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**THE IMPACT OF DYSFUNCTIONAL RELATIONSHIP BELIEFS  
ON MARITAL SATISFACTION:  
COMPARISON OF CLINICAL AND NON-CLINICAL SAMPLES**

A thesis presented in partial fulfilment of  
the requirements for the degree of  
**Master of Arts in Psychology**

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## ABSTRACT

Cognitive components of marital distress have been examined in the past decade, but few studies to date have focused on relationship beliefs. The present study is a partial replication of Eidelson and Epstein's (1982) evaluation of the Relationship Belief Inventory, a questionnaire developed by them to assess dysfunctional relationship beliefs. Participants comprised ninety men and ninety-two women (including 90 couples) drawn from both clinical and non-clinical settings. They completed questionnaires which included demographic data, the Relationship Belief Inventory (Eidelson & Epstein, 1982) and the Dyadic Adjustment Scale (Spanier, 1976), a commonly used measure of marital satisfaction. Comparisons were made between responses from clinical and non-clinical groups, between men and women, and between partners. A multiple regression analysis was performed to determine whether specific beliefs represented by the Relationship Belief Inventory were predictive of low levels of marital satisfaction. The results indicated that a belief that *disagreement is destructive* to a relationship was consistently related to low levels of marital satisfaction. Participants in the clinical group had significantly higher scores on this belief than the non-clinical group, and in the multiple regression equation, this belief was a unique predictor of reduced marital satisfaction. Men were found to hold the belief that *sexual perfectionism* is important with greater intensity than women. The findings are discussed in terms of their implications for marital therapy.

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## TABLE OF CONTENTS

Abstract	.....	ii
Acknowledgements	.....	iii
Table of Contents	.....	iv
List of Tables	.....	vii
List of Appendices	.....	viii
<b>CHAPTER 1:</b>	<b>INTRODUCTION</b>	<b>1</b>
	<b>Cognitive Aspects of Relationship Distress</b>	<b>3</b>
	Selective Perception	3
	Attributions	3
	Expectancies	4
	Assumptions and Standards	4
	Information Processing	5
	Summary	5
	<b>Cognitive Theories of Relationship Distress</b>	<b>5</b>
	Ellis' Theory	5
	Beck's Theory	6
	Development of Cognitive-Behavioural Marital Therapy	7
<b>CHAPTER 2:</b>	<b>RELATIONSHIP BELIEFS AND RELATIONSHIP DISTRESS</b>	<b>10</b>
	The Relationship Belief Inventory	10
	Criticisms of the Relationship Belief Inventory	12
<b>CHAPTER 3:</b>	<b>ASPECTS OF GENDER IN RELATIONSHIP BELIEFS</b>	<b>15</b>
	Gender Differences in Relationship Beliefs	15
	Development of Gender Differences in Relationship Beliefs	15
	Psychometric Properties of the RBI According to Gender	16
	Differing Communication Styles According to Gender	16
	Perceived Gender Differences	17

	Gender Difference in Response to Cognitive Marital Therapy . . . . .	18
	Difference in Partners' Pattern of Responding on RBI Scales . . . . .	18
	Summary of Gender Differences . . . . .	20
<b>CHAPTER 4:</b>	<b>OTHER ASPECTS OF RELATIONSHIP BELIEFS . . . . .</b>	<b>22</b>
	Beliefs about Conflict . . . . .	22
	Implications of Dysfunctional Relationship Beliefs for Therapy . . . . .	25
	Differences between Clinical and Non-clinical Samples . . . . .	26
	Discrepant Findings Across Studies . . . . .	27
	Selective Perception . . . . .	28
	Summary . . . . .	28
<b>CHAPTER 5:</b>	<b>THE PRESENT STUDY . . . . .</b>	<b>29</b>
	Aims . . . . .	29
	Hypotheses . . . . .	31
<b>CHAPTER 6:</b>	<b>METHOD . . . . .</b>	<b>32</b>
	Participants . . . . .	32
	Ethical Issues . . . . .	35
	Instruments . . . . .	35
	The Relationship Belief Inventory . . . . .	35
	The Dyadic Adjustment Scale . . . . .	36
	Selective Perception Measure . . . . .	38
	Procedure . . . . .	39
	Clinical Sample . . . . .	39
	Non-clinical Sample . . . . .	40
	Summary . . . . .	40
	Completion of Study . . . . .	42
<b>CHAPTER 7:</b>	<b>RESULTS . . . . .</b>	<b>43</b>
	Data Screening . . . . .	43
	Comparisons Between Clinical and Non-clinical Samples . . . . .	44
	Relationship Beliefs and Marital Satisfaction . . . . .	48
	Differences in Gender and Partner Relationship Beliefs . . . . .	52
	Pattern of Responding Across Different Studies . . . . .	55
	Selective Perception . . . . .	58

<b>CHAPTER 8:</b>	<b>DISCUSSION</b> . . . . .	59
	Limitations of the Present Study . . . . .	59
	Composition of the Sample . . . . .	59
	Limitations of the Instruments . . . . .	61
	Similarity of Scores of Clinical and	
	Non-clinical Samples . . . . .	62
	Relationship Beliefs and Marital	
	Satisfaction . . . . .	64
	Dysfunctional Relationship Beliefs	
	Represented by RBI Subscales . . . . .	67
	Disagreement is Destructive . . . . .	67
	Mindreading is Expected . . . . .	69
	Partner Cannot Change . . . . .	69
	Sexual Perfectionism . . . . .	70
	The Sexes are Different . . . . .	71
	Development of Dysfunctional Relationship	
	Beliefs . . . . .	71
	Implications of Dysfunctional	
	Relationship Beliefs for Therapy . . . . .	72
	Gender and Partner Differences . . . . .	73
	Pattern of Responding Across Different	
	Studies . . . . .	75
	Conclusions and Suggestions for Future	
	Research . . . . .	76
	<b>REFERENCES</b> . . . . .	78

## LIST OF TABLES

<b>Table 1</b>	Demographic characteristics of participants . . . . .	33
<b>Table 2</b>	Comparison of demographic characteristics of the clinical and non-clinical samples . . . . .	34
<b>Table 3</b>	Location of displays and number of individual questionnaires returned . . . . .	41
<b>Table 4</b>	Means and standard deviations for the clinical/non-clinical groups and distressed/non-distressed groups on RBI total score, RBI subscale scores, DAS and selective perception measure (SPM) . . . . .	45
<b>Table 5</b>	Frequency of clinical and non-clinical participants in distressed and non-distressed groups . . . . .	47
<b>Table 6</b>	Multiple regression analysis applied to subscales of the RBI, with the DAS as the dependent variable . . . . .	50
<b>Table 7</b>	Intercorrelations between subscales of the RBI and the DAS . . . . .	51
<b>Table 8</b>	Means and standard deviations for husbands and wives on the RBI subscales . . . . .	54
<b>Table 9</b>	Means and standard deviations on RBI scales of five different studies . . . . .	56
<b>Table 10</b>	Pearson's product moment correlations between RBI scales and measures of marital satisfaction for five different studies . . . . .	57
<b>Table 11</b>	Means and standard deviations for the selective perception measure for clinical/non clinical groups and distressed/non-distressed groups . . . . .	58

**LIST OF APPENDICES**

<b>Appendix A</b>	Information sheet for clinical participants . . . . .	85
<b>Appendix B</b>	Information sheet for non-clinical participants . . . . .	86
<b>Appendix C</b>	Questionnaires, comprising demographic section, Relationship Belief Inventory, and Dyadic Adjustment Scale . . . . .	87
<b>Appendix D</b>	Notice about Research . . . . .	93

## CHAPTER 1

### INTRODUCTION

Our relationships, particularly intimate relationships, exert a profound influence on quality of life, affecting both mental health and physical wellbeing. Not only marital<sup>1</sup> partners, but also children in families are affected by the level of marital satisfaction, or discord (Carey, Spector, Lantinga, & Krauss, 1993). Accordingly, increasing attention has been focused on the determinants of relationship distress.

In exploring the possible causes of relationship distress, varying theoretical approaches have acknowledged the importance of individuals' cognitions about their relationships (Epstein & Baucom, 1993). For example, psychodynamic approaches emphasize the distortions that can occur in an individual's responses to their partner due to intrapsychic cognitive processes, whilst systems approaches incorporate interventions (such as reframing and relabelling) which seek to modify partners' views of each other, and thus their responses to behavioural or emotional stimuli (O'Leary & Turkewitz, 1978).

Whilst various theories of relationship distress have acknowledged a cognitive component, specific cognitive-behavioural approaches have provided a more explicitly defined theoretical approach to marital difficulties (Epstein & Baucom, 1993; Truax & Jacobson, 1989). Inevitably, the study of marital distress from a cognitive-behavioural perspective is complex. Interactive processes between the cognitions, behaviour and emotions of each spouse must be acknowledged, and then integrated with the interplay of these factors between partners (Bradbury & Fincham, 1988; Epstein & Baucom, 1993).

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<sup>1</sup> In the context of the present study "marital" refers to marriage, or a relationship in the nature of a marriage.

In addition, there are several cognitive variables to be taken into account, and current knowledge suggests that we must consider the interaction between these in an effort to understand marital functioning. For example, when individuals develop assumptions about their partner and their marriage, these assumptions may influence which events they focus on, what their attributions for those events might be and what their expectancies are for what might happen in the future (Epstein & Baucom, 1993).

According to Baucom and colleagues (Baucom, Epstein, Sayers, & Sher, 1989) five cognitive variables should be considered in understanding marital functioning: selective perception (the terms selective perception and selective attention are often used interchangeably in the literature, e.g., Epstein & Baucom, 1993)); attributions; expectancies; assumptions; and standards.

To date, a large body of research has focused on attributions in relationships (Bradbury & Fincham, 1990; Fincham & Bradbury, 1987a; 1989), however, less is known about the involvement of relationship beliefs in relationship distress. The present study aims to add to research in the area of relationship beliefs and their impact on marital satisfaction.

This chapter presents an overview of the area of relationship distress from a cognitive-behavioural perspective. Definitions for cognitive variables related to relationship distress will be provided and an outline of associated cognitive theories presented. In addition, the development of cognitive-behavioural marital therapy is briefly examined.

## Cognitive Aspects of Relationship Distress

### Definitions of Relevant Cognitive Variables

Although the present study focuses specifically on standards and assumptions (represented in this study by "unrealistic expectations" or "dysfunctional relationship beliefs"), it is important to define each of the cognitive variables involved in relationship distress because of the interaction between variables already noted.

### Selective Perception

Selective perception refers to aspects of behaviour noticed by partners. Research suggests that distressed couples tend to notice only negative aspects of their partner's behaviour, whilst remaining oblivious to positive events (Baucom & Epstein, 1990; Epstein & Baucom, 1993). For example a wife's complaint to her husband that, "You *never* listen to me", is unlikely to be true. It is more likely that she does not notice the times when he listens and responds appropriately (Fletcher, 1993; Jacobson, Follette, & McDonald, 1982; Jacobson & Margolin, 1979). Because a brief measure of selective perception has been included in the present study, more information about this construct will be provided in Chapter 4.

### Attributions

Attributions fall into two categories - causal attributions and responsibility/blame attributions. Individuals make causal attributions when attempting to explain why a particular event occurred (e.g., "She only made my favourite dinner because she expects me to clean the drains this weekend"). Responsibility or blame attributions, on the other hand, are made by an individual who believes that their partner is responsible for something which has gone wrong. An example of this might involve a wife who believes her marriage has deteriorated because her husband spends so much time at work. If she attributed his long hours of work to his desire to get ahead in his

career, and to provide the family with security, she might feel happier in the relationship, and therefore more able to discuss her preferences with him (Baucom & Epstein, 1990; Bradbury & Fincham, 1990; Epstein & Baucom, 1993; Jacobson, 1984).

### Expectancies

Expectancies in this context are anticipations, or *expectations*, of future behaviour. For example, a spouse may believe that their partner lacks the ability to change his/her behaviour. If one partner believes that if their spouse acts in a certain way once, they will continue to do so, a low expectancy for change is established. This may well impact negatively on the potential success of marital therapy, as a partner who predicts their spouse will not change may lack motivation to engage in necessary therapeutic tasks (Pretzer, Epstein, & Fleming, 1991). Conversely, when a high expectancy of improvement is present individuals are less likely to attribute relationship problems to their partner's behaviour or personality traits (Baucom et al., 1989). Expectancies also impact on *assumptions* and *standards* (or beliefs) about the characteristics of a partner or a relationship.

### Assumptions and Standards

Assumptions, according to Baucom and colleagues (1989), are beliefs about the characteristics of a partner or a relationship, (e.g., married couples are loyal to each other) whilst standards are beliefs an individual holds about how things "should be" (e.g., when partners are happy, infidelity is rare). Assumptions and standards serve a useful purpose in helping individuals organise and make sense of their world. Standards provide a template or framework against which behaviours and events are measured. In the marital domain, they fulfil a useful role in assisting individuals to determine what is acceptable in a relationship, and what is not. Consequently, however, when one partner believes that their spouse has failed to live up to certain relationship standards, disappointment and frustration may result (Ellis, 1977; Sager, 1976).

### Information Processing

A cognitive-behavioural approach to interpersonal difficulties presupposes that the individual or couple's dysfunctional emotional and behavioural responses to life events are mediated by flawed information processing. This may be caused by the inappropriate application of one or more of the cognitive variables previously mentioned. Although specific cognitive constructs such as assumptions and standards serve a useful purpose in that they help us to make sense of the world, they become problematic when applied inappropriately (e.g., believing that a good spouse shows love by putting their partner's needs before their own) or rigidly (e.g., holding a belief that a partner should *always* agree with one's important ideas). These types of irrational beliefs underpin the rationale for Rational Emotive Therapy (Ellis, 1962).

### Summary

Many of the above-mentioned cognitive constructs, or processes, overlap and interact in a complex fashion. However, in therapy they are thought to be sufficiently discrete to be studied as independent elements of cognition. In the present study the focus is on assumptions and standards. The possible role of selective perception in marital satisfaction is also tentatively explored.

## Cognitive Theories of Relationship Distress

### Ellis' Theory

Much of the cognitive-behavioural research into marital discord bases its theoretical assumptions on the work of Ellis (1962; 1977). Ellis, in developing his ideas about the influence of irrational thinking on individual distress, asserted that intimate relationships become disturbed when each partner maintains irrational philosophies about their partner and/or their relationship. Each partner in a dysfunctional relationship has a tendency to irrationally demand that their spouse behave as he or she thinks they should.

Furthermore, Ellis asserted that individuals hope for regular sexual satisfaction, intimate companionship and love (Ellis & Harper, 1975). Expectations which become unrealistic or extreme result in marital distress. Ellis and his colleagues noted that in applying Rational Emotive Therapy (RET) in a marital context, behavioural interventions such as assertiveness training are used to alter spouses current expectancies and thus counteract longstanding irrational beliefs (Ellis, Sichel, Yeager, DiMattia, & DiGiuseppe, 1989). They asserted that although the model allows for behaviour change to precede cognitive change the primary path to change is in the cognitive-to-behaviour link. Another important pioneer in the development of cognitive theory was Aaron Beck, who shared many of Ellis' ideas.

