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Depression and marital interaction: The complementarity between husbands' and wives' communicated appraisals

Robbins, Brian Paul, Ph.D.

The Ohio State University, 1987

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DEPRESSION AND MARITAL INTERACTION: THE COMPLEMENTARITY BETWEEN HUSBANDS' AND WIVES' COMMUNICATED APPRAISALS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of the Ohio State University

By

Brian Paul Robbins, A.B., M.A.

* * * * *

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1987

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CHAPTER I

INTRODUCTION

Much of the current interest in the social-interactional variables associated with depression can be traced to a developing theoretical perspective which holds that depressed behavior (and/or other characteristics common to depressed persons) can exist as both result and source of a number of critical social process variables (e.g., Coyne, 1976a, 1976b; Hinchliffe, Hooper, and Roberts, 1978; Linden, Hautzinger, and Hoffman, 1983). This interactional view gives a significant causal status to the ongoing mutual interplay between the depressed person and the social environment and thus provides a rationale for the investigation of reciprocal, multidirectional relationships between symptomatology and social response.

The presence of significant interactional processes in depression is suggested by findings from a number of recent studies. Weissman and Paykel (1978), for example, found that depressed women tend to show greater role impairments in their marriages than in other social arenas. Similarly, Hinchliffe, Hooper, and Roberts (1978) found

that depressed patients exhibited less hostility, increased responsiveness, fewer emotional outbursts, fewer pauses, and increased laughter when interacting with strangers than with spouses. Furthermore, Vaughn and Leff (1976) found that the behavior of significant others may have greater predictive power regarding the outcome of depressive episodes than does symptomatology. Regardless of symptom severity, the best single predictor of relapse during the nine months following discharge from the hospital was the number of negative references to the depressed person by key relatives during an initial admission interview. Also, persons in certain social contexts appear more likely to remain chronically depressed than persons in other social contexts. Keller, Klerman, Lavori et al. (1984) found that married persons are more likely to remain chronically depressed than divorced, separated, widowed, and never-married persons. And finally, at least three studies have shown that women who have close, confiding relationships with their husbands or boyfriends appear relatively immune from depression (Brown, Bhrolchain, & Harris, 1975; Lieberman, 1982; Paykel, Emms, Fletcher, & Rassaby, 1980). The presence of close, confiding relationships with persons other than husband or boyfriend seems to have no such effect, suggesting that support from husband or boyfriend is critical and irreplacable. Taken together, these findings appear to implicate the marital

relationship in particular (though not exclusively) as a rich medium for the development and maintenance of serious depression, especially in women.

Despite the recent surge of general interest in the social context of depression, surprisingly little is known about the behavior and influence of the depressed person's intimate partners. The literature amply documents that the marriages of depressed persons are often troubled (Birtchnell and Kennard, 1983; Sims, 1975), but research in this area has not yet identified the particular patterns of interaction that are specific to depression. However, findings from previous research in several areas do serve to suggest a number of plausible hypotheses concerning the role of spousal response in the shaping and maintenance of depressed behavior. These areas of investigation include studies on the responses of non-intimates to depressed persons, survey studies on the association between social support and depression, as well as some seminal explorations of depression and marital interaction. These studies will be discussed following a brief overview of the major models of depression which view the condition as a state of individual psychopathology. This paper will then develop several hypotheses regarding the role of marital interaction in depression.

The present study is intended as an preliminary inquiry into some selected aspects of spousal interaction in marriages with a depressed wife. The primary concern of this study is to clarify how spouses negotiate the enactment of maritally proactive behavior by wives who are depressed. An examination of the influence of intended audience on self-description and judgement is employed to analyze the role of depressed behavior in shaping the disclosures and expressed attitudes of intimate partners. Of equal interest here is the reciprocal role of intimates in shaping the expressed attitudes and behavior of their depressed spouses.

CHAPTER II

DEPRESSION VIEWED AS INDIVIDUAL PSYCHOPATHOLOGY

Depression is not a unified disorder (Depue & Monroe, 1978). Depression can alternate with states of elation in bipolar conditions but not in unipolar depressions. Some forms of depression appear to be relatively chronic while others occur only once or in an episodic fashion (Robins and Guze, 1972). Depression may accompany failure experiences but may also follow success (Beck, 1974; Klinger, 1975, 1977; Lewinsohn, 1974). While the majority of severely depressed persons report feelings of sadness, at least ten percent do not (Whybrow, Akiskal, & Mckinney, 1984). Depression also may arise from Cushing's disease, diabetes, other organic disorders, and from the use of certain psychoactive drugs. Thus, it is unlikely that any one model could account for such a varied collection of phenomena, although most of the major hypotheses may have some validity for certain groups of individuals and for certain stages of the condition. This section will very briefly review some of the major models of unipolar depression which view the disorder primarily as a condition of individual psychopathology. This section will not

attempt a complete critical evaluation of all of these models, but will concern itself mainly with identifying the features of depression which have drawn the greatest attention.

Depression has been related to a wealth of factors. Freudian theory links depression with orality and characterizes depressives as orally fixated personalities (Abraham, 1927; Fenichel, 1972; Freud, 1917, 1924). The concept of orality within psychoanalytic theory began with an emphasis on its psychosexual and constitutional foundation. Oral fixation was viewed as stemming from severe narcissistic disappointments in the relationship with the mother in the pre-Oedipal period and was seen as leading to an excessive centering of behavior around oral functions, such as sucking, eating, and use of the jaws. Sensitivity to oral frustration and an extreme need for orally expressed affection were considered the hallmarks of these personality types. Later theory generalized or broadened these notions to identify the orally fixated character as "... a person who is fixated on the state where his self-esteem is regulated by external supplies" (Fenichel, 1968). Thus, the depressive personality is seen as an individual who has excessive dependency, affectional, and supportive needs.

More recently, Beck, Rush, Shaw, and Emery (1979) have presented a cognitive model of depression which holds that the fundamental basis for the disorder is a thought disturbance composed of a negative cognitive triad. The three foci of this negative cognitive triad are the self, the environment, and one's future. Beck asserts that depressed persons process information pertaining to these foci differently than normals, viz., they show a negative bias in processing information about the self, the environment, and their future possibilities. Beck's model thus posits that depressed persons selectively attend to negative information, and inappropriately categorize and evaluate information such that a negative view of self, world, and future is maintained.

The study of attributional processes in depressed persons has generated a considerable amount of data in recent years. The primary instigation for research activity in this area is the learned helplessness and reformulated learned helplessness models of depression (Seligman, 1975; Abramson, Garber, and Seligman, 1980; Abramson, Seligman, and Teasdale, 1978). The reformulated learned helplessness model postulates that depression is caused by an individual's attribution of response-outcome noncontingency to internal, stable and global self characteristics. This model is stridently cognitive

since emotional, behavioral, and motivational components of depression (depressed affect, low self esteem, anhedonia, expressions of distress, hopelessness, etc) are seen as results of cognitive style. Seligman (1975) initially argued that depression may be a consequence of the belief that valued outcomes are uncontrollable but now asserts that a belief in one's own personal inefficacy in controlling the environment is causal to depression (Abramson, Teasdale, and Seligman, 1978). These later authors have suggested that "...the particular attribution that depressed people choose for failure is probably irrationally distorted toward global, stable, and internal factors and, for success, possibly toward specific, unstable, and external factors" (p.68).

This model has been criticized on a number of grounds. Some of these criticisms merit discussion here because they serve to highlight some of the difficulties in viewing depression primarily in terms of individual pathology, whether it is seen as flowing from learned helplessness, orality, or irrational belief structures. Klinger (1975), for example, has pointed out that the lack of control over reinforcers is not necessarily aversive, as evidenced by the great fondness which many persons have for gambling activities. This argument, however, is diminished by the findings of Langer (1975, 1977) and Rothbaum, Weisz, and

Snyder (1982), which appear to show that gamblers often perceive chance events as controllable.

More damaging evidence to the learned helplessness model comes from studies which have directly tested the model's predictions. For example, Gong-Guy and Hammen (1980) and Hammen, Krantz, and Cochran (1981) have found that depressed and non-depressed persons do not necessarily make different causal attributions for stressful events. Heppner, Baumgardner, and Jackson (1985) found that subjects' self-appraisal of general problem-solving skills were not linearly related to attributional style and showed a higher association with the presence of long-term depression than did attributional style. These results conflict with laboratory performance studies which have found different attributional styles among depressed and non-depressed subjects (e.g., Klein, Fencil-Morse, and Seligman, 1976; Kuiper, 1978; Rizley, 1978). In this connection, Buchwald, Coyne, and Cole (1978) have criticized the ready extrapolation of laboratory findings to real life, noting that laboratory achievement tasks are often poor analogues of everyday life given the discrete and unambiguous nature of experimental outcomes (see also Horan, 1979; and Janis and Mann, 1977). Furthermore, Lewinsohn, Steinmetz, Larson, and Franklin (1981) found in a longitudinal study that depression-related cognitions

(low self-esteem, negative expectancies, and certain irrational beliefs) arise concomitantly rather than prior to an episode of depression. In any event, the data are not particularly supportive of the notion that certain attributional styles necessarily lead to or cause depression in and of themselves (Brewin, 1985; Coyne & Gotlib, 1983).

