |
| <input type="checkbox"/> sometimes | |
103. How well does your spouse provide understanding and emotional support?
- | | |
|--|---|
| <input type="checkbox"/> very well | <input type="checkbox"/> a little below average |
| <input type="checkbox"/> above average | <input type="checkbox"/> much below average |
| <input type="checkbox"/> average | |
104. Whom do you seek out for help when you're concerned about something and need to talk about it? Please number the following 1 through 4 in the order that you consult these significant others.
- | |
|------------------------------------|
| <input type="checkbox"/> relatives |
| <input type="checkbox"/> spouse |
| <input type="checkbox"/> friends |
| <input type="checkbox"/> others |

Finally, a few questions for the purpose of statistical analyses.

105. Your sex (Circle number of your answer)
- 1 MALE
- 2 FEMALE
106. Age at last birthday:
- YEARS _____

107. What is your present marital status?

- 1 FIRST MARRIAGE
- 2 REMARRIAGE
- 3 SEPARATED BUT NOT DIVORCED
- 4 DIVORCED
- 5 WIDOWED
- 6 LIVING TOGETHER AS HUSBAND AND WIFE BUT NOT MARRIED

108. How long have you been married or living together?

109. If you have children or step-children who have lived with you, how old are they now?

Girls: _____

Boys: _____

110. Your racial or ethnic background:

- 1 WHITE
- 2 BLACK
- 3 LATIN AMERICAN
- 4 NATIVE AMERICAN
- 5 ORIENTAL
- 6 OTHER _____

111. What is your religious preference, if any?

- 1 CATHOLIC
- 2 MORMON
- 3 JEWISH
- 4 PROTESTANT, which one: _____
- 5 OTHER _____

112. Schooling completed:

- 1 8th GRADE OR LESS
- 2 SOME HIGH SCHOOL
- 3 HIGH SCHOOL GRADUATE
- 4 TECHNICAL/TRADE OR BUSINESS SCHOOL
- 5 SOME COLLEGE
- 6 COLLEGE GRADUATE
- 7 GRADUATE DEGREE

113. If you work for pay, what is your main current occupation? Describe what your job requires.

114. If you work but do not receive pay, describe what you do.

115. What is your spouse's occupation?

116. How many hours a week do you work? If over 40, please specify when (i.e. nights and/or weekends).

117. How many hours does your spouse work in a week? If over 40, please specify when (i.e. nights and/or weekends).

118. How long have you worked at your present job?

119. Which best describes your income for the past year?

<u>Income for Past Year</u>	<u>Husband</u>	<u>Wife</u>
Less than \$5,000	1	1
\$ 5,000 to 9,999	2	2
10,000 to 14,999	3	3
15,000 to 19,999	4	4
20,000 to 24,999	5	5
25,000 to 29,999	6	6
30,000 or more	7	7

Dear Participant,

Thank you for your participation in our study of husbands' and wives' attitudes toward different aspects of family life. Your responses will help provide a more realistic description of the attitudes of married couples in the Corvallis area.

If perhaps you have forgotten to complete and return the questionnaire, we would appreciate hearing from you as soon as possible. Your responses are very important to this study.

Please call 754-4765 and leave your address if you need another questionnaire.

Sincerely,

Nancy L. Strang

APPENDIX B

TABLE 1. COMPARISON OF DEMOGRAPHIC DATA IN PERCENT.

Comparison	Present Base Study	Survey Base 1977	Census 1970 Base (Corvallis)	Census 1970 (Benton Co.)
	99	666	24,137	
<u>Sex</u>				
Males	44.0	58.0	50.5	50.9
Females	55.0	38.0	49.5	49.1
NA	0.0	4.0	0	0
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Age</u>				
Mean	43.5	40.1		
S.D.	16.5	17.5		
Median				24.2
			23,618 (25 years +)	
<u>Education</u>				
High school or less	19.6	15.1		54.17
Trade/Tech/Bus or some college	19.5	32.9		16.20
College Graduate	60.8	50.6		29.63
NA	2.0	1.5		0
	<u>100.1</u>	<u>100.1</u>		<u>100.00</u>
<u>Family Income</u>			13,794	
Median category	\$10,000-14,000.			
Median			\$9,548.	\$9,550

APPENDIX B

TABLE 2. CORRELATION COEFFICIENTS FOR DUPLICATE ITEMS.