#### Beck's Theory

Beck's cognitive model of individual psychopathology can also be applied to dyadic dysfunction (Beck, 1976; Beck, Rush, Shaw, & Emery, 1979). Beck (1976) stated that when people apply absolute or inappropriate rules to themselves and others, disturbance in their functioning is a frequent result. This applies equally to marital relationships. Beck (1976) described a model in which the behaviour of one spouse activates the partner's underlying dysfunctional schemata, triggering "stream-of-consciousness automatic thoughts", with associated emotional and behavioural responses. Beck, like Ellis, suggested that beliefs (schemata) about the self, and about intimate relationships, influence marital satisfaction (Beck, 1988).

Assumptions and standards are two cognitive constructs which are typically referred to as "schemata", or "knowledge structures" by cognitive theorists. Anderson (1993) described schemata as "knowledge structures that derive from previous experience and organise the processing of past and future information" (p.3).

Schemata, therefore, provide individuals with a structure which enables them to summarise experience, develop expectations and guide future behaviour.

In the marital realm, schemata are likely to be derived from cultural norms of family and gender roles. Because of the influence of cultural, religious and moral values, they are likely to be extremely resistant to change (Anderson, 1993). An individual's schemata will also be influenced by experience in previous relationships, creating expectancies for future relationships (Epstein & Baucom, 1993). An important consequence of the theoretical models of Beck and Ellis was the development of cognitive-behavioural marital therapy.

### Development of Cognitive-Behavioural Marital Therapy

Initially, research into intimate relationships examined the association between marital quality and demographic, individual, or family variables. However Fincham and colleagues suggested most of these studies were atheoretical, and did not add substantially to our understanding of cognition in marriage (Fincham, Bradbury, & Scott, 1990). In the 1980s, however, following the work of Beck (1976) and Ellis (1977), a burgeoning body of research focused on the role of a cognitive component in relationship distress. Much of the research assessed the impact of attributions on relationship distress (e.g., Bradbury & Fincham, 1990; 1992). A relatively small number of studies, however, has explored the implications of how unrealistic expectations affect relationship satisfaction. Unrealistic beliefs, represented by the cognitive variables of standards and assumptions, are widely believed by cognitive theorists and therapists to impact negatively on marital satisfaction (e.g., Epstein & Baucom, 1993; Crohan, 1992; Jones & Stanton, 1988).

Early Behavioural Marital Therapy (BMT) research acknowledged the reciprocal interplay between cognitions and behaviour (Jacobson & Margolin, 1979; O'Leary & Turkewitz, 1978; Stuart, 1969; 1980; Weiss, 1978). Consequently, an increased interest in models of cognitive processes developed, reflecting the growing influence of cognitive therapies within the field of BMT (Emmelkamp, van den Heuvel, Ruphan, Sanderman, Scholing,

& Stroink, 1988; Epstein, 1982). Whilst outcome studies in the marital domain had clearly demonstrated the effectiveness of a behavioural approach (Baucom & Hoffman, 1986; Hahlweg & Markman, 1988; Jacobson, Follette, Revenstorf, Baucom, Hahlweg, & Margolin, 1984), a substantial minority of distressed couples had not benefited from specific behavioural interventions such as behavioural contracting (Boelens, Emmelkamp, MacGillavry, & Markvoort, 1980), and communication skills training (Emmelkamp, van der Helm, MacGillavry, & van Zanten, 1984). Other couples, whilst achieving positive changes in behaviour had remained distressed (Hahlweg & Jacobson, 1984).

Research which investigated the utility of cognitive restructuring alone (Epstein, Pretzer, & Fleming, 1987) and in conjunction with BMT (Baucom & Lester, 1986) indicated that a cognitive component in marital therapy could produce meaningful therapeutic change, particularly in the area of relationship standards and assumptions. In addition, Huber and Milstein (1985) found that brief cognitive therapy actually increased couples' expectancy that marital therapy would help, and thus increased their desire to improve their relationship. An ascendance of cognitive-behavioural approaches subsequently occurred in marital therapy - a move welcomed by therapists who saw the potential to increase the efficacy of marital therapy (Fincham et al., 1990).

As a result of the theoretical underpinnings of cognitive-behavioural marital therapy, and subsequent outcome studies, cognitive-behavioural marital therapists are alert to indications that inappropriate cognitions are contributing to marital disturbance. Appropriateness is judged by

*(a) how valid the cognition is as a representation of objective reality or (b) how reasonable it is as a standard or as an explanation for relationship events when there are no clear objective criteria available for determining 'reality' (Baucom & Epstein, 1990, p.48).*

Cognitive-behavioural theories also propose that individuals often fail to question or evaluate the appropriateness of their moment-by-moment cognitive responses. As the domain of social psychology has taught us, however, people are inclined to cling to their longstanding assumptions and standards quite strongly, even in the face of compelling contradictory evidence (e.g., Nisbett & Ross, 1980). Consequently, cognitive-behavioural marital therapists teach clients how to actively observe and evaluate stream-of-consciousness cognitions, as well as their long-held assumptions and beliefs (Baucom & Epstein, 1990).

## CHAPTER 2

### RELATIONSHIP BELIEFS AND RELATIONSHIP DISTRESS

This chapter presents an outline of the development of the Relationship Belief Inventory (RBI; Eidelson & Epstein, 1982), the first instrument designed to measure dysfunctional relationship beliefs in the marital field. In addition, recent criticisms of the instrument are discussed, and justification for its use in the present study provided.

Whilst earlier commentators had begun to make the link between cognitive factors and relationship distress (Beck, 1976; Ellis & Harper, 1975; Rausch, Barry, Hertel, & Swain, 1974), Epstein and Eidelson's (1981) study was the first to include an assessment of the effect of unrealistic relationship beliefs on marital satisfaction. This work was continued with the development of the RBI (Eidelson & Epstein, 1982). To date, the RBI is the most prominent measure specifically designed to assess dysfunctional relationship beliefs.

#### The Relationship Belief Inventory

Initially, Epstein and Eidelson (1981) explored the association between three relationship beliefs commonly cited by marital therapists as problematic, and relationship satisfaction. Based on Ellis' (1962; 1975) rational-emotive conceptualisation of irrational beliefs, Epstein and Eidelson examined the following dysfunctional beliefs: a) disagreement between spouses indicates a poor relationship; b) spouses should be able to sense each others' moods and needs as if they could read each other's mind; and c) positive change in a relationship and its members is not possible. They found all three of their subscales were negatively correlated with marital satisfaction, as measured by the Marital Adjustment Scale (MAS; Locke & Wallace, 1959). A limitation of the study was its specific and narrow sample of 47 middle-class couples seeking marital therapy. No community sample was included in the study, therefore a comparison with non-distressed couples was not possible.

Eidelson and Epstein (1982) continued to develop the RBI to measure dysfunctional relationship beliefs. They expanded their earlier measure of three subscales into a 40-item inventory comprising five subscales, each consisting of eight questions. To determine which dysfunctional relationship beliefs seemed most problematic, Eidelson and Epstein canvassed twenty marital therapists and asked them to list troublesome beliefs most commonly encountered in therapy. The initial pool of 128 items derived by this method was then reduced to 40 items by administering the full inventory of items to one group, and subsequently administering a reduced inventory to a second group. Final questions were selected on the basis of item-total correlations. The dysfunctional beliefs represented by the subscales of the RBI were: 1) "disagreement is destructive" (a belief that disagreement will damage a relationship); 2) "mindreading is expected" (a belief that a partner who really loves their spouse can sense their moods and understand their needs without communication); 3) "partners cannot change" (a belief that once a partner has acted in a certain way in the relationship, they will continue to do so); 4) "sexual perfectionism" (a belief that one must always be a "perfect" sexual partner); and 5) "the sexes are different" (a belief that the emotional needs of men and women in a relationship are so different that they will never understand each other).

Eidelson and Epstein's (1982) study involved 52 couples from the community and 48 couples beginning marital therapy. Both samples were predominantly middle class, again limiting generalizability. Evidence of internal consistency, convergent validity and construct validity were found for the RBI scales. This study provided further evidence of a significant negative correlation between dysfunctional relationship beliefs and marital satisfaction.

### Criticisms of the Relationship Belief Inventory

As previously noted, the RBI is currently the most widely used measure of relationship beliefs available. Whilst its authors found its psychometric properties to be adequate (Eidelson & Epstein, 1982; Epstein & Eidelson, 1981), and these findings have been replicated in later studies (Epstein et al., 1987; Fincham & Bradbury, 1987b), other commentators have questioned the discriminant and construct validity of the instrument.

Emmelkamp and colleagues (Emmelkamp, Krol, Sanderman, & Ruphan, 1987) found discriminant validity for the RBI was poor. Contrary to expectation, their community sample scored higher on three of the five subscales (*mindreading*, *partners cannot change*, and *sexes are different*) than their clinical sample. This outcome indicated *more* dysfunctional relationship beliefs in the community sample, than the clinical sample. A subsequent study by Moller and van Zyl (1991) also raised concerns about the discriminant validity of the RBI. They found only *disagreement is destructive* (RBID) and *sexual perfectionism* (RBISP) were significantly negatively correlated with marital satisfaction. The possibility that these findings were due to sample bias cannot presently be ruled out (this issue is addressed in the discussion section of this document), therefore further research is required to clarify this issue.

The strongest criticism of the instrument to date, however, has come from Fletcher and his colleagues (Fletcher, 1993; Fletcher & Fitness, 1993; Fletcher & Kininmonth, 1992). Fletcher's concerns are three-fold. Firstly, he questions the instrument on the basis that it contains a mix of items which assesses attitudes, beliefs, attributions, and other cognitive constructs. Secondly, he points out that the instrument is a mixture of questions about the respondent's current relationship (21 items) and general relationship beliefs (19 items). Finally, and most importantly, Fletcher proposes there is considerable item overlap between the RBI and the measures of relationship adjustment with which it is commonly correlated (e.g., Dyadic Adjustment Scale; Spanier,

1976). Fletcher argues the *disagreement is destructive* (RBID) scale is the most affected by this overlap because all eight items of the scale refer to positive or negative aspects of the current relationship. The *disagreement* subscale has consistently been found to produce the highest negative correlations with indices of marital satisfaction (e.g., Bradbury & Fincham, 1993; Eidelson & Epstein, 1982). Fletcher contends that these relatively high correlations owe more to the effect of item overlap than to the construct validity of the scale.

This writer, whilst noting Fletcher's warning, presents an alternative view. Whilst there is similarity with regard to the general domain of "disagreement", the Dyadic Adjustment Scale (DAS; Spanier, 1976) assesses the *frequency* of disagreement, whilst the RBI assesses *assumptions* or the meaning of disagreement to the respondent. For example, the relevant items on the DAS, ask respondents to indicate, on a 6-point Likert scale, how often they agree or disagree on matters such as "handling family finances", "religious matters", etc ("always agree" [5], or "always disagree" [0]). A high score on these items therefore indicates a high level of agreement. The RBI, on the other hand, also using a 6-point Likert scale, assesses how respondents feel about disagreement in their relationship (e.g., "I get very upset when my partner and I cannot see things the same way"). A high score indicates strong endorsement of the item ("I strongly believe that the statement is true" [5]; "I strongly believe that the statement is false" [0]). If the RBID scale represents a belief that *disagreement is destructive* to a relationship, then it could be construed that this may lead to avoidance of conflict. Therefore, it could be argued that avoiding conflict in the relationship is more likely to translate to a higher score on the DAS (indicating high consensus on relevant questions, as noted above). This pattern would, in fact, result in a positive rather than negative relationship between the RBID scale and the DAS, which is contrary to reported findings (Bradbury & Fincham, 1993; Eidelson & Epstein, 1982; Moller & van Zyl, 1991). It therefore seems likely to the present author that the consistently reported significant negative correlations between the RBID

scale and indices of marital satisfaction owe more to the impact of the dysfunctional belief than to item overlap.

The problem of directionality in correlational relationships also deserves consideration here. It is possible that the individual comes to believe that *disagreement is destructive* to their relationship because they are currently experiencing marital distress as a result of frequent conflict.

Whatever the case may be, Fletcher's advice that social scientists should pay as much attention to the *content* of scales as to modern psychometrics is undoubtedly useful. However, in the case of the RBI and DAS, it could be argued that the *disagreement* scale is tapping a different construct than items about agreement in the DAS.

Taking into consideration the above information, and the fact that alternative instruments presently lack adequate psychometric data (e.g., Inventory of Specific Relationship Beliefs; Epstein, Baucom, & Rankin, 1993; Marital Attitude Survey; Pretzer et al., 1991; Relationship Beliefs Scale; Fletcher & Kininmonth, 1993), the RBI still stands out as the most appropriate research instrument in a study of relationship beliefs.

### CHAPTER 3

#### ASPECTS OF GENDER IN RELATIONSHIP BELIEFS

This chapter considers the effect of gender in relationship beliefs. Differences found in relationship beliefs according to gender are presented, and the possible development of divergent gender beliefs explored. Reported psychometric properties of the RBI according to gender are noted. Different communication styles of men and women are discussed, as are perceived gender differences and different gender response to marital therapy.

##### Gender Differences in Relationship Beliefs

Several studies have reported differences in the relative importance of specific beliefs (as measured by the RBI) between men and women (Baucom, Sayers, & Sher, 1990; Bradbury & Fincham, 1993; Epstein et al., 1987; Gaelick, Bodenhausen, & Wyer, 1985; Jones & Stanton, 1988). One explanation for this finding has been that gender differences in relationship beliefs are related to differing socialisation processes for boys and girls (Amato & Keith, 1991; Bradbury & Fincham, 1993).

##### Development of Gender Differences in Relationship Beliefs

Epstein and Baucom (1993) suggested the likelihood that assumptions and standards about how an intimate relationship *should* be and how a good spouse *should* behave are derived from previous relationships. Experiences in families of origin and previous intimate relationships, as well as "myths" promoted by the media, may all influence an individual's evolving belief system. For example, children primarily learn how a "husband" and "wife" act toward one another, and what their role is in the family, through the modelling effect they encounter in their families of origin (Amato & Keith, 1991). Later, adolescents and young adults are influenced by romantic notions of how a relationship *should be*, as presented in books, movies, and popular music. It has been suggested that the influence of the media may be stronger

when young people have not experienced satisfactory relationships in their families of origin (Epstein & Baucom, 1993).

#### Psychometric Properties of the RBI According to Gender

To determine whether different gender responses were due to genuine differences in belief between men and women, or an artifact of the psychometric properties of the RBI, Bradbury and Fincham (1993) undertook a study of 43 couples. A major aim of their study was to examine the psychometric properties of the RBI according to gender. They considered this important, because if discrepant subscale scores between men and women were due to differing degrees of variability in RBI subscale scores (leading to inflated correlations), then psychometric influences were implicated in gender differences, rather than belief systems. Bradbury and Fincham reported that psychometric properties of the RBI appeared to be comparable for men and women. Husbands and wives in their study did not differ in the degree of variability of their responses. They also found the reliability and validity of the instrument were unaffected by the gender of the participant. This finding was offered as support for the acceptance of a genuine difference in relationship beliefs between men and women.