The literature also offers no clear consensus among researchers as to the nature of the precipitants of depression. Whether depression is a frequent consequence of major life trauma (e.g., Ferster, 1974; Paykel, 1973) or chronic stress (Coyne, Aldwin, and Lazarus, 1981; Coyne, Kanner, and Hulley, 1979) among vulnerable persons remains an open question. Klinger (1975, 1977), however, has formulated impressive theoretical arguments for the general hypothesis that depression is part of an unlearned, species-adaptive, innate response cycle that is initiated when an individual disengages from lost or blocked incentives.

One of the more illuminating aspects of Klinger's (1975,1977) motivational view of depression is its approach to the phenomenon which has been termed "success depression." Depression is sometimes found among persons who have successfully attained a major life incentive, such as a high-level academic degree or position of employ for

which one has struggled and oriented his or her life. Klinger (1977) notes that in these cases, control is certainly not at stake; indeed, the person apparently was well able to control the outcome. Klinger (1977) suggests that depression in these instances arises from the fact that the person no longer possesses incentives sufficient enough to engender a sense of meaning or to motivate continued activity. For Klinger (1977), "...depression is the collapse of invigoration, the aftermath of determined effort or of keen hope" (p. 152). Helplessness and joylessness are considered accompaniments rather than causes of depression. Persons who have successfully attained a major organizing incentive or who have lost major incentives have not so much lost control as they have lost a major organizing influence in their life. They are left without any other substantial motivational base for goal-setting and goal-oriented striving. The disbelief and angry protest of children who are separated from their parents (Bowlby, 1973) and the preoccupation with and pining for lost objects which is commonly found among bereaved persons (Bowlby, 1969; Lazarus, 1972) are interpreted by Klinger as attempts to sustain critical (i.e., highly organizing) incentive relationships (see, also, Parkes, 1970). The obvious problem with Klinger's (1975, 1977) hypothesis is its lack of direct empirical

support.

Another theoretical perspective which is important to note is Lewinsohn's behavioral approach to depression (Lewinsohn, 1974). While neither Lewinsohn's model nor Klinger's notion view depression as a condition of individual psychopthology, they do serve as a conceptual bridge to the discussion which follows. Lewinsohn holds that depression primarily is a function of reinforcement schedules. Specifically, a low rate of response-contingent positive reinforcement is held to elicit a number of depressive behaviors, such as dysphoria, fatigue, and other somatic symptoms. The individual is seen as being on something of a prolonged extinction schedule. The availability of response-contingent positive reinforcement is related to individual differences, environmental factors, and the individual's instrumental behavior (e.g., social skill). Particular cognitive developments (such as low self-esteem, "irrational beliefs," guilt) are seen as secondary elaborations of the general dsyphoria which accompanies low rates of positive reinforcement.

It is useful to note that Lewinsohn (1974) has offered an explanation for success depression which differs from Klinger's (1975, 1977) approach. Lewinsohn (1974) suggests that success in terms of external criteria does

not necessarily produce an increase in reinforcement. He argues instead that success in fact can lead to a decrease in social reinforcement and consequently to depression. The determination of whether Klinger's (1975, 1977) view or Lewinsohn's (1974) model is better able to account for this phenomenon would seem to rest on the results of longitudinal studies.

Lewinsohn's (1974) model of depression is consistent with a number of studies which appear to show that affect can have a number of direct effects on cognition. For example, Wright and Mischel (1982) found that negative mood induction was associated with lower expectancies for future performances, heightened recall of negative outcomes, and less favorable global self-assessments (re: intelligence, friendliness, social skillfulness, self-confidence, attractiveness, and popularity) than positive mood induction. Thus, it appears that subjects selectively processed performance outcomes that were mood-consistent. Furthermore, when mood and performance feedback were relatively matched (positive mood with success feedback; negative mood with failure feedback), expectancies and recall were in accord with information provided by the situation. When mood and performance feedback were mismatched, mood was the primary determinant of recall and expectancy. These authors also found that negative mood

subjects actually raised their minimal goals subsequent to failure experiences, despite the fact that they concomitantly lowered their expectancies for success. Positive mood subjects also raised their minimal goals with failure, but raised their expectancies accordingly. Thus, negative mood with failure appeared to induce an ever-wideing gap between desired and anticipated outcomes, which would seem to guarantee and exacerbate dysphoria.

Evidence also exists to support the notion that manifestations of "orality" may be a consequence of depressed affect, rather than an antecedant, thus calling the Freudian view into question. One manifestation of orality is a diminished capacity for the delay of gratification. Rehm and Plakosh (1975) found that persons who scored high on an adjective checklist for depression showed more of a tendency to indicate a preference for immediate reward than persons who scored low on the same scale. Preference for immediate reward was measured by subjects' endorsement of such self-report items as, "I would rather get $10 right now than have to wait a whole month to get $30 then." Additional suggestive data is provided by Shiffman (1982), who found that low mood preceded most relapses following cigarette cessation among ex-smokers who phoned a relapse-counseling hotline. However, the correlational and self-report nature of these

findings somewhat limits their value, because it is impossible to rule out factors other than mood alone. Additionally, causal direction remains open to dispute, since low mood was not a manipulated variable.

A number of studies of children's capacity to delay gratification, however, escape many of these criticisms, although it is not known whether they can be generalized to the adult population. Mischel, Ebbesen, and Zeiss (1972) examined the influence of affective states on children's willingness to resist the temptation of a small reward in order to gain a more preferred but delayed reward. Four-year old children were asked to think happy or sad thoughts while waiting for an experimenter to reappear and give them a marshmallow. While waiting, the subjects were allowed to end the fifteen minute waiting period by ringing a bell to recall the experimenter who would then provide them with a stick pretzel. The children were aware that ending the waiting period in this fashion would prevent the child's receiving the preferred marshmallow. Children who were asked to think happy thoughts waited more than twice as long as children who were asked to think sad thoughts. Thus, negative affective states -- assuming that the primary effect of the instructions was the manipulation of affect -- appeared to decrease subjects' willingness to delay gratification. This finding is corroborated by

several other studies (e.g., Fry, 1975; Moore, Underwood, and Rosenhan, 1973; Seeman and Schwartz, 1974; Underwood, Moore, and Rosenhan, 1973). Furthermore, Schwartz and Pollack (1977) demonstrated that mood is likely to influence a child's choice of immediate over delayed rewards as well as the child's willingness to wait for delayed rewards. Positive and negative affective states were induced via instructions to imagine happy and sad experiences. These instructions were given prior to subjects' choice of immediate or delayed reward, in contrast with the studies cited above. Children in whom negative affective states were induced chose fewer large delayed rewards than did children in whom positive affective states were induced. Thus, in children, negative affective states appear to increase the value of immediate rewards, possibly due to the ability of immediate rewards to diminish the aversiveness of negative affective states. A problem with these studies, however, and with mood-induction studies in general, is that subjects exposed to positive inductions are probably more likely than subjects exposed to negative inductions to comply with the induction procedure itself as well as with other aspects of the experimental task. Who wants to make themselves feel bad?

Despite some methodological problems, these findings are important because they reinforce the possibility that "depressogenic cognitions" may accompany or flow from depressed mood rather than antedate or cause depressed affect. Such findings also argue against ignoring ongoing environmental factors in the development, maintenance, and exacerbation of depression.

CHAPTER III

RESPONSES OF STRANGERS TO DEPRESSED PERSONS

Much of the early empirical interest in the social context of depression centered on the responses of non-intimates to depressed persons. Most of these studies first provided the subject with an opportunity to interact with a depressed target person and then assessed subject's mood and willingness to engage in further interaction with the target. In the first such study in this area, Coyne (1976b) hypothesized that depressed behavior stimulates nongenuine supportive responses in others because of its aversive yet guilt-inducing nature. At the same time, the aversiveness of the depressed person's symptoms elicits avoidance. Thus, the nongenuine quality of received support becomes apparent and depressive symptoms increase as the depressed person attempts to control an increasingly more rejecting social environment. Coyne's (1976b) hypothesis thus predicts a mixed response to depressed persons (nongenuine support with a desire to avoid them). In a partial test of this conception, Coyne (1976b) had subjects interact by phone with either depressed outpatients, non-depressed outpatients, or normal controls.

Subjects who interacted with depressed outpatients were themselves more depressed, anxious, hostile, and rejecting by the end of the interaction than were subjects who had interacted with either of the other two groups. Employing face-to-face interaction, Strack and Coyne (1983) replicated Coyne's (1976b) main original findings with mildly depressed college students. It also was found that both depressed subjects and subjects who interacted with them were willing to share their negative reactions with one another. This suggests that mildly depressed persons do not always escape direct rejection. Gotlib and Robinson (1982) found that subjects who interacted with depressed college students exhibited more negative verbal and nonverbal behavior than subjects who interacted with non-depressed students. However, no differences between self-reported mood or perception of partner were found.