Q. It's a wife's duty to try and make their home a happy place for their family.

	<u>Wives</u>	<u>Husbands</u>	<u>Combined</u>
Question 12.	.1300	-.3377	-.0235
Question 52.	.1037	-.3745	-.0487

Q. Even when a husband disagrees with his wife's opinion he should listen to her side of the issue.

	<u>Wives</u>	<u>Husbands</u>	<u>Combined</u>
Question 17.	.7338	.6657	.6785
Question 29.	.6613	.5661	.6245

Q. A husband should be sympathetic to his wife's moods.

	<u>Wives</u>	<u>Husbands</u>	<u>Combined</u>
Question 3.	.6277	.4921	.5818
Question 81.	.7101	.5193	.6156

Q. A wife should fully trust her husband.

	<u>Wives</u>	<u>Husbands</u>	<u>Combined</u>
Question 35.	.5698	.0882	.3973
Question 67.	.2119	-.1224	.1110

APPENDIX B

TABLE 3. RESPONSES TO QUESTIONS 101 TO 104.

Q. 101. How important is it that your spouse is a friend and companion to you?

	Wives		Husbands		Combined	
	f	%	f	%	f	%
1. Very important	48	89	37	86	85	88
2. Quite important	5	9	5	12	10	10
3. Some importance	1	2	1	2	2	2
4. Little importance	0	0	0	0	0	0
5. No importance	0	0	0	0	0	0
	54	100	43	100	97	100

Q. 102. Does your spouse support you when you have a problem and need someone to talk to?

	Wives		Husbands		Combined	
	f	%	f	%	f	%
1. Yes, at all times	22	41	22	51	44	45
2. Yes, most of the time	28	52	18	42	46	47
3. Sometimes	3	5	3	7	6	6
4. No, not usually	1	2	0	0	1	1
5. Never	0	0	0	0	0	0
	54	100	43	100	97	100

Q. 103. How well does your spouse provide understanding and emotional support?

	Wives		Husbands		Combined	
	f	%	f	%	f	%
1. Very well	29	54	23	53	52	54
2. Above average	15	28	10	23	25	26
3. Average	8	15	8	19	16	16
4. A little below average	1	2	1	2	2	2
5. Much below average	1	2	1	2	2	2
	54	101	43	99	97	100

Q. 104. Whom do you seek out for help when you're concerned about something and need to talk about it? Please number the following 1 through 4 in the order that you consult these significant others. (The responses to this question were dichotomized in order to simplify the results. The question then became: "Whom do you first seek out for help ...".

APPENDIX B, TABLE 3. RESPONSES TO QUESTIONS 101 TO 104 (CONTINUED).

	Wives		Husbands		Combined	
	f	%	f	%	f	%
1. Spouse	52	96	39	91	91	94
2. Others	2	4	4	9	6	6
	54	100	43	100	97	100

APPENDIX B

TABLE 4. HUSBANDS' AND WIVES' PERCEPTIONS OF THEIR SPOUSES' COMPETENCE IN PERFORMING THE THERAPEUTIC ROLE.

<u>Present Study (1978)</u>			
Sex	n	Mean Competence Score	S.D.
Husbands	44	4.2	1.08
Wives	55	4.3	0.98

<u>Chadwick, Albrecht and Kunz (1976)</u>			
Sex	n	Mean Competence Score	S.D.
Husbands	771	3.4	1.2
Wives	771	3.3	1.3