#### Differing Communication Styles According to Gender

A specific gender difference reported by Bradbury and Fincham (1993) was in communication style. As part of their study, couples were observed discussing a marital difficulty. Trained observers rated couples' propensity to avoid conflict (avoidant behaviour), and their negative and positive verbal exchanges. The results showed that women who scored higher on the RBI total score were less inclined to avoid conflict and more inclined to initiate a negative verbal exchange. On the other hand, men with elevated RBI total scores were less likely to initiate conflict, but instead displayed a greater tendency to reciprocate negative (verbal) behaviour. This finding suggested that women with highly dysfunctional relationship beliefs expressed their dissatisfaction readily, whilst men with similar scores were more inclined to

reciprocate negative behaviour, than initiate discussion. Interestingly, although Bradbury and Fincham's study did not find a significant difference in RBID (*disagreement is destructive*) scores between husbands and wives; husbands' RBID scores had higher negative correlations with relationship satisfaction than wives'. This may suggest that the husbands in this study were more inclined to actually avoid initiating a discussion which may prove conflictual - and that the consequent lack of open communication ultimately led to a lowered sense of marital satisfaction. Two subscales of the RBI, *disagreement is destructive* and *mindreading is expected*, address the issue of dysfunctional communication patterns, and these will be dealt with in more detail in Chapter 4.

#### Perceived Gender Differences

The *sexes are different* (RBIMF) subscale of the RBI addresses perceived gender differences and may have implications for the degree of commitment couples have for understanding their partner's point of view (Eidelson & Epstein, 1982). It has been further suggested that when partners attribute interpersonal conflict to stable factors (i.e., differences between men and women) they may have a lowered expectation of their ability to resolve relationship difficulties, engendering a "helplessness" response (Doherty, 1981a; 1981b).

Contrary to this hypothesis, Emmelkamp and colleagues, found that the *sexes are different* subscale was endorsed more extremely by their community sample than their clinical sample (Emmelkamp et al., 1987). A partial explanation for this finding may be that community couples scoring high on the *sexes are different* belief do not seek marital therapy as they believe differences between men and women cannot be changed. Alternatively, it may be that a belief that men and women are different is adaptive, engendering a greater tolerance for differences between partners. In addition, however, Emmelkamp et al. (1987) found the internal reliability of this scale relatively low (Cronbach alpha = .62), as did Bradbury and Fincham (1993), (Cronbach alpha = .63). The marginal internal reliability of this subscale raises

questions about its ability to measure the construct involving beliefs about a fundamental difference between the sexes.

Bradbury and Fincham did, however, find a significant negative correlation between the RBIMF scale and marital satisfaction, for both males and females. They also reported a strongly significant correlation for females between the RBIMF scale and an avoidant communication style. This finding may indicate that women who hold a strong belief that men and women are "so different they will never understand each other" do not attempt to resolve difficulties they attribute to gender differences. Perceived gender differences may therefore impact on the success of marital therapy, and would need to be addressed early in therapy. Differing responses to the mode of therapy also warrant attention, as there is evidence to suggest that change is achieved through different types of interventions for men and women.

#### Gender Difference in Response to Cognitive Marital Therapy

Emmelkamp et al. (1988) found a gender difference in the response to cognitive marital therapy. They reported that women exhibited changes in relationship beliefs (as measured by the RBI) over the course of treatment, regardless of treatment type (cognitive restructuring or communication skills training). Men, however, improved significantly, according to the RBI, when they received communication skills training, but not when they received cognitive restructuring alone. This finding suggests that for men cognitive change may be achieved more readily through behavioural intervention than through attempts to change beliefs (Emmelkamp et al., 1988).

### Difference in Partners' Responding on RBI Scales

In their preliminary study Epstein and Eidelson (1981) found that husbands and wives produced similar overall scores on the RBI when subscale scores were summed. However, whilst partners' total RBI scores were similar, correlations between their scores on the subscales did not reach significance. This indicated that whilst partners may share a similar level of dysfunctional relationship beliefs overall, there were differences in their pattern of beliefs.

In explaining this different pattern of responding, Epstein and Eidelson suggested that unrealistic expectations about relationships and marital satisfaction are associated more strongly with individual belief systems than beliefs shared by the couple. Another possibility is that partner differences reflect gender differences, which may emerge from differing socialisation practices for girls and boys (Amato & Keith, 1991). In general, studies which have examined similarity of spouses in relationship beliefs have reported finding significant differences in the pattern of relationship beliefs between partners (Bradbury & Fincham, 1993; Crohan, 1992; Jones & Stanton, 1988; Moller & van Zyl, 1991).

As noted, Epstein and Eidelson (1981) found little evidence of similarity in beliefs between partners. Subsequently, Jones and Stanton's (1988) study addressed the question of whether partners holding discrepant beliefs, or the actual content of the belief, was more important in predicting relationship distress. For example, if one partner believes that disagreement will damage the relationship, whilst the other partner believes that differences should be discussed, the couple has a divergent view of how conflict should be managed in the relationship. One of the aims of Jones and Stanton's study was to determine whether this lack of similarity of belief was more problematic for couples than the content of the belief. In the example given above, the content of the belief is that disagreement should be avoided as it may damage the relationship. If both partners agree that disagreement may be damaging, then they are in accord on this matter, and conflict is likely to be avoided in the

relationship. If partners have different views, however, then problems may arise because one partner wishes to discuss and resolve conflict, whilst the other actively avoids recognising conflict exists. Jones and Stanton first applied paired *t* tests to identify any significant difference in belief between partners. They then examined the respective contributions of similarity of belief and content of belief by applying regression analyses to their data. Included in their analyses were the constructs of "similarity of belief", "content of belief" and "interaction of similarity and content". They found the influence of an interaction effect was not significant in predicting marital distress, nor was the construct of similarity of belief. However when similarity of belief was controlled, the partial correlation between RBI self-rated scores and marital distress was .40 for females and .45 for males. Their findings offered strong support for the importance of the content of dysfunctional relationship beliefs in predicting marital distress, but not similarity of belief. This finding has subsequently received support from Crohan (1992). Crohan reported that in couples where both partners believed conflict should be avoided (indicating similarity of belief), lower levels of marital satisfaction were found than in couples where only one partner held this belief (suggesting one partner continued to attempt resolution of differences). This finding again suggested that the dysfunctional content of the belief had more impact on relationship adjustment than similarity of belief.

#### Summary of Gender Differences

With few exceptions, research to date implies there are significant differences in males and females beliefs about relationships. Men are more likely to endorse items suggesting that *disagreement is destructive*, that *sexual perfectionism* is important and that the *sexes are different*. Women, on the other hand, are more inclined to believe that *mindreading is expected* in a relationship (Bradbury & Fincham, 1993). Gender differences have also been noted in communication style (Bradbury & Fincham, 1993) and efficacy of treatment type (Emmelkamp et al., 1988). It has been suggested that the source of gender differences in relationship beliefs may lie in influences

exerted in families of origin; for example role-modelling effects and gender socialisation processes (Amato & Keith, 1991; Bradbury & Fincham, 1993; Epstein & Eidelson, 1981).

## CHAPTER 4

### OTHER ASPECTS OF RELATIONSHIP BELIEFS

#### Beliefs about Conflict

Marital therapists of most persuasions would agree that communication style plays a major part in how well conflict is managed in relationships. It is also widely accepted that good communication plays a major role in marital satisfaction (Gottman, Notarius, Gonso, & Markman, 1976; Snyder, 1979). In discussing communication style, Satir (1967) noted that individuals may perceive their partner's differing preferences or opinions as evidence that they are not truly loved. In an attempt to maintain the integrity of the relationship, this belief may lead to dysfunctional communication styles. This could occur through attempts to coerce one's spouse into agreeing, or through avoidance of conflict altogether, by minimising communication. Consistent with Satir's views, Rausch and colleagues (1974) suggested that over time conflict behaviours such as coercion or avoidance are associated with lowered marital satisfaction. Epstein and Eidelson's (1981) study found that the belief "disagreements between spouses indicate a poor relationship" was negatively correlated with level of marital satisfaction. In addition, their hypothesis that this belief would negatively impact on expectation of success in therapy was supported.

Eidelson and Epstein (1982) proposed that the extent to which individuals endorse the belief that *disagreement is destructive* in a relationship would covary with the degree of avoidant behaviour exhibited. As outlined in Chapter 3, this contention was not supported by Bradbury and Fincham (1993). On the other hand, Emmelkamp and colleagues (1987) reported that higher endorsement of the *disagreement* subscale of the RBI was positively correlated with avoidant communication style. Eidelson and Epstein's finding that the *disagreement is destructive* subscale was most predictive of relationship distress has consistently been replicated by subsequent research (Bradbury & Fincham, 1993; Emmelkamp et al., 1987; Moller & van Zyl, 1991). Jones and Stanton

(1988) found the *disagreement is destructive* scale negatively correlated with marital satisfaction, but for men only. Studies which examined husbands and wives data separately reported that men tend to score higher on the *disagreement* scale than women (Bradbury & Fincham, 1993; Jones & Stanton, 1988).

A longitudinal study of 25 couples by Gottman and Krokoff (1989) examined marital interaction and satisfaction. They found that although disagreement and angry exchanges were related to current unhappiness in couples' relationships, they were predictive of improved marital satisfaction in the long run. In a methodologically sound longitudinal study of 133 black and 149 white newlywed couples Crohan (1992) also found beliefs about conflict to be predictive of level of marital satisfaction. Couples who believed that conflict was bad for a relationship exhibited lower levels of marital satisfaction both one year and two years after marriage. This finding suggested that when couples discuss their differences and points of conflict they increase their chance of resolving stresses in the relationship. Additionally, the hypothesis that a belief that *disagreement is destructive* to a relationship may lead to avoidance of communication was supported. Avoiding conflictual communication may ultimately lead to a reduced level of general communication, culminating in unresolved differences and lowered marital satisfaction.

To summarise, evidence to date suggests that of the various beliefs represented by subscales of the RBI, the *disagreement is destructive* scale is most predictive of lower levels of relationship satisfaction (Bradbury & Fincham, 1993; Emmelkamp et al., 1987; Eidelson & Epstein, 1982; Epstein & Eidelson, 1981; Moller & van Zyl, 1991). Research has also suggested that men endorse the *disagreement is destructive* scale more extremely than women (Bradbury & Fincham, 1993; Jones & Stanton, 1988), suggesting they hold this dysfunctional belief to a greater extent. More research is needed to confirm this finding, and to determine which factors may be responsible for this gender

difference. The present study aims to extend research findings in this area by assessing gender differences in specific beliefs, especially the belief that *disagreement is destructive* to a relationship.

"Mindreading" is another dysfunctional belief which impacts on communication style in an intimate relationship. Individuals who expect mindreading in a relationship believe that if one is truly loved, a partner should be able to sense one's thoughts and needs without need for communication. Satir (1967) suggested that partners who believe their spouse should be able to read their mind may be looking for a communication shortcut, saving them the trouble of having to ask about their partner's thoughts and feelings. Alternatively, she suggested, partners may be inclined to measure the degree of love and intimacy in their relationships by the extent to which their partner can sense their moods and needs.

Although most research to date has reported a negative association between a *mindreading* expectation (RBIM) and marital satisfaction in couples seeking counselling, the size of the correlations have been relatively small. Only studies by Eidelson and Epstein (1982; Epstein & Eidelson, 1981) reported significant findings. Emmelkamp and colleagues (1987) found that their non-clinical sample had higher levels of dysfunctionality than their community sample on the RBIM scale. Bradbury and Fincham's (1993) study reported that women were more inclined to hold a *mindreading* expectation. They also reported a non-significant correlation between the RBIM scale and marital satisfaction, and suggested that *mindreading* may be adaptive for many couples, and only problematic for a small, severely distressed group. Alternatively, they proposed, the *mindreading* construct may not be related to reduced marital satisfaction. Consequently, the relationship between beliefs related to *mindreading* and marital satisfaction requires further clarification.

### Implications of Dysfunctional Relationship Beliefs for Therapy

As previously noted, a belief that *disagreement is destructive* to a relationship has implications for the willingness of couples to participate in marital therapy. It has been suggested that a low tolerance for conflict is likely to affect a couple's willingness to engage in conjoint marital therapy; a forum which often encourages the overt expression of conflict (Epstein & Eidelson, 1981). In addition, a belief that one's partner is unlikely to change will affect commitment to maintaining the relationship and lower expectation of a successful outcome to therapy (Eidelson & Epstein, 1982; Epstein & Eidelson, 1981).

Eidelson and Epstein (1982) reported that all subscales of the RBI except the *sexes are different* were negatively related to couples' "estimated likelihood of improvement in therapy, desire to maintain versus end the relationship, and preference for conjoint versus individual treatment" (p.719). Subsequently, a study by Bradbury and Fincham (1993) supported this finding. They reported that the *disagreement is destructive*, *mindreading is expected* and *partners cannot change* scales were all significantly correlated with: a) a pessimistic view of therapy; b) a desire to terminate rather than maintain the relationship, and c) the type of therapy favoured (conjoint vs individual).

According to Eidelson and Epstein (1982), the belief which appears to most accurately discriminate between clinical and non-clinical couples, is represented by the *partners cannot change* scale. They found the association between this scale and the Marital Adjustment Scale (MAS; Locke & Wallace, 1959) to be statistically significant for clinical couples, but non-existent for community couples.

When spouses believe their partner cannot change they have little hope that their difficulties can be resolved. Doherty (1981a; 1981b) suggested that spouses holding this view have low efficacy expectancies regarding problem resolution, leading to symptoms of learned helplessness described by Seligman

(1975). Subsequently, in a study which aimed to assess spouses' expectancies and attributions about marriage, Pretzer and colleagues (1991) found the more an individual attributed marital problems to their own behaviour the higher their expectancy was that problems could be resolved. This finding supported the view that a belief that a partner cannot change will have a negative impact on the perceived potential of marital therapy to alleviate relationship distress.

#### Differences between Clinical and Non-Clinical Samples:

Only two studies to date have attempted to examine relationship belief differences between couples from the community and couples seeking marital therapy.

- 1) Eidelson and Epstein's (1982) preliminary study reported only small differences in most subscale scores between community and clinical couples. Only the *partners cannot change* scale discriminated between clinical and community couples.
- 2) Contrary to expectation, Emmelkamp et al. (1987) found their non-distressed sample scored higher on the *mindreading*, *partner cannot change* and *sexes are different* scales than distressed couples, suggesting higher levels of irrationality in couples from the community than in couples seeking marital therapy.

A third study by Moller and van Zyl (1991) did not use clinical and non-clinical samples. However, their study included couples whom they identified as being part of a "low dyadic adjustment" (scores under 100 on the DAS) or "high dyadic adjustment" (scores of 100+ on the DAS) group. Their low dyadic adjustment group was not necessarily receiving marital therapy, although an undisclosed number of their forty-six participating couples was recruited from a marital counselling clinic. They reported only that couples in their low dyadic adjustment group were more inclined to make extreme

evaluations about relationship beliefs than couples with higher levels of marital satisfaction.

#### Discrepant Findings Across Studies

Some interesting differences have emerged from studies undertaken in different settings. Most striking are the differences in association between a belief in *sexual perfectionism* and marital satisfaction found in Moller and van Zyl's (1991) South African study. Although both the South African and American studies found the *disagreement is destructive* scale to have the strongest negative association with indices of relationship satisfaction, the South African study found the belief in *sexual perfectionism* to have the next strongest negative association. This was in contrast to prior studies which found this subscale to have the lowest correlations with measures of marital satisfaction (Eidelson & Epstein, 1982). Contrary to previous findings, Moller and van Zyl also reported no significant correlation between marital satisfaction and the *partners cannot change* and *sexes are different* subscales of the RBI.