Several studies have employed transcripts, role-plays, videotapes, audiotapes, or written descriptions of depressed persons. Hammen and Peters (1977) had male and female subjects read a description of a male or female student with academic and interpersonal problems and who, as a consequence of these problems, exhibited either depressed, anxious or blunted affect. While subjects of both sexes reported that they would be less accepting of the male depressed target than of the female depressed

target as a close friend, fellow student and intimate partner, support was weak for the hypothesis that depressed targets were rejected more than anxious or blunt affect targets.

Hammen and Peters (1978) employed telephone conversations between same- and opposite-sex pairs of subjects. One subject in each pair enacted a roughly scripted role which reflected either depressed or non-depressed behavior. The other subject was unaware of the scripted nature of his or her partner's responses. Partners enacting depressed roles elicited greater rejection from subjects of both sexes but particularly from subjects of the opposite sex. Subjects who interacted with partners enacting depressed roles also reported more post interaction depressed mood on the Weissman-Ricks elation-depression scale (Weissman and Ricks, 1966) than did subjects who had interacted with non-depressed partners. A similar but nonsignificant trend emerged from subjects' post interaction scores on the Depression Adjective Check List (DACL; Lubin, 1965).

Robbins, Strack, and Coyne (1979) had subjects listen to recorded descriptions of a target person identified simply as a friend, or additionally as having been depressed for a few days or for a month. Subjects were less willing to provide positive reactions to the target

person when the target was described as having been depressed for a month, even when such reactions were veridical. A suppression effect on negative reactions was not found, suggesting that depressed persons may confront a disproportionate level of negative social feedback, even when more positive feedback would be appropriate.

Winer, Bonner, Blaney, and Murray (1981) had subjects read transcripts of simulated interactions with depressed and nondepressed targets and then complete the Mood Adjective Check List (MAACL; Nowlis, 1965) and a measure of social attraction. Subjects scored as more depressed on the MAACL and as less willing to engage in further interaction with the target when the target was depressed.

Howes and Hokanson (1979) had confederates role-play depressed, physically ill, or normal roles. Subjects were given an opportunity to interact with one of the confederates while under the impression that they were waiting for an experiment to begin. Confederates enacting a depressed role elicited a greater number of silences, less verbal responding overall, and more negative comments than did confederates enacting either of the other two roles. Confederates enacting a depressed role also elicited a greater number of directly supportive responses

(empathy, sympathy, reassurance) than did the other confederates, thus providing some support for Coyne's (1976) hypothesis. Boswell and Murray (1981) had subjects listen to audiotaped interviews with depressed inpatients, schizophrenic inpatients, and normals. Subjects exhibited greater rejection and more negative mood to tapes of depressed and schizophrenic inpatients than to normals. Yarkin, Harvey, and Bloxom (1981) had subjects view a videotape of a woman. Subjects who were told that the woman was depressed showed more negative reactions to her when given the opportunity to interact with her later than did subjects who had not been told this. Subjects who were told that she was depressed sat at a greater distance from her, exhibited less eye contact, held a more negatively valenced conversation with her, and terminated the interaction sooner. Sacco, Milana, and Dunn (1985) had subjects predict their reactions to requests for help from hypothetical depressed or non-depressed acquaintances and found that subjects anticipated reacting to the depressed acquaintances with greater anger and social rejection but with equal levels of concern and willingness to help. Subjects who indicated having prior experience with persons similar to the hypothetical individual anticipated reacting to requests for help with greater levels of concern and willingness to help when the target was depressed rather than nondepressed, as well as with

greater levels of negativity. This study thus provides additional support for Coyne's (1976b) hypothesis. In the Sacco, Milana, and Dunn (1985) study, subjects were asked to imagine that they received a phone call from the hypothetical person while they were studying for an exam to be held the next day and that the hypothetical person asked to talk with them about a problem. Because of this arrangement, it is probable that subjects would be more likely than in other studies to consider the personal impact of the request for help.

It should be noted that King and Heller (1984, 1986) have suggested that findings of negative reactions to depressed persons may not be as robust as previously assumed. Citing their own failure to replicate Coyne's (1976a) original results, King and Heller (1984) assert that evidence for such negative reactions is equivocal and that Boswell and Murray's (1981) findings in particular suggest that negative reactions to depressed persons may be attributed to their deviancy rather than to their depression. This is a questionable assertion, as Gurtman (1986) has argued, although King and Heller's (1984, 1986) comments do raise some important issues. First, they criticize the use of simulated or analog studies to generalize to clinical populations. Second, they note the importance of utilizing psychiatric control groups in order

to determine the presence or absence of a unique social response to depression. King and Heller (1984, 1986) point out that only three published studies have employed this control procedure and that of these three studies, only Coyne's (1976) reported findings truly supportive of a unique response. [Only two studies (Gotlib & Robinson, 1982; King & Heller, 1984) failed to obtain rejection effects with questionnaire measures, and one of these studies (Gotlib & Robinson, 1982) found strong evidence for rejection in observers' ratings of subjects' behavior.] However, King and Heller's (1984, 1986) reviews ignore perhaps the most crucial body of evidence that has controlled for generalized deviancy, and this literature generally does not support King and Heller's (1984) conclusion. These studies are reviewed in a later section because they employ intimates as subjects. The literature inclusive of such studies does, however, appear equivocal in supporting the hypothesis that depressed persons elicit mixed reactions (nongenuine support with avoidance) to depressed persons. As suggested below, it is highly likely that recent acquaintances would have much less at stake in any given interaction and that the interaction would not be as emotionally charged for strangers as for intimate partners. Consequently, one should expect stronger reactions from intimates than from

strangers, acquaintances, and friends. It is also likely that responses to depression change over time.

CHAPTER IV

SALIENT FACTORS IN STRANGERS' REACTIONS TO DEPRESSED PERSONS

The aforementioned studies, while limited in their generalizability, demonstrate that even brief, casual interaction with depressed persons can be aversive to others. Subjects in the Coyne (1976) study conversed with depressed persons for twenty minutes. The negative reactions of subjects in the Gotlib and Robinson (1982) study were apparent after only three minutes of interaction. A number of investigators have sought to determine the source of these negative reactions, primarily in the context of non-intimate and casual relationships. Some of the relevant research questions in this area include: Which specific features of depressed behavior engender negative reactions in others? How severe are these reactions? What forms do these reactions take? What effects do these reactions have on the depressed persons? What influence does the context and nature of the relationship between the depressed person and other individuals with whom he or she interacts have on the effects of these reactions? Do some depressive subtypes

escape these reactions? What are the processes that underlie the generation of negative reactions in other individuals by depressed persons? Are negative reactions to depressed persons related to negative mood induction or to other processes or combinations of processes? Most of these questions remain unanswered.

Coyne (1976b) suggested that it might be the "...nonreciprocal high disclosure of intimate problems by depressed persons that induces depressed affect in others" (p. 192). This suggestion was based upon Coyne's (1976b) post hoc observation that his depressed targets were quite willing "...to discuss death, marital infidelities, hysterectomies, family strife, and a variety of other intensely personal matters" with subjects in the absence of prior acquaintance. There are two quite distinct aspects to this suggestion. The first aspect concerns the content of topics of self-disclosure. The second aspect is related to the ability to control the content and focus of interaction through highly personal negative self-disclosure. While the latter aspect remains to be investigated, Lynn and Bates (1985) found no direct support in an analog study for the first aspect of Coyne's (1976a) suggestion. Female subjects listened to tapes of female confederates with whom they expected to interact. Subjects were told that they were participating in a study

of impression formation and self-disclosure among recent acquaintances. The confederate disclosure scripts reflected the four conditions in the study, with confederate's disclosure of postive or negative attitudes crossed with disclosure of positive or negative topics of disclosure. Disclosure of attitudes representative of depression (pessimism, helplessness, negative self-image) elicited more rejection of the confederate than did disclosure on topics representative of depression. Regardless of topic valence (positive, negative), attitude valence of disclosure determined level of rejection of the confederate by subjects. Significantly, confederates in this study were trained to hold affect constant. Thus, independent of affect and topic, attitudinal valence was the single most important determinant of rejection by subjects.