As previously noted, Emmelkamp et al.'s (1987) Dutch study also reported findings contrary to prior research. They found that contrary to expectation, their non-distressed sample scored higher than their distressed sample on three subscales (i.e., *mindreading is expected*, *partner cannot change* and *the sexes are different*). Moller and van Zyl (1991) commented that couples living in different cultural settings (e.g., different countries) may hold different dysfunctional relationship beliefs. Therefore, prior to using the RBI as a clinical or research instrument in a particular setting, it may be necessary to ascertain whether the particular beliefs the RBI purports to measure are in fact relevant to that specific population.

### Selective Perception

Perception is not merely the observation of events, it also involves assigning meaning to these events (Becker, 1987). In the realm of relationships, selective perception relates to which aspects of a partner's behaviour are noticed, as well as which dyadic interactions are focused on (Baucom et al., 1989). The construct of selective perception in relationships became increasingly apparent when researchers investigated the efficacy of positive behaviour exchange in BMT (Johnson & O'Leary, 1996). It was noted that distressed couples disagreed with the behavioural observations of objective observers to a greater degree than did non-distressed couples (Robinson & Price, 1980). Distressed couples also disagreed with each other about marital interactions more often than non-distressed couples (Christenson & Nies, 1980; Jacobson & Moore, 1981). It was subsequently suggested that spouses' selective perception of aspects of their partner's behaviour may have more impact on level of relationship satisfaction than the exchange of rewarding and punishing behaviours in the relationship (Arias & O'Leary, 1985).

### Summary

Evidence from studies to date suggests that the belief that *disagreement is destructive* to a relationship is consistently related to lower levels of marital satisfaction. However, the situation is less clear for other subscales of the RBI, with various studies reporting discrepant findings. Several studies have suggested that some dysfunctional relationship beliefs may impact on marital therapy (Bradbury & Fincham, 1993; Epstein & Eidelson, 1981). The present study aims to add to the body of research presently available, which may help to clarify the current position regarding the association between dysfunctional relationship beliefs and marital satisfaction. Furthermore, this study will add to the paucity of research which examines relationship beliefs in both clinical and non-clinical samples. In addition, the construct of selective perception, as it applies to relationship satisfaction, will be explored.

## CHAPTER 5

### THE PRESENT STUDY

Thus far, a small number of studies has explored differences in the degree of dysfunctional relationship beliefs between clinical and community couples. The findings of these studies have been mixed, with none reporting substantial differences between these groups, according to the subscales of the RBI. Given the relative dearth of research comparing a clinical sample of couples seeking marital therapy, and a sample from the community, further research in this area is needed.

#### Aims

The present study aims to explore the impact of dysfunctional relationship beliefs on marital satisfaction in a sample of New Zealand couples. The RBI will be used to measure the degree of dysfunctional relationship beliefs, whilst the Dyadic Adjustment Scale will assess the level of marital satisfaction (or distress). Relationship beliefs of a sample of couples attending marital therapy will be compared with a sample of couples from the community. Gender differences in relationship belief patterns will be examined, as will differing response patterns between marital partners. As previous research has noted both gender and partner differences in responses on RBI subscales (Bradbury & Fincham, 1993; Eidelson & Epstein, 1982), particular attention will be given to whether these differences coincide (i.e., are partner differences in effect gender differences?). As there is some evidence to suggest varying response patterns on subscales of the RBI in different studies (Emmelkamp et al., 1987; Moller & van Zyl, 1991) any differences between the response pattern of this study and previous studies will be noted.

### Selective Perception

Whilst the present study focused specifically on relationship beliefs, an exploratory measure of selective perception was also included in the questionnaire. Given the lack of available instruments which could measure selective perception, an initial attempt was made to explore the potential of such a self-report measure. Attempts to measure selective perception to date have mainly focused on the use of trained observers (Johnson & O'Leary, 1996; Robinson & Price, 1980), although Larsen, Diener and Cropanzano (1987) did include items to assess selective perception in a study which examined the effect of cognitive operations on affect intensity.

Based on the variety of findings reported by previous researchers in the area of dysfunctional relationship beliefs, it is apparent that it would be useful to confirm some findings (e.g., the impact of the *disagreement* belief), and clarify others (e.g., beliefs about *mindreading* and *sexual perfectionism*). Research which adds to the current knowledge on relationship beliefs of clinical couples, in comparison to non-clinical couples also seems worthwhile. Further examination of differences in belief between men and women generally, and also between partners, may add to our understanding of whether any differences are based on gender, or on different belief systems of individuals. In order to examine these issues, the following hypotheses were formulated.

### Hypotheses

- 1) That the clinical sample will score higher on the RBI scales (higher levels of dysfunctional relationship beliefs) and lower on the DAS (lower levels of marital satisfaction) than the non-clinical sample.
  
- 2) That dysfunctional relationship beliefs impact negatively on marital satisfaction. In particular, it is hypothesized that the belief that *disagreement is destructive* to a relationship will be negatively correlated with marital satisfaction to a greater extent than other beliefs represented by the RBI.
  
- 3a) That a different pattern of responding, according to gender, will be evident from subscale scores of the RBI. In particular, it is hypothesized that men will score higher on the *disagreement is destructive* and *sexual perfectionism* subscales, whilst women will score higher on the "mindreading is expected" scale.
  
- b) That marital partners will exhibit different patterns of response on RBI subscales, and these differences will mirror gender differences, as noted above.

## CHAPTER 6

### METHOD

#### Participants

The subjects in this study were heterosexual couples who had either been married, or living in a de facto relationship for the previous six months. Within this sample were two groups, one group which had entered marital therapy (the clinical sample), and one which had not sought marital therapy for difficulties experienced in the current relationship within the past two years (the non-clinical, or community sample).

The total sample comprised 90 men and 92 women, a total of 182 participants. Ninety couples were represented, thirty-six couples in marital therapy, and fifty-four couples drawn from the community. The age range for the total sample was 18-70 years (clinical sample mean = 38.7 years, non-clinical sample mean = 40 years). Table 1 provides further demographic information.

#### Demographic Characteristics

Demographic characteristics of the clinical and non-clinical samples were compared using chi-square and *t* tests. As shown in Table 2, a significant difference was found between the two groups for occupational status only. Chi-square analysis revealed that a significantly higher proportion of the non-clinical sample fell into the professional and clerical/retail/trade sectors (67%). Chi-square analyses indicated that 71% of the clinical group and 73% of the non-clinical group fell into the income range above \$40,000 per annum (joint income), suggesting that the total sample comprised a predominantly middle-class group.

Table 1  
Demographic Characteristics of Participants

	<b>Clinical</b> (n = 73)	<b>Non-Clinical</b> (n = 109)	<b>Total</b> (n = 182)
<b>Age:</b>			
Mean	38.70	40.03	39.51
SD	9.00	10.81	10.12
<b>Marital Status:</b>			
Married	75.3%	76.1%	75.8%
De Facto	24.7%	23.9%	24.2%
<b>Number Dependent Children:</b>			
Mean	1.30	1.40	1.38
SD	1.18	4.46	1.36
<b>Education:</b>			
High School	46.6%	33.0%	38.5%
Polytechnic	15.1%	20.2%	18.1%
University	31.5%	37.6%	35.2%
<b>Income:</b>			
Under \$20,000	9.6%	5.6%	7.2%
\$20,000-\$29,999	17.8%	23.1%	21.0%
\$30,000-\$49,999	43.8%	27.8%	34.3%
Over \$50,000	28.8%	43.5%	37.6%
<b>Ethnicity:</b>			
NZ Pakeha	91.5%	88.0%	89.4%
Maori	4.2%	5.6%	5.0%
Other	4.2%	6.4%	5.6%
<b>Occupation:</b>			
Managerial/Professional	5.7%	18.7%	13.6%
Education/Medical	24.3%	12.1%	16.9%
Retail/Clerical/Trade	30.0%	36.4%	33.9%
Manual work	7.1%	14.0%	11.3%
Houseperson	24.3%	7.5%	14.1%
Student	2.9%	10.3%	7.3%
Farmer	5.7%	.9%	2.8%

Table 2

Comparison of demographic characteristics of the clinical and non-clinical samples

	Chi-square analyses		
	df	$\chi^2$	p =
Gender	1	0.23	.88
Marital Status	1	0.15	.90
Number of dependent children	3	1.94	.59
Education	3	3.47	.35
Income	3	7.38	.06
Occupation	3	10.43	.02
Ethnicity	2	0.60	.74
	Independent t-test analysis		
	df	t-value	p = (two-tailed)
age	180	.85	.40

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\* number of participants in clinical group = 73  
 number of participants in non-clinical group = 109

Unfortunately, in the final draft of the demographic questionnaire the question regarding length of relationship was omitted, and this error was not picked up prior to printing. Previous research does indicate, however, that demographic variables, and specifically length of relationship, had no significant impact on results (e.g., Epstein & Eidelson, 1981).

### Ethical Issues

The research was approved by the Massey University Ethics Committee. The sensitive nature of marital satisfaction/distress domains meant that some participants may have become aware of concerns about their relationship through completing the questionnaire. If participants in the clinical sample noted any new difficulties or concerns regarding their relationship as a result of completing the questionnaire, they were advised to discuss these concerns with their therapist. To ensure that participants in the non-clinical sample had access to professional assistance if required, a note at the end of the questionnaire provided guidance regarding how that assistance might be accessed. Participants remained anonymous, and issues of informed consent and confidentiality were addressed on the information sheet provided (see Appendices A & B).

### Instruments

- i) The Relationship Belief Inventory: (RBI; Eidelson & Epstein, 1982). The RBI is a 40-item self-report instrument comprising five subscales, each containing eight items: 1) *disagreement is destructive*; 2) *mindreading is expected*; 3) *partner cannot change*; 4) *sexual perfectionism*; and 5) *the sexes are different*. The participant rates the items on a 6-point Likert-type scale from *I strongly believe the statement is true* [5] to *I strongly believe the statement is false* [0]. Higher scores on all scales indicate irrational relationship beliefs. Fifteen of the 40 items are reverse-scored. The total RBI score is obtained by summing the five subscale scores. The minimum score on each scale is 0, the maximum scale score is 40 and the maximum total score is 200. Eidelson and Epstein's original psychometric data include Cronbach alpha coefficients (internal reliability) for the five subscales ranging from .72 to .81. A later study by Bradbury and Fincham (1993) found that for both husbands and wives total RBI scores were internally consistent (alpha .83). For individual scales, however, both Bradbury and Fincham's (1993) study and Emmelkamp

et al.'s (1987) study found Cronbach alpha coefficients exceeded .70 only for the *disagreement is destructive* and *mindreading* subscales. Eidelson and Epstein provided concurrent validity data, and reported all RBI scales except the *sexes are different* were significantly correlated with the Irrational Beliefs Test (IBT; Jones, 1968, cited Emmelkamp et al., 1987) which measures irrational beliefs about the self. Scores on all RBI scales were significantly negatively correlated with the Locke-Wallace Marital Adjustment Scale (MAS; Locke & Wallace, 1959) for the combined sample of clinical and non-clinical couples. Correlational data supported construct validity for three scales in Bradbury and Fincham's study, however they found the *mindreading* and *sexual perfectionism* scores unrelated to marital satisfaction. Overall, psychometric evaluations of the RBI indicate it is a useful instrument for assessment of spouses' relationship beliefs. In addition, it provides data which link unrealistic relationship beliefs to marital satisfaction in a theoretically consistent manner (Bradbury & Fincham, 1993).

ii) The Dyadic Adjustment Scale (DAS; Spanier, 1976)

The DAS is a 32-item scale designed to assess relationship quality in married or co-habiting couples. The instrument comprises four empirically verified components of dyadic adjustment which can be used as subscales: *dyadic satisfaction*; *dyadic cohesion*; *dyadic consensus* and *affectional expression*. Spanier's (1976) study suggested the DAS had good content validity (as evaluated by three judges), criterion-related validity - each item in the scale correlated significantly with the external criterion of marital status (married or divorced) and construct validity - correlation of .86 with the Locke-Wallace Marital Adjustment Scale (1959). Factor analysis of the DAS supported its construct validity (Christensen, Sullaway, & King, 1988; Spanier, 1976). Cronbach's coefficient alpha was applied to each of the component scales to establish reliability, producing alphas of .73 to .94

for the subscales and .96 for the total scale (Spanier, 1976), providing evidence of good internal consistency.

Subsequently, the factorial structure of the DAS has been questioned by some commentators (Crane, Busby, & Larson, 1991; Kazak, Jarmas, & Snitzer, 1988; Sharpley & Cross, 1982), whilst others have claimed that the original four factors (or subscales) proposed by Spanier (1976) were theoretically and empirically justifiable (Cupach & Comstock, 1990; Sabourin, Lussier, Laplante, & Wright, 1990; Spanier & Thompson, 1982).

Questions about the underlying conceptual structure of the DAS have also been raised, with some authors contending the instrument measures a unidimensional, global construct, rather than a multidimensional construct as originally proposed (Crane et al., 1991; Kazak et al., 1988; Sharpley & Cross, 1982). In investigating these criticisms, more recent studies have suggested that a multidimensional model fits the data more closely than a unidimensional model, but that the best fit with data is obtained when a hierarchical conceptualisation of dyadic adjustment is applied (Busby, Christensen, Crane, & Larson, 1995).

Recent studies have continued to support the strong psychometric properties of the DAS, particularly its internal consistency (Carey et al., 1993; Cupach & Comstock, 1990; Eddy, Heyman, & Weiss, 1991) and its demographic and temporal stability (Carey et al., 1993).

Overall, whilst research continues in an effort to improve the factorial structure of the DAS (e.g., Busby et al., 1995), it is probably the most widely used and respected measure of marital satisfaction currently in use.

In the present study, the term "mate" used in the original version of the DAS was replaced by the term "partner". This change was made as a result of feedback received by volunteers who completed the questionnaire prior to commencement of the study. Several respondents commented that the term "mate" has connotations of male friendship in New Zealand, rather than describing an intimate relationship.

iii) Selective Perception Measure (SPM)

A short measure of selective perception was developed in order to ascertain whether future research might usefully be focused on this cognitive variable.

Four questions were included in this measure, two positively and two negatively worded items. For example, a) My partner/spouse focuses too much on the negative aspects of our relationship, at the expense of noticing the positive aspects; b) My partner/spouse only wants to talk about positive things in our relationship, and seems reluctant to discuss our problems.

No prior psychometric data was available for this exploratory measure and the items were devised predominantly based on clinical judgement. Since no existing or similar measures could be located, items were scored on a 6-point Likert-type scale ranging from 0 to 5.

(For the complete questionnaire, comprising all measures, see Appendix C).

### Procedure

The present study utilised a cross-sectional survey method which was both correlational and comparative in nature.

All participants were volunteers and were recruited by the following means -

Clinical sample. Displays were set up in the waiting rooms of Relationship Services, a national relationship counselling service which has nine offices in the "Central South" region of New Zealand. These offices are situated in Wellington, Lower Hutt, Porirua, Kapiti Coast, Palmerston North, Masterton, Hastings (with a sub-office in Napier), Wanganui and Gisborne. In addition, displays were available in the waiting rooms of four private practitioners working in the marital therapy field in Palmerston North, and in the waiting room of Te Aroha Noa, a local church-based agency offering marital counselling. The criteria for inclusion in the study was that participants should have been in a marital-type relationship for at least six months, and be currently seeking therapy for *relationship* difficulties. The notice on the display unit advised clients of the research taking place (Appendix D), and invited them to take a pack from the display. Each pack contained two copies of the questionnaire, an information sheet (Appendix A) and a postage paid envelope addressed to the researcher.

The researcher maintained contact with all settings with regular phone calls. In addition, three letters were sent during the time data was being collected. The letters advised all offices of how the data collection was proceeding at various sites and shared ideas which some offices had found useful for promoting the research (e.g., putting a reminder note on files so that counsellors remembered to draw their clients' attention to the research).

Non-clinical Sample. A large local business (Ezi-Buy Ltd), was approached and permission was given for displays to be set up in their two staff rooms. This business was selected as its structure provided a good range of participants across varying income and sociodemographic backgrounds. A notice about the research was printed in Ezi-Buy's staff newsletter, "Inform", and memos were sent to all departments, encouraging participation. Criteria for inclusion in the non-clinical sample was that participants should have been in a marital-type relationship for at least six months, and that they had not sought marital therapy for the present relationship within the past two years. The author visited the staff rooms during lunch hours and spoke to employees about the research. As a number of research packs were taken from the displays but very few were returned, a further memo was sent to staff, encouraging them to complete and return their questionnaires.

Notices about the research were also published in the Linton Army Camp and Parent Centre newsletters, and several participants were drawn from these sources. A display of questionnaires was also set up in a local hair-dressing salon and two car club meetings. Unfortunately, although considerable work was done by the researcher in an effort to recruit participants from the above sources, the greatest number of returned questionnaires came from acquaintances of friends of the researcher (see Table 3).

### Summary

Participants selected a research pack from a display in a clinical or non-clinical setting. Information sheets explaining the research, and criteria for participation, were available from the display, as well as contained in the research packs. Each research pack contained two questionnaires, one for each member of a couple, and a postage-paid envelope addressed to the researcher. Participants completed the questionnaires, which comprised demographic questions, the RBI, the DAS, and the selective perception

measure. The questionnaires were then returned to the researcher in the postage-paid envelope. To ensure total anonymity, a note at the beginning of the questionnaire reminded participants their names were not required, and should not be noted anywhere on the questionnaire.

One set of questionnaires from a same-sex couple was eliminated as it was the only data from homosexual participants. Two sets of questionnaires were also eliminated because too many items in the questionnaires were not completed.

Completed questionnaires were then coded by the researcher in preparation for data analysis.

Table 3

Location of displays and number of individual questionnaires returned

<b>Location</b>	<b>Clinical Sample</b>	<b>Non-Clinical Sample</b>
Relationship Services Offices	49	
Private Practitioners	31	
Te Aroha Noa Agency	2	
Network of Acquaintances		63
Car Clubs (2)		17
Ezi-Buy		12
Parent Centre		4
Hair Salon		2
Linton Army Camp		2

### Completion of Study

At the completion of the data collection phase, a letter of thanks was sent to all sites where questionnaires were displayed. When the data analysis was completed a summary of findings was sent to these same locations, to be displayed in a place accessible to participants. No individual requests for a summary of findings were received from participants.

## CHAPTER 7

### RESULTS

#### Data Screening

The Statistical Package for the Social Sciences, SPSS/PC (Norussis, 1988) was used for data analysis. Prior to analysis of the data, missing values and the adequacy of assumptions were checked. Distributions of scores were inspected for normality and tests for heteroscedasity applied. The data largely conformed to a normal curve, and the small number of outliers was not extreme enough to require deletion, particularly in view of the adequate sample size. No transformation of variables was therefore warranted.

Inspection of missing data revealed the distribution of items missed was across the whole questionnaire, rather than being concentrated on one or two items. It was therefore considered appropriate to apply a prorating procedure to the data as is common in many standardised self-report measures (e.g., State-Trait Anxiety Inventory - Form Y, Spielberger, 1983). The equation used to prorate was total score, multiplied by (total number of items divided by number of items completed). This procedure allowed data to be used which would otherwise be excluded from analyses. The prorating method was selected in preference to using sample means to replace missing data (e.g., Tabachnick & Fidell, 1989) because it allowed the use of individual item responses, and conservative criteria were used for the number of allowable missing items before prorating was used.

Prorating was applied to the DAS (a 32 item questionnaire) where three or less items were missing. This proportion of missing items was considered appropriate because the DAS total score was used, rather than subscale scores. In total, 25 of the 182 DAS scores were prorated. Of the twenty-five questionnaires which were prorated, 80% had only one item missing. For the eight-item RBI subscales, prorating was applied to five questionnaires which

had only one item missing. For all analyses, listwise deletion was used for missing cases. Thus small variations in sample size may occur between analyses due to missing data on some variables.

In all cases where  $t$  tests were applied, two-tailed tests were used. This decision was based on the ambiguity of previous findings. For example, both Bradbury and Fincham (1993) and Moller and van Zyl (1991) reported some findings were in the opposite direction to that hypothesized. The relatively large number of  $t$  tests performed, increases the chance of Type I error (Diekhoff, 1992). Consequently, significant results from  $t$  tests in the present study should be treated with caution, particularly those reported at the  $p < .05$  level of probability. Despite this concern, given the relatively exploratory nature of some aspects of this research, and the use of two-tailed tests, no adjustment to alpha was made.

#### Comparisons between Clinical and Non-clinical Samples

Hypothesis 1 predicted that participants in the clinical sample would score lower on the DAS and higher on the RBI total and RBI subscales than the non-clinical group. Independent groups  $t$  tests indicated a significant difference between the clinical and non-clinical groups on the DAS  $t(178) = 6.79, p < .001$ , but not on the RBI total score, as shown in Table 4.

Table 4

Means and standard deviations for the clinical/non-clinical groups and distressed/non-distressed groups, on RBI total score, RBI subscale scores, DAS and selective perception measure (SPM)

	Total (n = 180)		Clinical (n = 71)		Non-Clinical (n = 109)		Distressed (n = 59)		Non-distressed (n = 121)	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
RBI TOTAL	71.13	18.76	73.53	21.04	69.51	16.98	78.17**	19.34	67.46**	17.54
RBID	12.97	5.71	15.25**	6.00	11.44**	4.98	16.17**	5.40	11.38**	5.22
RBIM	14.40	5.46	14.30	6.05	14.47	5.05	15.36	5.93	14.01	5.17
RBIC	12.67	4.68	12.15	5.24	13.03	4.26	13.39	4.45	12.10	4.42
RBISP	14.01	5.14	14.65	5.74	13.59	4.68	14.83	5.18	13.70	5.11
RBIMF	17.03	6.36	17.16	6.44	16.94	6.33	18.34*	5.62	16.24*	6.58
DAS	107.93	18.33	97.66**	19.03	114.62**	14.41	87.64	10.94	117.82	11.93
SPM	8.51	3.12	10.16**	3.38	7.39**	2.34	10.57**	3.31	7.51**	2.60

\*  $p < .05$ , \*\*  $p < .001$

RBID = disagreement is destructive; RBIM = mindreading is expected; RBIC = partner cannot change;  
 RBISP = sexual perfectionism is expected; RBIMF = the sexes are different.  
 DAS = Dyadic Adjustment Scale; SPM = selective perception measure.

The nonsignificant difference between clinical and non-clinical groups on the RBI total score could be partially explained by some couples in the non-clinical sample experiencing marital dissatisfaction or distress. Not having sought marital therapy in the past two years was one criterion for participation in the clinical sample, however this is no guarantee of current marital satisfaction. In addition, because those in the clinical sample were at various stages of treatment, it is possible they had experienced some improvement in marital functioning. It was also notable that the range of scores on the DAS was wider for the clinical sample (42-186) than the non-clinical sample (64-144).

As a result of the above factors, a decision was made to create distressed and non-distressed groups by dividing participants according to a cut-off point of 100 on the measure of marital satisfaction (DAS). This cut-off point was recommended by the author of the DAS (Spanier, 1976), and was used to discriminate "distressed" (less than 100) and "non-distressed" (100 or greater) couples in Moller and van Zyl's (1991) study. It was not intended that the distressed/non-distressed groupings replace the clinical and non-clinical samples in analysing the data. Instead, this division of the data was intended to provide another view of group differences. Table 5 shows the number of participants in the clinical and non-clinical samples who can be classified as distressed or non-distressed according to the above division. This division indicates a larger percentage of those in the clinical sample met criteria for the non-distressed group, than the percentage of participants from the non-clinical sample who fell into the distressed group,  $\chi^2 (1, N = 180) = 49.8$ ,  $p < .00001$ .

Table 5

Frequency of clinical and non-clinical participants in distressed and non-distressed groups

	Clinical	Non-Clinical	
Distressed	45 (62%)	14 (13%)	59
Non-distressed	26 (36%)	95 (87%)	121
	71	109	180

$X^2 (1, N = 180) = 49.8, p < .00001$

An independent  $t$  test revealed the distressed sample had significantly higher scores on the RBI score ( $M = 78.17, SD = 19.34, n = 58$ ) than the non-distressed sample ( $M = 67.46, SD = 17.54, n = 119$ ),  $t(175) = -3.69, p < .001$ . Means and standard deviations for RBI scales, the DAS and Bias measures for the total sample, clinical, non-clinical, distressed and non-distressed groups are displayed in Table 4.

For RBI subscales, when groups were divided according to whether they were presently receiving marital therapy or not (clinical/non-clinical division), independent, two-tailed  $t$  tests revealed a significant difference only on the RBID subscale (*disagreement is destructive*)  $t(179) = 4.45, p < .001$ . For the distressed/non-distressed groups, significant differences were found for RBID  $t(177) = 5.71, p < .001$  and RBIMF (*the sexes are different*)  $t(176) = 2.10, p < .05$  (see Table 4).

When group differences were assessed according to scores on the selective perception measure (SPM), independent two-tailed  $t$  tests revealed significant differences between the clinical and non-clinical groups  $t(174) = 6.39$ ,  $p < .001$ , and distressed and non-distressed groups  $t(173) = 6.78$ ,  $p < .001$ .

### Relationship Beliefs and Marital Satisfaction

Hypothesis 2 predicted that dysfunctional relationship beliefs would impact negatively on marital satisfaction. In particular, it was hypothesized that the belief that *disagreement is destructive* to a relationship would be negatively related to marital satisfaction to a greater extent than other beliefs represented by the RBI subscales.

Pearson's product-moment correlations indicated total scores on the RBI were negatively correlated with DAS scores, as hypothesized ( $r = -.298$ ,  $p < .001$ ).

In order to determine the impact of relationship beliefs on marital satisfaction, a standard multiple regression was conducted with the five RBI subscales as independent variables and the DAS score as the dependent variable. The clinical/non-clinical group variable was not included in the analysis as prior analyses had revealed it had few significant relationships with the RBI subscales. However, in order to clarify whether there was an interaction effect between group membership (clinical or non-clinical) and the relationship between RBI subscales and the DAS, a moderated multiple regression was first conducted. This analysis utilised deviation variables (variable minus mean) to control for intercorrelations between subscales. No interaction effects were found, therefore the clinical/non-clinical group variable was not included in subsequent regressions.

Consequently, a standard multiple regression, comprising subscales of the RBI as independent variables, and the DAS as the dependent variable, was conducted. The overall  $F$  for the regression equation was significant,  $F(5,171) = 11.28$ ,  $p < .001$ , and adjusted  $R^2$  was .23. This result indicated that the beliefs represented by the subscales of the RBI accounted for approximately 23% of the variance in relationship satisfaction/distress. RBID (*disagreement is destructive*) and RBIMF (*the sexes are different*) subscales were identified as unique predictors of low levels of marital satisfaction. Whilst RBID and RBIMF predicted low levels of relationship satisfaction, as expected, the RBIM (*mindreading is expected*) scale, was a unique predictor in the opposite direction to that expected. This latter relationship suggested that when the effects of other relationship beliefs are controlled, as a belief in *mindreading* increases, so too does marital satisfaction.

Table 6 presents the results of the regression, identifying the relative contribution of the independent variables.

Table 6

Multiple regression analysis applied to subscales of the RBI, with the DAS as the dependent variable

Variable	B	SE B	Beta	T	Sig T
RBID	-1.65	.26	-.52	-6.38	.0000
RBIM	.74	.28	.22	2.65	.0088
RBIC	-.23	.31	-.06	-0.73	.4681
RBISP	.39	.27	.11	1.43	.1541
RBIMF	-.50	.22	-.17	-2.21	.0221

Note: RBID = *disagreement is destructive*; RBIM = *mindreading is expected*; RBIC = *partner cannot change*; RBISP = *sexual perfectionism*; RBIMF = *the sexes are different*.

The simple correlations between the variables in the regression equation are presented in Table 7.

Table 7

Intercorrelations between subscales of the RBI and the DAS (n = 177)

	RBID	RBIM	RBIC	RBISP	RBIMF	DAS
RBID		.52***	.45***	.34***	.35***	-.52***
RBIM			.48***	.37***	.29***	-.15
RBIC				.14	.29**	-.34***
RBISP					.33**	-.08
RBIMF						-.26*

\*  $p < .01$ , \*\*  $p < .005$ , \*\*\*  $p < .001$

Note: RBID = *disagreement is destructive*; RBIM = *mindreading is expected*; RBIC = *partner cannot change*; RBISP = *sexual perfectionism*, RBIMF = *the sexes are different*

Pearson's product-moment correlations indicated the highest negative correlation between RBID and the DAS ( $r = -.428$ ,  $p < .001$ ), compared to other subscales. At a descriptive level this correlation was also stronger than that between the RBI total and the DAS, ( $r = -.298$ ,  $p < .001$ ). This, in combination with higher standardised Beta coefficients found for the RBID scale (than other subscales included in the regression), provides support for the hypothesis that the belief that *disagreement is destructive* to a relationship is related to marital distress to a greater degree than other beliefs represented by the RBI (see Table 6).

## Differences in Gender and Partner Relationship Beliefs

### Gender Differences

Hypothesis 3 predicted that gender differences in dysfunctional relationship beliefs would be significant. In particular, it was hypothesized that men would endorse the beliefs that *disagreement is destructive* to a relationship, and *sexual perfectionism* is important, to a greater extent than women, whilst women would be more inclined to obtain high scores on the *mindreading* belief. Gender differences in belief were examined by using two-tailed, independent *t* tests.

Only the RBI subscale *sexual perfectionism* showed a statistically significant difference according to gender, with men scoring higher than women  $t(178) = 2.67, p = .008$ , for the total sample. This hypothesis was therefore supported only for the belief that sexual perfectionism is important, with men clearly endorsing this belief to a greater extent than women.

### Partner Differences

Based on prior research (Bradbury & Fincham, 1993; Eidelson & Epstein, 1982), it was also hypothesized that there would be significant differences in dysfunctional belief patterns between partners. The following results are therefore from analyses *between partners*. These analyses were separate from those which examined differences between men and women in the study. Means and standard deviations for husbands and wives on the RBI and DAS full scales, are displayed in Table 8.

To control for intercorrelations between RBI subscales, and reduce the risk of Type I error, a repeated measures MANOVA was applied to determine between-partner differences. The five subscales of the RBI were included in this analysis and the overall *F* was significant  $F(5,82) = 9.06, p < .001$ . When the subscales were examined separately, univariate *F* tests indicated significant differences between partners for three subscales - RBIC  $F(5,82) =$

15.60,  $p < .001$ , RBISP  $F(5,82) = 11.22$ ,  $p = .001$ , and RBIMF  $F(5,82) = 14.94$ ,  $p < .001$ . In all instances husbands scored higher than wives.