In an analogue study described partially in a previous section, Winer et al. (1981) had subjects read transcripts of simulated interactions with depressed and nondepressed target persons. Transcripts were designed to reflect either "basic" depression (sad mood, pessimism, low self-esteem, feelings of powerlessness and hopelessness, fatigue, and behavioral retardation) or "basic" depression plus one of the following other possible concomitant characteristics of depressed behavior: guilt, self-blame,

and self-punitiveness (guilty depression); anger, resentment, and external blame (angry depression), or; dependency, demanding and whining behavior (dependent depression). Winer et al. (1981) found that adding these concomitant characteristics to the basic description did little to alter subjects' negative reactions to depressed targets. Thus, the "basic" characteristics appeared to be the primary source of subjects' negative reactions. While Winer et al. (1981) did not employ true psychiatric control targets, they were able to determine that target individuals who were described as having experienced the same adverse events as the depressed targets but who did not show a depressive response were not rejected nor did they induce negative moods in the subjects. In a second experiment, Winer et al. (1981) attempted to measure the extent to which rejection of help may mediate negative reactions to depressed persons. Subjects read transcripts of an initial encounter followed by transcripts of a second encounter with the same person. There were no effects associated with whether help was extended, accepted, or rejected; mood of subjects and their rejection of the targets was primarily a function of target's improvement in symptomatology.

Marks and Hammen (1982; also described earlier) employed confederates enacting depressed, neutral, or

elated mood states and subjects assigned to helper or stranger/person perception roles in an effort to assess the effect of social role on reactions to depressed persons. Mood induction was assessed via analyses of covariance on subjects' pre- and post-treatment scores on the Multiple Affect Adjective Check List (MAACL; Zuckerman and Lubin, 1965). Exposure to "depressed" confederates induced depression and anxiety in subjects, whereas exposure to "elated" confederates induced hostility. Assignment to the helper role attenuated depressed mood induction in subjects. This finding is difficult to interpret, however, because subjects were encouraged to view their role as therapeutic and were told that the study sought to explore "...how different qualities of each of your personalities influence the therapeutic process" (p. 390). Subjects were drawn from psychology courses and may have been particularly interested in appearing compassionate or competent as therapists. As a consequence, impression management may have unduly influenced subjects' ratings of their own post-treatment mood. Thus, there is reason to question the generalizability of this result to the general population.

Hammen and Peters (1977, 1978) examined sex differences in individuals' reactions to depressed persons. Hammen and Peters (1977) had male and female subjects read

brief descriptions of a male or female student who was experiencing emotional stress due to waning interest shown by girlfriend or boyfriend and trouble keeping up with college coursework. The descriptions varied only in terms of the student's sex and emotional reaction to the stress. The depressed student was identified as unhappy, pessimistic, listless, and without appetite. The anxious student was characterized as edgy, nervous, tense, and restless. The blunted-affect student was described as feeling flat, empty, detached, and uninvolved. Subjects were asked to report 1) their views on the target's level of disturbance, 2) the extent to which they would accept the target as a acquaintance, co-worker, and close friend, 3) their views on how well the target would function as a student, employee, data, and steady boyfriend/girlfriend, and 4) whether they, as a friend, might recommend either outpatient therapy, getting away and resting, inpatient hospitalization , or simply helping the target to see that things are not really so bad as the most appropriate form of help for the target's distress. Hammen and Peters (1977) found that the depressed male was rejected significantly more than the depressed female as a close friend, and in the roles of student and partner in a committed relationship. Additionally, psychotherapy was seen as more appropriate for the depressed male than the anxious male. Because there were few differences overall

between subjects responding to depressed males and blunted affect males but several differences among subjects responding to depressed males and anxious males, Hammen and Peters (1977) ruled out "emotionality" as a factor. Rejection also was unrelated to judgements as to the severity of the target's emotional reaction. The investigators concluded that both males and females show greater rejection of males than females who are depressed not because of the expression of depression itself but for the assumed departure from the typical male role that features of depression may entail. This study cannot address why female depressed persons or targets may be rejected.

Hammen and Peters (1978) employed a different methodology and obtained somewhat different results which, nonetheless, may be interpreted as consistent with those of Hammen and Peters (1977). Subjects were paired after one member of the pair was instructed to enact either a depressed or non-depressed role. The subsequent telephone interaction was roughly scripted for both partners and each was informed that the study concerned the way people form first impressions. Hammen and Peters (1978) found that subjects enacting a depressed person were more strongly rejected than subjects enacting a non-depressed person, particularly when their partner was of the opposite sex.

Also, subjects enacting non-depressed persons were most positively evaluated by opposite-sex raters. The authors offer several possible explanations for the divergence of these results from those of Hammen and Peters (1977). One possibility cited is that subjects might have been able to identify or feel greater empathy with distressed persons of the same sex. Another possible explanation is the use of different standards for evaluating same-sex and opposite-sex partners. Finally, the use of actual interaction, versus simply reading descriptions as in the Hammen and Peters (1977) study, may have made subjects more likely to evaluate partners in light of their romantic desirability or potential as a friend. Only this last explanantion seems to offer a plausible account for the difference between findings from the two studies.

Hammen and Peters (1978) also had subjects rate their role-playing partners on several trait dimensions which have previously been classified by Broverman et al. (1970) in terms of their masculine-feminine stereopyty. Overall, depressed partners, both male and female, were rated as more feminine than non-depressed partners. Ratings of acceptance of partner, again whether male or female, were associated with ratings of greater masculinity. Additionally, ratings of partner's level of disturbance were positively associated with inferred lack of masculine

traits in partners. However, it must be noted that Broverman et al. (1970) found that stereotypic masculinity was associated with clinicians' judgements of mental health, whether the target was male or female. Thus, subjects' ratings may been more of a reflection of target's perceived level of disturbance than of target's depressed behavior per se.

Furthermore, Hammen and Peters (1978) found that rejection of depressed persons was significantly related to negative mood induction, suggesting that mood induction may mediate rejection. The authors suggest that the depressed person may serve as a "noncoping" model such that others' own feelings of sadness or hopelessness are rendered more accessible to awareness. Alternatively, they suggest that listening to depressed individuals may induce a strong motivation to help which, when unsuccessful, leads to anxiety and helplessness. Hammen and Peters (1978) offer no data to support these suggestions, however.

Ziomek (1983) hypothesized that other persons reject depressed persons because they find it aversive and unrewarding to interact with an individual who does not reciprocate the attention and emotional support they provide. To test this notion, subjects were paired with one another and given an opportunity to have a ten minute

conversation. One participant was asked to discuss a personal problem with the other participant. The other participant was asked to assume a helper role. After the conversation was ended, the helpee was asked to listen to an audiotape of the conversation and describe his or her emotional reactions to each response of the helper. These emotional reactions were later categorized by raters as positive, negative, or neutral. In general, Ziomek (1983) found that subjects showed a higher negative reaction ratio when the helper was depressed than when not depressed. This study, however, does not actually address the main hypothesis. Subjects may have reacted negatively to depressed persons for a variety of reasons other than the depressed persons' helping skill. It does, however, identify another social situation in which depressed persons may be rejected.

Gotlib and Beatty (1985) recently explored whether attributional style may mediate negative responses to depressed persons. These investigators assessed subjects' reactions to written transcripts describing depressed, physically ill, and normal target individuals. Each subject read a transcript in which the target individual exhibited either behavioral or characterological self-blame (Janoff-Bulman; 1979) for failing to remember and keep an important appointment. Characterological self-blame is

defined by Janoff-Bulman (1979) as the attribution of responsibility for ostensibly bad outcomes to one's character. It is assumed to be esteem-based, whereas behavioral self-blame is "...an adaptive, control-oriented response" (p. 1799). Characterological self-blame thus involves both apparent acceptance of responsibility and denial of controllability (cf. Brickman, Rabinowitz, Karuza, et al., 1982). Gotlib and Beatty (1985) found that characterological self blame elicited more rejection, anxiety, and depression in subjects only when the target was otherwise normal; while subjects showed more negative responses to both depressed and physically ill targets than to normal targets, characterological self-blame did not increase negativity. Drawing upon the work of Janoff-Bulman (1979), who found greater characterological self-blame in depressed college students than in non-depressed college students, Gotlib and Beatty (1985) suggest that a characterological attributional style may predispose individuals to depression. Aversive life events may stimulate the individual's display of characterological self-blame which, in turn, leads to an increase in negative reactions from the social environment. Gotlib and Beatty (1985) note that while attributional style is posited to be a relatively stable characteristic of individuals (Abramson, Seligman, and Teasdale, 1978; Janoff-Bulman, 1979), symptomatic display is not. This

reasoning, of course, depends upon the assumption that characterological self-blame is indeed a characteristic of persons who later become depressed. This is not established. Lewinsohn, Steinmetz, Larson, and Franklin (1981) found in a longitudinal study that depression-related cognitions (low self-esteem, negative expectancies, and certain irrational beliefs) arise concomitantly rather than prior to an episode of depression. Characterological self-blame was not measured directly, however.

In summary, Winer et al. (1981) found that sad mood, pessimism, low self-esteem, feelings of hopelessness and powerlessness, fatigue and behavioral retardation as features of depression were sufficient to engender negative reactions to transcripts describing depressed targets (a finer-grained analysis was not conducted). Also, target's rejection of help appeared irrelevant; target's improvement alone attenuated rejection and negative mood induction effects. Lynn and Bates (1985) found that attitudes representative of depression (pessimism, helplessness, and negative self-image) rather than confederate's choice of particular topics determined rejection effects. Gotlib and Beatty (1985) found that characterological self-blame alone without additional evidence of dysfunction determined negative mood induction and rejection effects in subjects reading transcripts.