The hypothesis that partner differences in belief would reflect gender differences was supported only for the belief in *sexual perfectionism* (RBISP). However a significant difference was also found for beliefs that the *sexes are different* and *partners cannot change* for data relating to partners.

Table 8

## Means and standard deviations for husbands and wives on the RBI subscales

	Clinical (n = 37 pairs)		Non-Clinical (n = 53 pairs)		Total Sample (N = 90 pairs)	
	Wives	Husbands	Wives	Husbands	Wives	Husbands
RBITOT						
Mean	72.31	78.22	66.35	71.88*	68.46	73.25**
SD	29.81	19.35	18.23	16.80	18.60	18.82
RBID						
Mean	15.27	15.08	11.30	11.50	12.96	12.99
SD	5.98	6.07	5.08	4.93	5.79	5.69
RBIM						
Mean	14.08	14.78	14.47	14.34	14.38	14.50
SD	5.90	6.19	6.03	4.02	5.95	5.01
RBIC						
Mean	12.05	12.19	12.71	13.04	12.49	12.71
SD	5.42	5.97	4.56	4.13	4.92	4.55
RBISP						
Mean	13.44	16.32*	12.59	14.49*	12.94	15.18**
SD	4.58	6.20	4.49	4.96	4.54	5.40
RBIMF						
Mean	16.44	17.74	15.63	18.24*	16.07	18.08*
SD	5.83	6.90	6.86	5.77	6.38	6.24
DAS						
Mean	97.26	97.85	114.85	113.08	107.76	106.94
SD	14.84	14.90	12.92	14.94	16.16	16.61

\* p &lt; .05 \*\* p &lt; .005

**Note:** Significant differences noted are between partners on each scale.

### Patterns of Responding Across Different Studies

In common with prior research (e.g., Bradbury & Fincham, 1993; Eidelson & Epstein, 1982; Emmelkamp et al., 1987), the present study found the *disagreement is destructive* scale to be most predictive of relationship distress. Pearson's product-moment correlation showed the RBID was negatively correlated with the DAS more strongly than any other RBI subscale ( $r = -.428, p < .001$ ). Results for the RBISP and RBIM subscales were in accord with those reported by Bradbury and Fincham (1993) who found these subscales to be unrelated to level of marital satisfaction.

As shown in Table 9, means for the RBID scale are not the highest of the subscales, across different studies. However studies which compare clinical and non-clinical (or distressed and non-distressed) samples consistently report higher scores on this scale for the clinical or distressed groups. Table 10 presents correlations between RBI subscales and indices of marital satisfaction across different studies. The pattern of correlations is similar for the RBID scale across all studies, showing a consistent negative relationship with marital satisfaction. The pattern of findings for other subscales of the RBI is mixed across the studies listed, raising the question of whether other beliefs represented by the RBI are related to level of marital satisfaction.

Table 9

Means and standard deviations on RBI scales of five different studies

	RBID		RBIM		RBIC		RBISP		RBIMP		Total	
	M	SD										
<u>USA</u>												
Jones & Stanton (1988) (n=90)	11.92	5.45	14.77	5.05	13.17	4.72	15.07	4.71	16.36	5.76	71.29	17.06
<u>Eidelson &amp; Epstein</u>												
(1982)												
Clinical (n=96)	15.64	5.71	15.55	5.40	12.69	5.50	16.63	5.59	14.08	5.48		
Non-clinical (n=104)	10.70	4.75	14.43	4.86	10.16	4.67	16.63	5.55	12.73	6.00		
<u>Bradbury &amp; Fincham</u>												
(1993)												
(n=85)	13.89	5.72	15.49	5.17	12.31	4.25	16.08	5.16	16.32	5.71	74.09	17.09
<u>Netherlands</u>												
<u>Emmelkamp et al.</u>												
(1987)												
Distressed (n=179)	14.3	6.3	18.2	5.7	13.6	5.4	16.7	5.7	15.0	6.1		
Non-Distressed (n=441)	11.7	5.5	19.1	4.7	15.1	5.1	15.7	5.1	17.1	6.4		
<u>New Zealand</u>												
Clinical (n=71)	15.25	5.99	14.30	6.05	12.15	5.24	14.65	5.74	17.16	6.44	73.53	21.04
Non-Clinical (n=109)	11.43	4.98	14.47	5.05	13.03	4.26	13.59	4.68	16.93	6.33	69.51	16.98
Distressed (n=58)	16.17	5.40	15.36	5.93	13.39	4.45	14.83	5.18	18.34	5.62	78.17	19.34
Non-Distressed (n=119)	11.38	5.22	14.00	5.17	12.10	4.42	13.70	5.11	16.34	6.58	67.46	17.54

Table 10

Pearson's product-moment correlations between RBI scales and measures of marital satisfaction for five different studies

	<u>RBI Scales</u>				
	RBID	RBIM	RBIC	RBISP	RBIMF
<u>USA</u>					
Eidelson & Epstein (1982)					
Clinical Sample (n=96)	-.40	-.28	-.53	-.33	-.26
Non-Clinical Sample (n=104)	-.43	-.19	.00	-.21	-.25
Bradbury & Fincham (1993)					
Husbands (n=43)	-.46	-.17	-.30	-.17	-.38
Wives (n=42)	-.27	-.14	-.34	.00	-.28
<u>South Africa</u>					
Moller & van Zyl (1991) (n=92)					
Combined sample	-.60	-.28	-.22	-.37	-.24
<u>Netherlands</u>					
Emmelkamp et al. (1988)					
Distressed (n=176)	-.38	-.21	-.43	.17	-.05
Non-Distressed (n=410)	-.31	-.04	-.22	-.15	-.19
<u>New Zealand</u>					
Clinical (n=71)	-.33	-.18	-.40	.03	-.32
Non-Clinical (n=109)	-.28	-.02	-.16	-.02	-.16

### Selective Perception

The short measure of selective perception discriminated reliably between couples reporting high levels of marital satisfaction and those with low levels of marital satisfaction. As can be seen in Table 11, this discrimination occurred whether the data was divided into clinical and non-clinical groups, or distressed and non-distressed groups, with results being remarkably similar for both conditions. When the selective perception variable was included in a multiple regression analysis (with RBI scales and group membership) it was identified amongst these variables as the most powerful unique predictor of low levels of marital satisfaction  $t(138,6) = -5.43, p < .0001$ . In this regression analysis adjusted  $R^2$  was .33, indicating that the contributing variables accounted for approximately 33% of the variance of level of marital satisfaction. This preliminary data suggests that further research into the relationship between the construct of selective perception and marital satisfaction is needed.

Table 11

Means and standard deviations for the selective perception measure for clinical/non clinical groups and distressed/non-distressed groups

	Clinical (n = 71)	Non-Clinical (n = 105)	Distressed (n = 56)	Non-distressed (n = 119)
Mean	10.16*	7.39*	10.57*	7.52*
SD	3.38	2.36	3.13	2.61

\*  $p < .001$

## CHAPTER 8

### DISCUSSION

In this chapter limitations of the present study are acknowledged and the results and hypotheses discussed. Issues related to dysfunctional relationship beliefs are explored. The chapter concludes with a summary of the research, and suggestions for future research in the area of relationship beliefs.

#### Limitations of the Present Study

##### Composition of the Sample

Ensuring that samples are representative of the population always presents a difficulty in research, and the present study was no exception. For practical reasons a voluntary sample was best suited to this study, however this invited problems of inbuilt bias (Dunham, 1988). It is possible that people who were experiencing difficulties in their relationship were more likely to be attracted to taking part in the research. However, once a certain level of distress was reached, especially in the non-clinical sample, potential participants may not have wished to complete the questionnaire due to concern their anxiety may be heightened. Similarly, they may have been hesitant to participate due to concerns that they may discover aspects of their relationship they would rather leave unexplored. The potentially threatening nature of the topic of marital satisfaction/distress may have, therefore, restricted both the size and heterogeneity of the sample (e.g., Bradburn & Sudman, 1980, cited in Emmelkamp et al., 1987). Another potential problem was the requirement that both partners fill out the questionnaires. Although it was explained in the information sheet that this was not essential, some potential participants may

have lost interest in proceeding because their partner refused to complete a questionnaire. The time factor involved in filling out the questionnaire could also have posed a problem.

### Clinical Sample

Unfortunately it was not possible to have clinical couples fill out the questionnaires prior to beginning marital therapy. In previous studies which included a clinical sample, couples were required to complete the required questionnaires as part of the intake process. This option was not available in the present study for two reasons:

- a) The Ethics Committee required that participation be completely voluntary, therefore most couples were unaware of the research until they had begun therapy. Whilst some counsellors drew their clients' attention to the research during therapy, this did not occur until therapeutic engagement was established.
  
- b) The time constraints imposed by a Masters project meant that restricting participation to those couples who were willing to voluntarily complete questionnaires prior to their first therapy session, may have resulted in a small number of clinical participants.

Consequently, the majority of clinical participants had completed 1-3 sessions of therapy before completing the questionnaires. This may well have impacted on their reported level of marital satisfaction, and depending on the counsellors' methods, may also have raised awareness about dysfunctional relationship beliefs. However, if the clinical sample had been restricted to those couples completing questionnaires prior to therapy, this group may have been unacceptably small, thereby reducing generalizability. This problem was partly addressed by later dividing couples into distressed and non-distressed groups according to a cut-off of 100 on the DAS.

### Non-clinical Sample

Although extensive efforts were made to ensure as broad a sample as possible in the non-clinical, or community group, the majority of participants were drawn from the researcher's network of acquaintances. Most of these participants were not personally known to the researcher, but had been told of the research by acquaintances. This may well have increased the homogeneity of the sample. However the vagaries of a methodology which demands voluntary participation made this problem difficult to avoid within the research time constraints.

### Limitations of the Instruments

Negative feedback was received from some participants in the study, from both the clinical and non-clinical samples. The negative comments were largely confined to the Relationship Belief Inventory. Some participants found the layout of this instrument difficult. Several suggested that having a space for answers to the right of the question, rather than the left, may have been preferable, whilst others suggested that completion of this part of the questionnaire may have been eased by a format similar to that of the Dyadic Adjustment Scale. Because similar comments were received from individuals who trialled the questionnaires prior to commencement of the study, reformatting the RBI was considered. On balance, however, a decision was made to maintain the original form of the instrument in the interests of consistency. It is possible that some potential participants did not persevere with the questionnaire because they found the layout of the RBI section frustrating.

Too much similarity in items was another complaint received. This applied to items comprising specific subscales, and may have contributed to noncompletion of some items, and consequent missing data.

The most concerning negative feedback, however, was related to negatively phrased questions in the RBI. Several participants complained they found the negatively-phrased questions difficult to understand. This complaint was received from a variety of participants, from blue collar workers to those holding Ph.Ds. One highly educated participant suggested that many people may have responded to these questions in the opposite direction to that intended. Examples of negatively-phrased items are:

- 7) *If I have to tell my partner that something is important to me, it does not mean that she/he is insensitive to me.*
- 36) *I do not doubt my partner's feelings for me when we argue.*

If it is correct that some participants were confused by these items, it is possible their responses did not represent their true beliefs. This may have implications for the results of studies using the RBI as a measure of dysfunctional relationship beliefs. Future research could examine the scores on negatively-phrased items of the RBI, as compared to positively-phrased items from the same subscale. If evidence was produced that people are confused by particular items, then these may need to be simplified.

#### Similarity of Scores for Clinical and Non-clinical Samples

The present study found partial support for the hypothesis that participants from the clinical sample would demonstrate higher levels of dysfunctional beliefs and lower levels of marital satisfaction than those from the non-clinical group. There was no significant difference between the clinical and non-clinical samples on the RBI relationship beliefs. The failure of the RBI to discriminate between clinical and non-clinical samples may suggest that overall, relationship beliefs do not impact dramatically on relationship satisfaction. The finding of a non-significant difference between groups

according to RBI total scores was in contrast to that found for DAS scores. On this instrument, the clinical group demonstrated significantly lower levels of marital satisfaction than the non-clinical group.

Of the RBI subscales, only the belief *disagreement is destructive* to a relationship was significantly stronger for the clinical versus non-clinical participants. This finding may suggest that of the dysfunctional relationship beliefs represented by the RBI, the *disagreement* belief is particularly predictive of relationship distress. Reasons for this finding will be discussed in the section on relationship beliefs and marital satisfaction.

When participants were divided into distressed and non-distressed groups, significant differences were found for the RBI total score, and RBID and RBIMF subscales. There were, therefore, more significant differences between the distressed/non-distressed groups than between the clinical/non-clinical groups. This indicates that the division of participants according to level of distress, rather than whether or not they are in marital therapy may reveal more clearly the effect of dysfunctional beliefs on relationship satisfaction.

The selective perception measure discriminated between both clinical and non-clinical, and distressed and non-distressed groups. This finding suggests that the cognitive variable of selective perception is implicated in relationship distress, thus warranting further research.

### Relationship Beliefs and Marital Satisfaction

Partial support was found for the contention that dysfunctional relationship beliefs impact negatively on marital satisfaction. Although the present study found the relationship between total RBI scores and marital satisfaction was significant, the correlation was moderate.

Eidelson and Epstein (1982) acknowledged the low correlations between the RBI and the Marital Adjustment Scale (measure of marital satisfaction). In discussing this issue, they pointed out that scores on self-report inventories are affected by how extremely worded the items are. When items are worded extremely, they suggest, it is likely that participants will endorse them moderately. For example, item 17 reads *People who have a close relationship can sense each other's needs as if they could read each other's minds*. It is possible that most people would recognise this statement as somewhat extreme, and would therefore endorse it moderately. Clearly, moderate endorsement of extreme statements leads to lower scores, and thus, lower correlations with indices of marital satisfaction. Whilst Eidelson and Epstein make a good point, another possibility for low endorsement of items is that the instrument is unable to efficiently tap relevant dysfunctional relationship beliefs. Eidelson and Epstein also acknowledged that the RBI assesses only a limited array of dysfunctional relationship beliefs. An instrument which included a wider range of relationship beliefs, and comprised moderately worded items, may produce greater negative correlations with indices of relationship satisfaction. Alternatively, the question is raised of whether dysfunctional beliefs do in fact have any meaningful, or consistent, impact on relationship distress.

Because their "low dyadic adjustment" group made significantly more extreme evaluations on RBI scales than their "high dyadic adjustment" group, Moller and van Zyl (1991) suggested that cognitive style (e.g., a tendency to make extreme evaluations) may play as much a part as cognitive content (of beliefs) in reduced levels of marital satisfaction. This contention offers support for

Ellis' (1984; 1986) theory on the negative effects of absolutist thinking on marital adjustment. Further research into the effect of cognitive style in conjunction with intensity of dysfunctional relationship beliefs on marital satisfaction would therefore be useful. For example, does a cognitive style which makes an individual prone to holding extreme beliefs also engender increased vulnerability to potential relationship distress.

Other studies have reported results which raise the question of whether relationship beliefs (particularly a belief that *disagreement is destructive* to a relationship), or faulty communication have more impact on marital satisfaction. Emmelkamp and colleagues' (1987) study reported that results from higher order factor analysis, and between-group comparisons of distressed and non-distressed couples, suggested that a lack of adequate communication was more characteristic of distressed couples than dysfunctional relationship beliefs.