Hammen and Peters (1977, 1978) found that rejection of descriptions of depressed persons and of individuals enacting a depressed role was related most significantly with subjects' perceptions of targets' level of stereotypic masculinity, regardless of whether the target was male or female. Finally, Marks and Hammen (1982) found that negative mood induction in subjects interacting with persons enacting a depressed role was attenuated by subjects' assumption of a therapeutic helper role, although acceptance/rejection was not affected.

These and other studies cited previously provide slightly mixed support for the notion, derived from Coyne (1976a), that rejection may be mediated by negative mood induction. Two studies were unable to find negative mood induction in subjects despite the presence of rejection effects (Gotlib & Robinson, 1982; Howes and Hokanson, 1979), although five studies obtained both (Boswell & Murray, 1981; Coyne, 1976a; Hammen & Peters, 1978; Marks & Hammen, 1982; Strack & Coyne, 1983). Nonetheless, correlations between negative mood induction and rejection tended to be low.

There are several problems involved in determining the basis for individuals' negative responses to depressed persons in casual relationships. Depressed persons vary

along a number of dimensions (Depue and Monroe, 1978), and this can complicate any attempt to identify common factors. From a methodological standpoint, the studies cited above cannot yield a clear picture of the causes of negative reactions to depressed persons, due to their unfortunate lack of specificity and adequate controls. As noted by King and Heller (1986), considerable specificity, adequate controls, and the use of realistic encounters are all crucial. However, despite the frequent absence of these features, the literature does appear to suggest that it is likely that pessimistic self-disclosure in general or characterological self-blame in particular may be quite powerful in constraining the focus of interaction. If the acutely depressed person alternates between displays of passive dissatisfaction and pessimistic self-disclosure, while showing little or no topical mutuality, other persons either must struggle to deal with the depressed person's pessimistic disclosure or accept passive withdrawal. Unless highly skilled, the other person cannot maintain or regain equal influence over the focus or topics of interaction. Characterological self-blame signals that something is terribly wrong yet also defines its discussion as of no value. Characterological self-blame is in essence a prediction about the unliklihood of future change. This places the other person in a classic double bind (Watzlawick, Beavin, and Jackson, 1967). Ordinarily,

one cannot discuss the depressed person's predicament from a hopeful stance without often stimulating further self-disparagement or heightened displays of pessimism yet also cannot simply agree with the depressed person's self-blame or hopelessness without fear of increasing the depressed person's pessimism or in some cases even inducing suicidal feelings. Regardless of whether characterological self-blame is displayed, and regardless of whether the depressed person might ultimately be able and willing to engage in greater mutuality, hopeless pessimism may function to constrain interaction because the achievement of a more balanced mutuality may require risking the appearance of meanness on the part of the other person (cf. Coyne, 1976b). Thus, other persons may find the range of interactional possibilities highly constrained. It may be this constraint on interaction, potentiated by the negativity of focus, which accounts for the aversiveness of depressed persons. Direct exploration of this notion is needed and might be accomplished with some simple approaches. For example, subjects simply could be instructed to indicate: 1) what they felt the high negative self-discloser wished of or sought from them on a number of dimensions; 2) how pressured they felt to provide each of these responses; 3) the extent to which they felt capable of providing the sought-after response; and 4) the

degree to which they felt inclined to try to provide this response. If a forced-choice methodology were employed, it would be important to provide for the possibility that subjects would not know what the high negative self-discloser sought from them (e.g., via certainty ratings). Other subjects' reactions to high positive self-disclosers and neutral self-disclosers would then be compared with the first set of subjects' reactions (see Rothbaum, Weisz, and Snyder, 1982, for a highly relevant discussion of control, especially interpretative control).

Alternatively or additionally, high levels of negative self-disclosure may be experienced by other persons as repeated demands which seem unanswerable (cf. Coyne, 1976b) and consequently inappropriate and aversive. There are at least two potential aspects to the demand quality of high negative self-disclosure. One aspect, discussed above in connection with characterological self-blame, concerns the powerful identification of oneself as in need of support. The other aspect concerns the ability of high ngative self-disclosure to diminish the audience's license to pursue its own topical interests. In essence, the depressive position may require or invite others to disengage from their own incentive relationships in order to provide the interactional counterpart perceived as appropriate to the depressed person's role. This partial

disengagement by the depressed person's co-interactants from their own incentive relations may be aversive (cf. Klinger, 1975, 1977). A simple means of testing this notion would pair normals with depressed persons, have them interact under some variation of Coyne's (1976) "study of the acquaintance process" context , and subsequently have the normals rate 1) the degree to which they felt able to discuss their own interests and concerns; and 2) the degree to which they felt their depressed partner was able to discuss his or her interests and concerns. This analysis may also account for the finding that depressed persons may induce depressed affect in others.

It is also possible that the nonverbal behavior of depressed persons may engender negative reactions. Levin, et al., (1985) found that untrained judges rated depressed male inpatients as showing happiest affect when discussing personal experiences that had made them angry and angriest affect when discussing personal experiences that had made them happy. In this study, naive judges rated content-filtered audio recordings of depressed and schizophrenic male inpatients and normal males. Overall, depressed patients exhibited greater affective incongruency than either normals or schizophrenic patients. A number of testable hypotheses are derivable from these findings. It is possible that the affective inconguency of depressed

persons induces confusion in other persons regarding appropriate responding. It is also possible that this incongruency reflects the depressed person's greater sense of interpersonal vulnerability when relating pleasant experiences, or that this incongruency reflects the depressed person's greater interest in communicating their anger regarding events coupled with an expectation that greater responsiveness in others will flow from relating their anger with happy affect.

It also is possible that depressed behavior may constrain other persons' tendency to self-disclose. Data from the Lynn and Bates (1985) study provide support for this notion. As noted above, subjects in this study listened to "self-disclosure" tapes of female confederates with whom they expected to interact. While subjects' later rejection of targets appeared to be influenced primarily by the attitudinal rather than the topical valence of confederates' self-disclosures, subsequent self-disclosure of subjects appeared most influenced by topical valence of targets' self-disclosure. Subjects chose to disclose on less intimate topics and were less personal in their disclosures on these topics when they had listened to targets who talked about negative rather than positive topics. Lynn and Bates (1985) suggest that social norms may define high levels of negative self-disclosure to be

inappropriate and subject to negative sanctions such as withdrawal. A related argument could be based on Santee and Jackson's (1978) finding that subjects rated high negative self-disclosers as less attractive. The decrease in attractiveness which flows from high negative self-disclosure could then lessen subjects interest in involving themselves with the negative self-discloser. Another possible factor is individuals' uncertainty about the effects of their own self-disclosure on the depressed person's subsequent behavior and emotional tone. All of these processes could operate singly or concurrently. In keeping with the general belief that people derive pleasure from talking about themselves, depressed persons are not likely to be seen as worthwhile audiences.

The preceding two sections present studies which appear to demonstrate that depressed persons can engender considerable negativity in others with whom they interact. These studies also, and perhaps more importantly, suggest that depressed behavior may severely limit the availability of social support, particularly that which would be obtained from intimates. It thus should not come as any surprise that depression is negatively associated with level of social support.

CHAPTER V

DEPRESSION AND SOCIAL SUPPORT

Several studies have examined the potential contribution of the social environment to depressed behavior from the perspective of social support. Brugha, Conroy, Walsh, et al. (1982) found that while depressed outpatients appear to spend less time in social interaction, they spend more in unpleasant interactions than normal controls and have fewer social contacts and close friends. In a community survey, depressed persons were more likely to report seeking social support in response to daily stressful events than were non-depressed persons, yet they perceived themselves as receiving less positive support (Coyne, Aldwin, & Lazarus, 1981; Shaefer, Coyne, & Lazarus, 1981). Several other studies utilizing community surveys have also shown that level of social support is associated with depression (Andrews, Tennant, Hewson, & Valliant, 1978; Aneshensal & Stone, 1982; Costello, 1982; Lin, Simeone, Ensel, & Kuo, 1979).