Another proposition worthy of consideration, is whether individuals are actually consciously aware of their dysfunctional beliefs. As a relationship counsellor, I have observed clients who clearly demonstrate dysfunctional relationship beliefs during the course of marital therapy. However, when challenged about holding a specific belief, many deny it vehemently. It is possible, therefore, that individuals who are distressed and experiencing relationship difficulties lack awareness or insight into their dysfunctional cognitions, to the extent of denying their existence. For example, one couple I was counselling was having ongoing difficulties because the husband persistently avoided any conflict with his partner. This resulted in considerable frustration for his wife, who wished to discuss issues of concern to her. The husband reported being afraid that if they discussed a topic which was conflictual the situation might get out of control, and his partner may leave. As a consequence of these fears he experienced distressing somatic symptoms, which reinforced his avoidance of conflict. When it was suggested to him that he was avoiding conflict because of a belief that *disagreement may*

*be destructive* to their relationship he angrily denied this, saying "that would be a stupid thing to believe". This man's partner appeared quite astounded by his statement. She responded that it seemed clear to her that he did in fact actively fear that disagreement might destroy their relationship, and that he communicated that belief to her often through his actions and words. Clinical anecdotes suggest this example is not an isolated incident in couples counselling. The example demonstrates that limited acceptance, or awareness, of strongly held relationship beliefs, may persist despite concerns aired by outside observers. This may mean that respondents in the present study have not endorsed items due to low awareness.

Again, the question is raised of whether a self-report measure such as the RBI can meaningfully capture dysfunctional relationship beliefs. Although Emmelkamp and colleagues' (1987) study reported that the RBI is relatively unaffected by social desirability bias, according to the Marlowe-Crowne Social Desirability Scale (MC-SD; Crowne & Marlowe, 1964), social desirability bias and level of conscious awareness of strongly held beliefs are clearly two different constructs.

Overall, it remains unclear whether dysfunctional relationship beliefs are consistently related to low levels of marital satisfaction. Further clarification of how communication style, and/or cognitive style may interact with relationship beliefs is required. Review of the layout of the RBI, and simplification of some negatively-phrased items may be desirable, in order to improve the utility of the instrument. However consideration should also be given to whether a self-report inventory of this type can adequately tap dysfunctional relationship beliefs.

### Dysfunctional Relationship Beliefs Represented by RBI Subscales

#### Disagreement is Destructive

In the present study, the RBID scale had the highest correlation with the DAS of all the RBI subscales. This finding added further weight to results reported in previous studies, suggesting that this relationship belief is most predictive of relationship distress (Bradbury & Fincham, 1993; Emmelkamp et al., 1987; Eidelson & Epstein, 1982; Moller & van Zyl, 1991). This consistent finding may suggest that a belief that *disagreement is destructive* to a relationship leads to avoidance of conflict, and consequently, inadequate communication between couples. Peripheral support for this proposition is found in clinical settings, where "communication problems" are commonly cited as the major underlying difficulty when couples attend marital therapy. For example, of the 6,506 clients seen by Relationship Services (a nation-wide agency offering relationship counselling) in the period 1 July 1996 to 31 December 1996, 4,306 (83%) cited communication problems as being of primary concern in their relationship difficulties

Consistent with this proposition, were findings reported by Emmelkamp et al. (1987), who found marital maladjustment and lack of communication were related to dysfunctional relationship beliefs. In particular, they reported that the belief that *disagreement is destructive* to a relationship was associated with avoidance of communication. Further weight was lent to this finding by Crohan's (1992) longitudinal study into how attitudes about conflict affect marital satisfaction. She reported that beliefs held by couples in the first year of marriage about how conflict should be managed in the relationship were strongly predictive of later marital adjustment. Couples who believed that conflict should be avoided reported lower levels of marital satisfaction at one year and two year anniversaries of their marriage, whilst couples who believed that airing disagreements was healthy had higher marital satisfaction. It is likely that when couples believe that disagreements should be avoided, their

communication becomes constricted over time. This in turn may lead to elevated levels of frustration and lowered marital satisfaction.

Alternatively, a belief that conflict should be avoided in relationships may result in a partner reacting to an expression of disagreement with attacking or destructive behaviours. This response would be likely to generate a reciprocal negative reaction from the partner who originally may have simply wished to discuss a point of disagreement. As prior research has reported, this type of negative behaviour exchange is damaging to a relationship, leading consistently to lowered marital satisfaction (Jacobson & Moore, 1981; Johnson & O'Leary, 1996). Conversely, when a more positive attitude towards dealing with conflict and disagreement in marriage is achieved, it is likely to result in greater understanding between partners, and increased levels of intimacy and trust within the relationship. These factors are known to elevate the level of marital satisfaction of partners (Crohan, 1992). Consideration should also be given to the possibility that individuals score higher on the RBID scale when they are experiencing a great deal of conflict and disagreement in a distressed relationship. Understandably, it would then seem probable to them that overt disagreement was destroying their relationship.

It is unclear at present what the relationship between beliefs about conflict, and conflict behaviours, might be. It seems likely, however, that maladaptive conflict beliefs and consequent behaviours strengthen each other over time. This pattern eventually culminates in more rigid beliefs, and more destructive conflict behaviours (Crohan, 1992). Future research aimed at untangling this relationship would be extremely useful. In addition, further research is required to clarify whether the consistent finding of a negative relationship between the RBID and marital satisfaction owes more to the dysfunctional relationship belief, or is indicative of poor communication between partners.

### Mindreading is Expected

Contrary to expectation, the present study found the *mindreading* belief predicted higher levels of marital satisfaction, rather than lower levels. This result was similar to that found by Emmelkamp et al. (1987), who reported that as the belief in *mindreading* became stronger, marital satisfaction increased. Thus, their non-distressed group endorsed the belief that *mindreading is expected*, to a significantly greater extent than their distressed group. The remaining studies have reported non-significant correlations between RBIM and measures of marital satisfaction (Bradbury & Fincham, 1993; Epstein et al., 1987). As stated by Bradbury and Fincham, this result is somewhat surprising considering that a *mindreading* expectation is often mentioned as a source of miscommunication between couples during the course of marital therapy. Perhaps, as they suggest, it is not the *mindreading* expectation itself which is problematic, but the content of the mindreading, in a small group of severely distressed couples. In this situation the *mindreading* expectation may take the form of one spouse believing that their partner is construing their actions or words in a negative manner, and they therefore expect a negative response.

Alternatively, results from the present study may indicate that individuals who believe their spouse can read their mind feel happier in their relationships. Perhaps for many people the *perception* that their partner intuitively understands their deepest needs results in an elevated sense of marital satisfaction.

### Partners Cannot Change

The present study found the belief that *partners cannot change* did not discriminate between participants from the clinical and non-clinical groups. Furthermore, this belief was found to be unrelated to marital satisfaction. This replicates previous findings by Emmelkamp et al. (1987), and Moller and van Zyl (1991). Interestingly, Eidelson and Epstein's (1982) study reported the greatest difference between their clinical and non-clinical samples was on the

RBIC scale. They also found a significant negative correlation between the belief that partners cannot change and marital satisfaction. Subsequently, another American study, conducted by Bradbury and Fincham (1993), lent support to Eidelson and Epstein's findings. They reported that the RBIC scale was significantly negatively correlated to marital satisfaction. These divergent findings across different studies make further research in the area of relationship beliefs desirable.

### Sexual Perfectionism

The present study found a belief in *sexual perfectionism* was unrelated to marital satisfaction. This finding was consistent with all previous studies except that of Moller and van Zyl (1991). Whilst prior studies (Bradbury & Fincham, 1993; Emmelkamp et al., 1987; Epstein & Eidelson, 1982) have reported RBISP as being unrelated to marital satisfaction, Moller and van Zyl's study found it to be second only to RBID in predicting reduced marital satisfaction. Although most studies report low and nonsignificant correlations between the RBISP and measures of marital satisfaction, they also report that the mean scores on this scale are among the highest. This suggests that sexual performance is definitely important to people, although it appears to have only a small influence on marital satisfaction.

The discrepancy between the South African findings and other studies alerts us to the possibility that groups from different settings may respond differently to questionnaires which assess beliefs. However, consideration should be given to the possibility that sampling bias may have contributed to this discrepant finding. The majority of participants in Moller and van Zyl's study were recruited from a newspaper advertisement, or were acquaintances of the researcher, therefore undue homogeneity of the sample is a possibility. As has been stated previously, however, it is difficult to avoid the risks of sample bias when employing a self-report questionnaire method of research, and it is likely

that other studies in the area have been subjected to the same risks. In summary, this discrepant finding reminds us that caution should be applied when using any instrument in a setting where it has not previously been tested.

### The Sexes are Different

The belief that men and women's personalities and relationship needs are fundamentally different was found to predict low levels of relationship satisfaction in the present study. This finding supports Eidelson and Epstein's (1982) initial study of the RBI, which found the RBIMF scale to be negatively related to marital satisfaction in their clinical, non-clinical, and total samples. In contrast, Bradbury and Fincham (1993) and Moller and van Zyl (1991) found this belief unrelated to marital satisfaction and Emmelkamp and colleagues (1987) found their non-distressed sample endorsed the RBIMF scale to a significantly greater degree than their distressed sample. Clearly, the belief that men and women have very different needs is not related to marital satisfaction in a consistent manner. Perhaps for some couples a belief that *the sexes are different* results in inadequate communication, because attempts to discuss some issues seem unlikely to be fruitful, leading to frustration and a lowered sense of marital happiness. Conversely, other couples adhering to a belief in fundamental differences between men and women may be more inclined to let some differences "lie", rather than becoming distressed about differences they perceive as inevitable. It is possible that different family or societal values may contribute to this difference in outcome.

### Development of Dysfunctional Relationship Beliefs

As has been mentioned previously, beliefs, in the form of assumptions and standards, tend to be strongly held, and difficult to alter. These beliefs may have become part of an individual's schemata from a relatively early age, as they observed how their parents managed their relationship (Amato & Keith, 1991; Anderson, 1993; Bandura, 1977). Recent research indicates that individuals' experience in their families of origin (e.g., interpersonal conflict between parents and parental separation) often has longstanding negative

consequences for their wellbeing (e.g., Amato & Keith, 1991). This may in turn impact on the individual's own intimate relationships when she or he reaches adulthood.

In attempting to understand the development of dysfunctional relationship beliefs, it could be speculated that if parents never disagree in the presence of their children, then those children may grow up with the unrealistic idea that couples who love each other never disagree. Alternatively, if children witness constant angry disagreement between their parents, culminating in separation, they may develop a belief that disagreement destroys relationships. In addition, the increasing number of children who grow up in one-parent households may not have the opportunity to observe the discussion and resolution of conflict between partners. If children are to develop a healthy, functional view of disagreement, it may be helpful for them to have the opportunity to observe their parents in dispute, then proceeding to resolve the conflict through discussion. Through this modelling process (Bandura, 1977), they may also learn that at times couples "agree to disagree"; that it is not essential for partners to agree about everything.

#### Implications of Dysfunctional Relationship Beliefs for Therapy

Findings from the present study suggest that it may be useful to address unrealistic beliefs which may impact on success of marital therapy at the commencement of therapy. For example, beliefs that a *partner cannot change*, or that *the sexes are different* may be particularly important to target for intervention because of the potentially detrimental effect they could have on the success of therapy. The client's attention could be drawn to such beliefs, and they should be encouraged to explore the possible consequences of holding them. Once awareness is achieved, the client will decide whether change is desired and can be achieved. In addition, when the opportunity presents itself, the impact of dysfunctional beliefs can be demonstrated during therapy. For example attention can be drawn to instances in the session when attempts at mindreading fail, and miscommunication results. Communication

skills should be taught to enable couples to express disagreement without eliciting mutual attack or withdrawal (Epstein & Eidelson, 1981).

Because a belief that *disagreement is destructive* to a relationship has been found to be most predictive of relationship distress, exploring couples' beliefs about conflict may be particularly productive. If distressed partners' dysfunctional beliefs about conflict and their consequent conflict behaviours can be modified, it seems likely that improved levels of marital satisfaction will result. When couples understand that disagreements and occasional conflicts are a normal and expected part of any long-term relationship, they may develop a more positive view regarding the wellbeing of their intimate relationship.

### Gender and Partner Differences

#### Gender Differences

Overall, the present study found a significant difference between men and women only on the RBISP scale. Clearly, men ascribe more importance to their sexual performance than women do, although as previously stated, this belief appears to be unrelated to marital satisfaction. The hypotheses that men would also score higher on the RBID scale, and that women would score higher on the RBIM scale were not supported. These hypotheses were based on findings from previous research (Bradbury & Fincham, 1993; Jones & Stanton, 1988).

#### Partner Differences

When differences between husbands and wives were examined, husbands scored significantly higher on the RBI total score, RBISP (*sexual perfectionism*) and RBIMF (*sexes are different*) scales for non-clinical couples and the RBISP only for clinical couples. The findings of the present study that husbands endorsed to a greater extent than wives a belief that one must

be a perfect sexual partner; and that men and women have fundamentally different personalities and relationship needs, echo those reported by Bradbury and Fincham (1993). It is unclear whether the significant difference between partners for RBI total score and RBIMF is due to gender differences, or other influences.

The finding that husbands in the non-clinical group endorsed more strongly a belief that the personalities and needs of men and women are very different may indicate this belief is adaptive for some men. Perhaps men having this belief are more inclined to accept differences between themselves and their partners.

In general, husbands tended to score higher than wives on all subscales of the RBI. Although differences were not always significant at the subscale level, this tendency may have led to husbands scoring significantly higher than wives on the RBI total score. The finding that men endorse dysfunctional relationship beliefs more often than women may have implications for therapy. If men have a tendency to hold these beliefs with greater intensity than women, this may need to be targeted more vigorously in treatment. Because previous research has indicated that men may respond to different treatment approaches than women (Emmelkamp et al., 1988), further research to clarify this issue would be helpful. Once again, the question is raised as to whether socialisation processes are involved, making males more vulnerable than females to fixed belief systems. Alternatively, could it be that women are more inclined to expose themselves to media which may challenge some of the myths of dysfunctional relationship beliefs, for example through books, workshops and television programmes.

In summary, it seems likely that the belief in *sexual perfectionism* represents a reliable gender difference. In the present study, men scored higher than women on this subscale in both clinical and non-clinical groups, and this finding was robust for both gender differences and between partner

differences. Moreover, similar findings have been reported by previous studies which examined data for husbands and wives separately. It is not clear, however, whether the overall higher endorsement of dysfunctional relationship beliefs by men is due to gender differences or other influences.

The question of how differing gender beliefs evolve requires clarification. Current knowledge suggests that belief systems may develop within families of origin and due to societal influences (Amato & Keith, 1991; Bradbury & Fincham, 1993), however further research is required, particularly in the specific area of dysfunctional relationship beliefs.

#### Patterns of Responding Across Different Studies

The pattern of findings for the present study is very similar to that found by Emmelkamp et al.'s (1987) Dutch study. In particular, the two studies found similar correlations between the RBID, RBIM, and RBIC subscales and marital satisfaction.

Two American studies, undertaken by Eidelson and Epstein (1982) and Bradbury and Fincham (1993), also reported similar findings for the relationship between subscales of the RBI and indices of marital satisfaction.

Overall, however, there are as many differences as similarities across studies. The only finding which is consistent across all studies is that a belief that *disagreement is destructive* to a relationship is predictive of low levels of marital satisfaction.

### Summary

No firm conclusions can be drawn from similar or discrepant findings across studies. It can only be suggested that differences are sufficient to warrant caution in the use of the RBI to determine the impact of dysfunctional relationship beliefs in settings outside the USA. In spite of this, there is evidence to suggest that the *disagreement is destructive* belief is consistently associated with relationship distress across a variety of studies.

### Conclusions and Suggestions for Future Research

Overall, the most notable and robust finding from the present study is that a belief that *disagreement is destructive* to a relationship is strongly related to marital satisfaction. This finding showed that as the strength of the *disagreement* belief increases marital satisfaction decreases. Future research which adds to our understanding of the part that beliefs, cognitive style, inadequate communication and conflict behaviours play is warranted. Further longitudinal research, of the type undertaken by Crohan (1992) would add considerably to our knowledge in the area. A qualitative, case study approach, which followed newlywed couples over the first two to three years of their marriage may produce valuable information not accessed by a questionnaire methodology. Tracking couples from the beginning of their marriage is particularly pertinent as it is often the first several years during which initial conflicts arise, and patterns of communication are set.

Gender differences in belief also deserve further study. Research which explores the formation of longstanding beliefs would add to our knowledge. In particular, intervention studies, targeting the greater intensity with which men hold dysfunctional relationship beliefs, would be helpful.

This study has presented promising results from a brief measure of selective perception. As reported, the construct of selective perception was more

predictive of level of marital satisfaction than any of the beliefs represented by subscales of the RBI. It is hoped that these results will encourage further research into the part selective perception may play in the development of marital distress.

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**APPENDIX A****INFORMATION SHEET****Who is the researcher?**

The researcher for this study is Jan Dickson, who is doing a Masters degree in Psychology at Massey University.

**Where can she be contacted?**

Jan can be contacted through the Psychology Department at Massey University, Private Bag, Palmerston North, or through her supervisor, Dr Frank Deane, phone (06) 356-9099, extn 4126.

**What is the study about?**

The aim of this study is to explore common expectations people have about relationships. The study will look at how these expectations affect relationships, and whether some have a more negative effect than others.

**Who is eligible to participate?**

You are eligible to participate if

- a) you have been living with a partner in a marriage, or in a relationship which is in the nature of a marriage for at least six months and
- b) you are beginning counselling to deal with difficulties in your relationship with your partner.

**What will I have to do?**

If you decide to participate in this research, you and your partner will complete the questionnaires contained in this pack. **It is recommended that you complete the questionnaires separately and that you keep your answers confidential to yourself.** The questionnaires will take about fifteen minutes to complete. You will be asked questions about how you feel about your current relationship. You then place the completed questionnaire(s) in the envelope provided and mail it directly to the researcher in the postage paid envelope. This study is anonymous, your name is not required.

**What if my partner does not want to participate?**

Although it is preferable for you both to complete a questionnaire, this is not essential. If your partner does not wish to participate, just send your own completed questionnaire to the researcher.

**What can I expect from the researcher?**

\*You can expect to receive full information about the study. If you require more information than is provided on this form, please feel free to contact the researcher as noted above.

\*You can expect to have access to a summary of the findings of this research. This information will be available at the location where you collected this pack, and at the Psychology Department, Massey University. It is expected that the information will be available by December 1996.

**What are my rights?**

Participation in this study is completely voluntary. You can decide at any time not to continue. If you complete the questionnaires and return them in the postage paid envelope, it is assumed that you are consenting to participate in the study.

**Thank you for taking the time to read this information.**



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## APPENDIX B

### INFORMATION SHEET

#### Who is the researcher?

The researcher for this study is Jan Dickson, who is doing a Masters degree in Psychology at Massey University.

#### Where can she be contacted?

Jan can be contacted through the Psychology Department at Massey University, Private Bag, Palmerston North, or through her supervisor, Dr Frank Deane, phone 356-9099, extn 4126.

#### What is the study about?

The aim of this study is to explore common expectations people have about relationships. The study will look at how these expectations affect relationships, and whether some have a more negative effect than others.

#### Who is eligible to participate?

You are eligible to participate if

- a) you have been living with a partner in a marriage, or in a relationship which is in the nature of a marriage for at least six months and
- b) you are not presently receiving counselling for difficulties specific to your **current** relationship, and have not received relationship counselling (with this partner) in the past two years.

#### What will I have to do?

If you decide to participate in this research, you and your partner will complete the questionnaire contained in this pack. **It is recommended that complete the questionnaires separately, and that you keep your answers confidential to yourself.** The questionnaire will take about fifteen minutes to complete. You will be asked questions about how you feel about your current relationship. You then place the completed questionnaire in the postage paid envelope provided and send directly to the researcher. This study is anonymous, your name is not required.

#### What if my partner does not want to participate?

Although it is preferable for you both to complete a questionnaire, this is not essential. If your partner does not wish to participate, just send your own completed questionnaire to the researcher.

#### What can I expect from the researcher?

\*You can expect to receive full information about the study. If you require more information than is provided on this form, please feel free to contact the researcher as noted above.

\*You can expect to have access to a summary of the findings of this research. This information will be available at the location where you collected this pack, and at the Psychology Department, Massey University. It is expected that the information will be available by December 1996.

#### What are my rights?

Participation in this study is completely voluntary. You can decide at any time not to continue. If you complete the questionnaires and return them in the postage paid envelope, it is assumed that you are consenting to participate in the study.

**Thank you for taking the time to read this information.**

Please note that completing and posting this questionnaire means you are consenting to participating in this research.

Answering the following questions will provide background information about participants in this study. This will help us to understand the meaning of the findings of the study. Thank you for your cooperation.

*(Please circle correct answer where appropriate)*

What is your age? \_\_\_\_\_ years

What is your gender?                    1 Male                    2 Female

What is your partner's gender?        1 Male                    2 Female

What is your marital status?            1 Married                2 De facto

Have you previously been in a marriage or de facto relationship?

1 Yes                    2 No

How many children are still living at home? \_\_\_\_\_

What is your highest educational achievement?

1 High School            2 Polytechnic            3 University            4 Other (describe)

What is your combined family annual income?

1 Under \$20,000            2 \$20,000 - \$29,999            3 30,000 - 49,999            4 over \$50,000

With which ethnic group do you most closely identify?

1 NZ Pakeha            2 Maori            3 Pacific Island Group            4 Asian

5 Other \_\_\_\_\_ *(please specify)*

What is your current occupation? \_\_\_\_\_

Are you presently attending counselling for your current relationship?

1 Yes                    2 No

If not, have you previously sought help for your current relationship?

1 Yes                    2 No

How many interviews have you had with your counsellor? \_\_\_\_\_

The statements below describe ways in which a person might feel about a relationship with another person. Please mark the space next to statement according to how strongly you believe that it is true or false for you. **Please mark every one.** Write in 5, 4, 3, 2, 1 or 0 to stand for the following answers.

- 5: I **strongly** believe that the statement is **true**  
 4: I believe that the statement is **true**  
 3: I believe that the statement is **probably true** or more true than false  
 2: I believe that the statement is **probably false** or more false than true  
 1: I believe that the statement is **false**  
 0: I **strongly** believe that the statement is **false**

- \_\_\_ 1 If your partner expresses disagreement with your ideas, she/he probably does not think highly of you.
- \_\_\_ 2 I do not expect my partner to sense all my moods.
- \_\_\_ 3 Damages done early in a relationship probably cannot be reversed.
- \_\_\_ 4 I get upset if I think I have not completely satisfied my partner sexually.
- \_\_\_ 5 Men and women have the same basic emotional needs.
- \_\_\_ 6 I cannot accept it when my partner disagrees with me.
- \_\_\_ 7 If I have to tell my partner that something is important to me, it does not mean that she/he is insensitive to me.
- \_\_\_ 8 My partner does not seem capable of behaving other than she/he does now.
- \_\_\_ 9 If I'm not in the mood for sex when my partner is, I don't get upset about it.
- \_\_\_ 10 Misunderstandings between partners generally are due to inborn differences in psychological makeups of men and women.
- \_\_\_ 11 I take it as a personal insult when my partner disagrees with an important idea of mine.
- \_\_\_ 12 I get very upset if my partner does not recognise how I am feeling and I have to tell him/her.
- \_\_\_ 13 A partner can learn to become more responsive to his/her partner's needs.
- \_\_\_ 14 A good sexual partner can get himself/herself aroused for sex whenever necessary.
- \_\_\_ 15 Men and women probably will never understand the opposite sex very well.
- \_\_\_ 16 I like it when my partner presents views different from mine.
- \_\_\_ 17 People who have a close relationship can sense each other's needs as if they could read each other's minds.
- \_\_\_ 18 Just because my partner has acted in ways that upset me does not mean that she/he will do so in the future.
- \_\_\_ 19 If I cannot perform well sexually whenever my partner is in the mood, I would consider that I have a problem.
- \_\_\_ 20 Men and women need the same basic things out of a relationship.

- 5: I **strongly** believe that the statement is **true**  
 4: I believe that the statement is **true**  
 3: I believe that the statement is **probably true** or more true than false  
 2: I believe that the statement is **probably false** or more false than true  
 1: I believe that the statement is **false**  
 0: I **strongly** believe that the statement is **false**

- \_\_\_ 21 I get very upset when my partner and I cannot see things the same way.
- \_\_\_ 22 It is important to me for my partner to anticipate my needs by sensing changes in my moods.
- \_\_\_ 23 A partner who hurts you badly once will probably hurt you again.
- \_\_\_ 24 I can feel OK about my lovemaking even if my partner does not achieve orgasm.
- \_\_\_ 25 Biological differences between men and women are not major causes of couples' problems.
- \_\_\_ 26 I cannot tolerate it when my partner argues with me.
- \_\_\_ 27 A partner should know what you are thinking or feeling without you having to tell.
- \_\_\_ 28 If my partner wants to change, I believe that she/he can do it.
- \_\_\_ 29 If my sexual partner does not get satisfied completely, it does not mean that I have failed.
- \_\_\_ 30 One of the major causes of marital problems is that men and women have different emotional needs.
- \_\_\_ 31 When my partner and I disagree, I feel like our relationship is falling apart.
- \_\_\_ 32 People who love each other know exactly what each other's thoughts are without a word even being said.
- \_\_\_ 33 If you don't like the way a relationship is going, you can make it better.
- \_\_\_ 34 Some difficulties in my sexual performance do not mean personal failure to me.
- \_\_\_ 35 You can't really understand the opposite sex.
- \_\_\_ 36 I do not doubt my partner's feelings for me when we argue.
- \_\_\_ 37 If you have to ask your partner for something, it shows that she/he was not "tuned into" your needs.
- \_\_\_ 38 I do not expect my partner to be able to change.
- \_\_\_ 39 When I do not seem to be performing well sexually, I get upset.
- \_\_\_ 40 Men and women will always be mysteries to each other.

Most people have disagreements in their relationships. Please indicate below (by circling the best number) the appropriate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
41. Handling family finances	5	4	3	2	1	0
42. Matters of recreation	5	4	3	2	1	0
43. Religious matters	5	4	3	2	1	0
44. Demonstration of affection	5	4	3	2	1	0
45. Friends	5	4	3	2	1	0
46. Sex relations	5	4	3	2	1	0
47. Conventionality (correct or proper behaviour)	5	4	3	2	1	0
48. Philosophy of life	5	4	3	2	1	0
49. Ways of dealing with parents or in-laws	5	4	3	2	1	0
50. Aims, goals and things believed important	5	4	3	2	1	0
51. Amount of time spent together	5	4	3	2	1	0
52. Making major decisions	5	4	3	2	1	0
53. Household tasks	5	4	3	2	1	0
54. Leisure time interests activities	5	4	3	2	1	0
55. Career decisions	5	4	3	2	1	1
	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
56. How often do you discuss, or have you considered divorce, separation, or terminating your relationship	0	1	2	3	4	5
57. How often do you or your partner leave the house after a fight.	0	1	2	3	4	5
58. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
59. Do you confide in your partner?	5	4	3	2	1	0

	<u>All the time</u>	<u>Most of the time</u>	<u>More often than not</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>
60. Do you ever regret that you married? (Or lived together?)	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
61. How often do you and your partner quarrel?	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
62. How often do you and your partner "get on each other's nerves?"	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
	<u>Every Day</u>	<u>Almost Every Day</u>	<u>Occasionally</u>	<u>Rarely</u>	<u>Never</u>	
63. Do you kiss your partner?	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	
	<u>All of them</u>	<u>Most of them</u>	<u>Some of them</u>	<u>Very few of them</u>	<u>None of them</u>	
64. Do you and your partner engage in outside interests together?	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>	

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

	<u>Never</u>	<u>Less than once a month</u>	<u>Once or twice a month</u>	<u>Once or twice a week</u>	<u>Once a day</u>	<u>More often</u>
65. Have a stimulating exchange of ideas	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
66. Laugh together	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
67. Calmly discuss something	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
68. Work together on a project	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. Circle 0=Yes, 1=No.

	<u>Yes</u>	<u>No</u>	
69.	<u>0</u>	<u>1</u>	Being too tired for sex.
70.	<u>0</u>	<u>1</u>	Not showing love.

71. The dots on the following line represent different degrees of happiness in your relationship. The middle point (3. Happy) represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered of your relationship.

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

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

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

Please mark the space next to statement according to how strongly you believe that it is true or false for you. Write in 5, 4, 3, 2, 1 or 0 to stand for the following answers.

- 5: I **strongly** believe that the statement is **true**  
 4: I believe that the statement is **true**  
 3: I believe that the statement is **probably true** or more true than false  
 2: I believe that the statement is **probably false** or more false than true  
 1: I believe that the statement is **false**  
 0: I **strongly** believe that the statement is **false**

73. My partner/spouse focuses too much on the negative aspects of our relationship, at the expense of noticing the positive aspects.
74. My partner/spouse only wants to talk about positive things in our relationship, and seems reluctant to discuss our problems.
75. My partner/spouse seems to try to pay attention to both the good and bad aspects of our relationship.
76. My partner/spouse only notices when I do something wrong, but not when I do something right.

If there are aspects of your relationship which are difficult for you, it is possible that filling out this questionnaire may have brought them to the surface. If this is the case, it may be useful for you to speak to a professional counsellor. Relationship Services is an organisation which specialises in couple counselling and their number can be found in the white pages of the telephone directory. Alternatively you could ring the Counselling Co-ordinator at your local Court for information about private counsellors.

DO OUR EXPECTATIONS OF OUR PARTNER AND OUR RELATIONSHIP AFFECT OUR HAPPINESS AS A COUPLE?

IF SO, WHAT SORTS OF EXPECTATIONS ARE MOST LIKELY TO CAUSE TROUBLE FOR US?

These are the questions being explored in this study

If you are interested in knowing more, or would like to participate in this research, please help yourself to a "Research Pack". Each pack contains an information sheet and two questionnaires for you and your partner to complete. It will take approximately fifteen minutes to complete the questionnaires. Also included is a postage-paid envelope which may be used to return the completed questionnaires to the researcher.

Participation in this research is entirely voluntary, but your participation would be appreciated. Please feel free to ask the Receptionist for more information if you require it.

Researcher: Jan Dickson, C/- Psychology Department, Massey University, Private Bag, Palmerston North, or phone Dr Frank Deane, (06) 356-9099, extension 4126.