Paykel, Meyers, Dienelt, et al. (1969) found that depressed women reported three times as many major life events as non-depressed women in the six months prior to

the onset of depression. Marital difficulties, deaths, illnesses, and work changes were the most common events reported, while the single most frequent event reported was an increase in arguments with spouse. Schless, Schwartz, Goetz, and Mendels (1974) found that depressed persons report feelings of particular vulnerability to marriage-related stresses. Ilfeld (1977) found in a community survey that over 25 percent of the variance in depression scores was accounted for by social stressors which were most clearly associated with the stresses of marriage and parenting. Brown and Harris (1978) found that women were four times more likely to become depressed when experiencing major life events when they lacked a close, confiding relationship. Henderson (1980) found that emotional distress subsequent to the experience of major stressful events was heightened in individuals lacking close, affectional ties. Furthermore, additional evidence suggests that intimates in particular may exert considerable impact on the relapse rate of depressed persons. Vaughn and Leff (1976) have shown that depressed persons may be highly sensitive to the evaluations of close relatives. These investigators found that, regardless of symptom severity, the best single predictor of symptomatic relapse in depressed patients during the nine months following discharge from the

hospital was the number of critical references to the depressed patient by key relatives during an initial admission interview. It could be argued that the patients who relapsed were, as a group, more "toxic" to their relatives and that this toxicity was a function of the depressed patients' conflictual posture. Thus, the behavior of their relatives may have been epiphenomenal to the tendency to relapse, itself a more direct function of the depressed targets' conflictual posture. This remains an empirical question, although recent evidence provided by Hooley (1986) indicates that, if anything, depressed targets with highly critical spouses show high levels of neutral nonverbal behavior and are no more negative, verbally or nonverbally, than depressed targets with less critical spouses. Furthermore, Linden, Hautzinger, and Hoffman (1983) found depressed spouses to be more positive toward their partners than were other spouses in marriages exhibiting similar levels of marital distress. Hooley's (1986) data does indicate, however, that depressed targets with highly critical spouses are likely to show lower levels of self-disclosure than depressed targets with less critical spouses.

Conceptualizations and operationalizations of social support have generally focused upon the presence or absence of nurturance and helping relationships in individuals'

lives. Recently, however, several theorists (Coyne and DeLongis, 1986; Garbarino, personal communication; 1986) have suggested that this notion of social support is oversimplified and often severely misleading. Many teachers, clinicians, and parents have long assumed that individuals may be supported in their roles by the expectations and responsibilities others place upon them as well as by such traditional manifestations of support as acceptance, nurturance, and guidance. Because this kind of support has only recently become the object of theoretical attention, we know very little about it, and re-interpretations of pre-existing data from this perspective are open to considerable dispute. Some earlier studies, however, suggest that the role of the social environment's expectations of individuals may play a role in psychological health and therefore provide direction for further research. Radloff (1980), for example, found that employment outside the home was associated with lower levels of depression in married women in the 40-64 year age range. However, it is impossible here to determine whether employment for these women provided increased opportunities for esteem maintenance, exposure to a larger, traditionally supportive social network, increased power within their marriage, greater financial security, increased availabilty of positive events, and/or more structure in their lives. It is of course also possible

that women prone to depression simply are less willing or able to obtain or hold down employment. This possibility exemplifies one of the main problems in conducting research in this area.

There are a number of possible ways in which others' expectations and the day-to-day manifestations of these expectations (responsibilities) may function to limit the noxious effects and/or occurrence of negative events. Coyne and Delongis (1986) suggest that the salutary effects of close relationships may sometimes occur more as a result of the controlling aspects of such relationships than as a consequence of their nurturant quality per se. Thus, close relationships may limit individuals' involvements in activities which place an individual at risk for negative events through the provision of clear and immediate negative consequences for engaging in such activities. Other possible mechanisms by which expectations and responsibilities function to provide support more directly include their ability to establish channels for receiving clear, positive feedback, for experiencing a sense of value and importance to others, and for experiencing a sense of achievement. If depression in an individual elicits confusion in other persons regarding the appropriateness of expectations, then these other persons may be unable to provide clear and consistent feedback. Standards of

behavior may become ever- changing, both upward and downward, and this may produce considerable uncertainty regarding how feedback is to be given, received, understood, and countered. The behavior of others as well as the symptomatology of the depressed person thus may reflect their ongoing attempt to negotiate the appropriateness of behavioral standards. A further elaboration of this notion is presented in a later section of this paper.

While it is quite possible that the behavior of depressed persons may contribute to the general absence of support that characterizes their lives, it is, nonetheless, likely that the amount of support available to the individual, particularly from spouse or other intimates, is an important factor in the development of depressive symptomatology (Mitchell, Cronkite, & Moos, 1983). Thus, findings from this area have spurred many researchers to begin exploring interactional patterns between depressed persons and their intimates.

CHAPTER VI

MARITAL INTERACTION AND DEPRESSION

Examinations of depression in the context of marital interaction are appearing in the literature at a ever increasing rate. At least five significant articles in this area have been published in the current year alone (Biglan, et al., 1987; Coyne, et al., 1987; Hooley, Orley, & Teasdale, 1987; Kowalik & Gotlib, 1987; Krantz & Moos, 1987). Most studies which have looked at spousal interaction appear to reveal some striking commonalities among marriages with depressed spouses. Perhaps the most consistent thread running through these studies is the finding of considerable hostility, high levels of negative reinforcement, and extensive interpersonal coercion within couples with a depressed spouse. Indeed, the presence of such patterns has been so remarkable that even researchers working within non-interactional frameworks have commented on them. Rush, Shaw, and Khatami (1980), for example, have noted that "the spouse of the depressed person cannot be considered neutral. He or she becomes frustrated, confused, overly solicitous, or angry, or withdrawn emotionally" (p. 105). Similarly, in their report on the

differential effectiveness of behavioral therapy over that of more conventional treatment, McClean, Ogston, and Grauer (1973) observed that "depressed couples tended to take appropriate behavior for granted and reserved feedback for unappreciated behavior. This feedback tended to be negative in nature and noncontingent in administration" (p. 329).

Hinchliffe, Hooper, and Roberts (1978) conducted a lengthy series of studies with twenty depressed inpatients, their spouses, and twenty nonpsychiatric surgical patients and their spouses. Each couple was videotaped during twenty minutes of interaction while in the hospital. Depressed inpatients were also videotaped in interaction with strangers, and depressed couples were again videotaped upon recovery. The researchers had interactants generate issues for discussion through Strodtbeck's (1951) Method of Revealed Differences, a questionnaire which poses a variety of interpersonal, family, and philosophical problems for which respondents may choose from among two possible solutions. Each twenty minute segment of videotaped interaction was coded for verbal and nonverbal aspects of four major categories of communicative style: expressiveness (e.g., agreement, negative affect, opinion-giving); responsiveness (e.g., direct and indirect acknowledgement of previous speaker's comments);

disruptions (e.g., negative and positive tension release or outbursts, laughter, pauses); and power (e.g., interruptions, eye contact).

Interactions between depressed inpatients and their spouses demonstrated greater negative expressiveness and tension than did interactions between surgical patients and their spouses. However, while the depressed male patients after recovery tended to resemble the surgical patients on these measures, the female patients continued to display high levels of negative expressiveness. This finding is in accord with Weissman and Paykel's (1974) report that depressed women and their spouses continue to show elevated levels of interpersonal friction beyond the acute phase of the depression. Furthermore, it was also found that, in contrast to the interactions of the surgical controls, the interactions of the depressed inpatients and their spouses showed high levels of negative emotional outbursts, disruption, and incongruity between verbal and nonverbal (voice tone) aspects of communication. Male depressed patients showed a tendency to resemble surgical controls after recovery, whereas female depressed patients did not. Finally, depressed male inpatients showed greater preoccupation with their wives' opinions while hospitalized than on recovery, and the male spouses of depressed female inpatients showed greater preoccupation with their own

opinions when their wife was depressed than when she recovered.

Merikangas, Ranelli, and Kupfer (1979) conducted a study of the interactions between depressed female inpatients and their spouses which focused on some aspects of interpersonal influence. Strodtbeck's (1951) Method of Revealed Differences was employed here as in Hinchliffe et al.'s (1978) study for the purpose of generating focused interaction. Over the course of the patients' treatment, fifteen minutes of interaction was audiotaped weekly for six consecutive weeks. Three measures were taken: a) Number of changes made by each person in their answers to the Revealed Differences Questionnaire in response to their partner's arguments; b) frequency and duration of patient's and spouse's speech, and total number of interruptions; and c) motor activity of patient and spouse as measured by a wrist motion detector.

Spouses appeared to exercise less influence over their depressed partners over the course of treatment. This picture emerged from findings indicating that patients changed 71 percent of their responses after discussion in the initial session, whereas patients changed only 50 percent of their responses in session six. Thus, it would appear that a balance of power was achieved over the course of therapy, at least in terms of this particular measure.

Furthermore, interruptions decreased over time, although the data do not make clear whether the spouse or patient was the source of these interruptions. Lastly, while the motor activity of the patients increased from session one to six, the motor activity of the spouses of patients who showed no symptomatic improvement actually decreased from session one to six. Merikangas et al. (1979) consequently observe that "ultimate treatment outcome for the patient may not only be determined by his (or her) own symptoms, but may also be predicted by the symptoms (or behavior) of his (or her) spouse" (p. 694).

Both the Hinchliffe et al. (1978) and Merikangas et al. (1979) studies, however, are vulnerable to the criticism that they are simply identifying patterns of interaction within distressed marriages rather than identifying patterns of interaction specific to marital interaction in depression. In an effort to address this possibility, Linden, Hautzinger, and Hoffman (1983) recently conducted a study in which level of marital dissatisfaction was held constant and thus controlled across all subjects. Twenty-six couples seeking marital therapy were employed as subjects. Thirteen of these couples had one spouse with severe, unipolar depression while neither spouse was depressed in the other thirteen couples. The two couple groups were matched in terms of

level of marital distress. Couples were audiotaped during eight 40-minute conversations over a period of three-to-four weeks. Themes of the conversations were suggested by the investigators, including such topics as: Problems in the marriage; yesterday; hopes and desires about the relationship, spouse, and future; and personal problems. Each conversation was coded in terms of four broad categories of behavior: Nonverbal affects and mood expressions; self-related, self-centered verbalizations; interaction-related and partner-related verbalizations; and neutral information. Linden et al. (1983) concluded that "the verbal interaction of couples with depressed partners (is) significantly uneven due to 1) negatively self-related verbalizations combined with positive partner-related statements of the depressed partner, and 2) negative or demanding partner-related statements together with positively self-related evaluations of the nondepressed spouse" (p. 419). Additionally, Linden et al. (1983) found that while the partners of depressed spouses offered their spouses help, they did so with negative statements about them. Further, spouses of the depressed partners rarely agreed with their partner's statements. Maritally distressed couples without a depressed spouse exhibited more positive partner evaluations and higher rates of positive responses to their partners than did maritally

distressed couples with a depressed spouse. It is possible to conclude from these results, then, that the high levels of attempted coercion and negative evaluation of the depressed partner is not merely the consequence of marital distress but is rather specific to marriages with a depressed spouse.

Two recent studies examined some dynamics of hostility in the intimate relationships of depressed persons. Each of these studies had couples with and without depressed spouses discuss topics of disagreement from a list of possible areas of disagreement. In the first study, Arkowitz, Holliday, and Hutter (1982), coded videotapes of the discussions with the aid of the Marital Interaction Coding System (MICS; Weiss & Margolin, 1977). When the behavior codes were collapsed into positive and negative aspects, no differences were found for verbal behavior across depressed, non-depressed psychiatric, and normal control couples. However, depressed women and their husbands exhibited lower rates of positive nonverbal behavior, and husbands of both depressed and non-depressed patients exhibited more negative nonverbal behavior. Furthermore, husbands of depressed women reported more hostility following the discussions than did the husbands of either non-depressed psychiatric and normal control women. Analayzing the self-reports and behavioral coding

data in tandem, Arkowitz et al. concluded that while husbands of the depressed women reacted with feelings of hostility toward their wives, they attempted to keep these negative reactions private but nonetheless were unable to keep them from leaking-out nonverbally.

Kahn, Coyne, and Margolin (1985) found that hostility subsequent to discussions about areas of disagreement was not limited to the spouses of depressed persons. Both depressed men and women and their spouses were more angry and sad following the laboratory discussion than were normal controls. Kahn et al. also administred the Impact Message Inventory (IMI; Perkins, Kiesler, Anchin, et al., 1979) to subjects after the laboratory discussion. The IMI measures affective, behavioral, and cognitive reactions that an individual experiences upon interaction with another person. As compared with spouses in the normal control couples, depressed persons and their spouses indicated that they experienced one another as more hostile, mistrusting, competetive, and inhibited, and less agreeable, nurturant and affiliative. Interestingly, no differences were found between depressed persons and their spouses on any variable measured in the study.

All of these studies suggest that the role of the spouse is far from that of a neutral observer. Instead, these studies seem to implicate the spouse in the display

and attenuation of depressed behavior by the symptomatic partner. This position is also suggested by investigations which show that depressed persons display more problematic behavior, greater distress, and increased social impairment in interaction with intimates than with strangers or less intimate friends and relatives. Weissman and Paykel (1974) assessed the social relationships of forty depressed women and compared them with a matched group of normal control women using the Social Adjustment Scale (a structured interview). While the social impairments of the depressed women were found to be broad-ranging, extending into virtually all of their social roles, depressed women were most impaired as wives and mothers. Friction, dependency, poor communication, and diminished sexual satisfaction tended to characterize their marriages. Suggesting further that role impairment varied with level of intimacy, relations with the extended family appeared little impaired. Weissman and Paykel (1974) also examined changes in role impairment over the course of improvement in clinical status. Work performance, anxious rumination, and dependency tended to vary with clinical status. Interpersonal friction (arguing, resentment) and inhibited communication in marriages tended to persist beyond remission of clinical symptoms. The latter finding argues against the notion that these problems are

necessarily secondary to depressed behavior.

Hinchliffe, Hooper, and Roberts (1978) conducted a lengthy series of studies that was described in greater detail earlier; relevant here is their finding that depressed patients of both sexes exhibited less hostility, increased responsiveness, fewer emotional outbursts, fewer pauses, and increased laughter when interacting with strangers than with spouses during the acute phase of their depression. This is consistent with Youngren and Lewinsohn's (1980) failure to find any significant differences between depressed patients and normal controls on a variety of verbal and nonverbal measures of behavior during their interactions with strangers in dyadic and group settings. No differences were found for observer-rated activity level, initiation level, actions elicited, positive reactions elicited, negative reactions elicited, speech rate, speech volume, eye contact, smiling, facial expression (pleasantness and arousal), or gestures. Youngren and Lewinsohn (1980) conclude that the social skills deficits often associated with depression may be situation specific. It appears that level of intimacy is an important factor but the specific variables involved remain unknown. It is also unclear whether these cross-situational behavioral differences represent skill or performance deficits.

In summary, it has been demonstrated that marriages with a depressed partner are characterized by greater marital dissatisfaction, heightened perception of mutual demand, increased devaluation of the depressed partner, and heightened employment of negative reinforcement, as compared to marriages without a depressed spouse (see also Heins, 1978). Furthermore, pathology and role impairment in the depressed partner tends to be more pronounced in intimate relationships than in casual or otherwise less intimate relationships (Weissman & Paykel, 1974).

One reasonable explanation of findings that depressed persons demonstrate greater levels of pathology in enduring as contrasted with casual relationships derives from the emotional and practical interdependence of intimate relationships. Often ignored in the non-interactional literature is the possibility that when one partner is depressed, spouses can become disappointing and depriving toward one another in a manner that may have little parallel in other relationships. Keller, Klerman, Lavori, et al. (1984) recently found that chronicity of depression among 97 severely depressed inpatients and outpatients was positively associated with the presence of an intact marriage. Contrary to clinical lore, married persons were found to be more likley to remain severely depressed over a two year period than were divorced, separated, widowed, and

never married persons. Not only does this finding appear to underscore the fact that mere marital status alone does not speak to the presence or absence of a close, confiding relationship; this finding also suggests that the marital relationship itself can provide a rich medium for the development of processes that may serve to maintain depressive symptomatology. Alternatively, it is possible that partners of more pathological spouses fear for their dysfunctional spouses welfare should they leave the marriage and therefore forgo divorce in greater numbers than partners of less dysfunctional, more able spouses. This of course does not account for finding greater chronicity among married persons than never married individuals. Regardless, other studies consistently show depressed women to be highly impaired in their role functioning as wives and mothers and the husbands of depressed women often to be negative and demeaning. In general, marital interaction often revolves around issues related to shared responsibilities, role expectations, and patterns of emotional and practical interreliance. Depressed behavior in one partner may interefere with previously assumed roles and responsibilities (Weissman & Paykel, 1974), and dysfunctional behavior in one member of the dyad is likely to have great implications for the well-being of the other member of the dyad. The depressed

person's spouse may feel doubly burdened. Roles and responsibilities previously shared may fall, or appear to fall, inordinately upon the spouse of the depressed person, creating a perception of inequity (cf. Utne, Hatfield, Traupmann, and Greenberger, 1984) and providing occasions for increasing resentment in the spouse.

Empirical evidence reviewed earlier shows that both subtle and overt attempts at manipulation may increase among the marital pair as a consequence of their efforts to negotiate and manage the changes in each other's behavior (Coates & Wortman, 1980; Freden, 1982; Hinchliffe et al., 1978; McClean et al., 1973; Merikangas et al., 1979). Linden et al. (1983) propose that:

> The negative aspects of a depressed individual's talk create conditions in which the partner's demands are withdrawn (negative reinforcement) and support is elicited (positive reinforcement), but in the long run an interruption of social interaction and/or new stronger demands will take place. This negative outcome for the depressed individual can be answered only by new symptoms (p. 420).

Thus, while it has been shown that high levels of marital dissatisfaction and friction often exist prior to the display of depressive symptomatology and appear to continue into remission, it is likely that the depressed behavior and verbal negativity of the depressed partner in the acute phase present new challenges to the fluent enactment of marital roles.

These comments and their empirical underpinnings suggest that it is important to explore in greater detail the specific actions spouses may take in dealing with the frequent complaints of their depressed partners. It is well-established that depressed persons and persons in a depressed mood tend to report negative views of self and of events (Beck, 1967; Blumberg & Hokanson, 1983; Carver & Ganellan, 1983; Cofer & Wittenborn, 1980; Coyne & Gotlib, 1983; Coyne et al., 1981; Hokanson et al., 1980; Kanfer & Zeiss, 1983; Linden et al., 1983; Wright & Mischel, 1982). Carson and Adams (1980), however, found that depressed and non-depressed subjects rated the pleasantness of activities similarly. Subjects in the latter study were mildly depressed college students, however, thus limiting the generalizability of these results to clinical populations. Yet such inconsistent findings also may be explained in terms of the social nature (expected audience) of complaint and negative verbal behavior. Meyer and Hokanson (1985) recently found that depressed outpatients report a more frequent use of sadness displays when stressed by intimates than by strangers. Avoidance was reported to be the more frequent response with strangers. As Weissman and Paykel (1974) and others have shown, the depressed woman's negative view of her intimate social relationships does not necessarily covary with clinical status, demonstrating that

clinical status alone does not fully explain the negativity of depressed persons. Furthermore, it has been shown that depressed persons often emerge from deprived relationships, and that depressed persons tend to lack positive, confiding relationships with their intimates (Brown & Harris, 1978). Thus, it would appear that the negativity of depressed persons in part may be a reflection of their attempts, however poorly engineered, to cope with or alter a demanding and impoverished social context. As such, the response of those who comprise this social context may be critical to the diminution and exacerbation of distress in the depressed person.

CHAPTER VII

SELF-HANDICAPPING

The perspective taken here is similar in some respects to that of E. E. Jones and Berglas (1978) and Snyder and Smith (1982). These authors have explored how persons may seek through a variety of means to render themselves less capable of adequate performance in order to avoid negative evaluation. The authors term these strategies self-handicapping. Self-handicapping refers to those occasions when an individual either generates an impediment to one's own performance or simply cites the existence of impediments to performance in an effort to protect one's self-esteem from the damaging effects of expected failure. Berglas and E.E. Jones (1978) found that subjects who expected future failure at a performance task chose to take "debilitating drugs" over three times as often as they chose to take "performance-enhancing drugs." Smith, Snyder, and Handelsman (1983) found that test anxious females reported more pre-test anxiety when they were told that test anxiety interefered with performance than when they were told that test anxiety had no effect on performance. Similarly, Smith, Snyder, and Perkins (1983)

found that hypochondriacal female students reported more health-related problems prior to a difficult task when they were given no information about the effects of such problems on performance than when they were told that health-related problems would have no effect on performance.

Snyder and Smith (1982) argue that a wide range of clinical and non-clinical problems can be seen as self-handicapping strategies. As the authors note, this notion is very much in the tradition of viewing symptoms as largely self-protective strategies (e.g., Adler, 1929). Turning to the behavior of depressed persons, Snyder and Smith (1982) note that "the low levels of energy, interest, and effort associated with depression may serve as an alternative cause for poor performance and provide a reason to avoid evaluative situations" (p. 116).

The present perspective differs slightly from that of Snyder and Smith (1982) in its greater attention to some of the interactional factors which may encourage the employment of self-handicapping strategies as well as by its concern with the interactional effects of self-handicapping. From this perspective, self-handicapping may be viewed as a means of countering the perceived demands of others. In some social arenas, self-handicapping may be an effective means of terminating these

demands. This eventuality is perhaps most likely in situations where other persons have little investment in the individual's compliance. However, self-handicapping may be less successful in diminishing the demands of others in those social arenas where the presence of the "handicap" impedes the satisfaction of certain vital needs of these others, such as when high levels of interdependence are present within the relationship. In these cases, others may continue to promote their own demands simply by characterizing them differently. An example of this would be the person who goes on to claim that compliance with the demand or request is actually less difficult than the self-handicapper assumes. This kind of response to the self-handicapper may be common in those situations in which the person has an interest in not appearing excessively demanding yet also does not wish to back away from his or her demand or request, e.g., as might be the case among intimates. Thus, other persons who perceive the "handicap" as a potential threat to the satisfaction of their wishes may attempt to circumvent the "handicap" by minimizing the strains associated with the behavior desired of the self-handicapper. The self-handicapper may then, in turn, begin to maximize these same strains in a complementary effort to block the demands of the other person. This notion is consistent with the suggestion

that continued self-deprecation in depressed persons is a tactical maneuver to reduce negative responses from others (Forrest and Hokanson, 1975; Sacco and Hokanson, 1978). Task appraisal thus may emerge as a major focus of dispute as expectations are negotiated and demands are made and subsequently countered.

CHAPTER VIII

TASK APPRAISAL AND MARITAL INTERACTION IN DEPRESSION

In accord with these notions, the present study will explore the general hypothesis that spouses tend to minimize the effort required of their depressed partners to make desired behavioral changes, and that there may be a complementarity between depressed persons' complaints and their spouses' tendency to minimize the strains facing their depressed partners. Efforts to renegotiate expectations and test the veridicality of communicated appraisals may increase in response to the uncertainty that depression in a spouse can introduce into the relationship. It may become difficult for the depressed person to obtain validation of any of his or her negative appraisals of events. Intimates may conclude that such appraisals reflect the depressed partner's emotional state more than the actual nature of the situation. The negative comments and appraisals of the depressed person may be viewed by spouse as highly suspect in the absence of strong corroborating evidence, thereby establishing a virtually untenable standard for the provision of validation. Furthermore, in anticipation of the depressed partner's

expected tendency to avoid situations, withdraw from tasks, and catastrophize, the intimate may provide especially moderate or blithe evaluations and depictions of the depressed partner's ongoing strains and behavioral challenges. In particular, the intimate may begin to avoid discussing the costs and stresses associated with coping situations and may emphasize the benefits and ease of engaging in the activities in question. This notion is consistent with Coyne's (1976b) suggestion that depressed persons may find themselves being told that they are more capable than they feel and that events are considerably less bleak than they perceive them.

These strategies may backfire, however, since the depressed person may conclude that he or she is actually less capable than others through a process of social comparison (Festinger, 1954). The disparity between the depressed person's appraisals and the appraisals of others thus may have implications for the depressed person's own sense of competence. These disparities may raise troubling questions for the depressed person concerning his or her own ability to evaluate the nature of important events. In accord with this suggestion, at least one study has found depressed persons to require higher levels of certainty than non-depressed persons seem to require prior to taking action (Miller & Lewis, 1977). It has been found

as well that depressed persons report seeking more information before taking action (Coyne, Aldwin, & Lazarus, 1981).

In addition to contributing to the depressed person's mistrust of his or her own appraisals, these attempts by other persons to brighten the outlook and self-image of the depressed person also may serve to devalue what success the depressed person does experience. If the obstacles the depressed person experiences are characterized by significant others as rather mild, self-reinforcement upon successfully overcoming them may be moderated as well. Feelings of worthlessness, an important defining characteristic of depressive disorders (DSM III, APA, 1980), may increase.

As the depressed person and his or her partner negotiate the meaning, value and difficulty associated with certain activities, the depressed person may begin to respond to the intimate's attempts to reduce the depressed person's pessimism with his or her own attempts to engineer a "balance." Just as the depressed person's display of distress may convey a very intense and uneasily avoided demand for response (Coyne, 1976a), the intimate's blithe characterizations and evaluations of the strains confronting the depressed person may also convey (wittingly or unwittingly) a rather intense demand for action. In an

effort to compel the intimate to reduce the intensity of these perceived demands, the depressed person may redouble efforts to convince the intimate of the severity of his or her distress and the poverty of his or her capability (Coyne, 1976a; Forrest & Hokanson, 1975; Sacco & Hokanson, 1978).

These mutual influence processes may "lock" the depressed person into the continued display of depressed behavior to the extent that shriller displays of distress are employed in an attempt to elicit supportive understanding, action, or validation of the depressed person's dilemma from the intimate (Coyne, 1976a; Coates & Wortman, 1980). Moreover, the perceived need for such dramatic manuevers to evoke the desired response may itself contribute to dysphoria in the depressed person.

Finally, the intimate also may seek to elicit little if any information from the depressed person regarding the strains of his or her life. This response set may flow from two major factors. First, the intimate may come to anticipate that the depressed person is but an unreliable informant who can only be expected to catastrophize perhaps even minor difficulties. Secondly, the depressed person may be expected to over-report difficulties even in the absence of requests for such information. Thus, the

relationship between the depressed person and spouse may become deprived of the kind of subtle as well as overt information-seeking and information exchange which presummably allows individuals and their intimates to keep abreast of the details of the daily strains and major life disruptions in each other's lives. In the event that this process isolates the depressed person and his or her intimates both affectively and factually, intimacy and the ability to provide and accept support may suffer. These developments may serve to maintain and exacerbate the use of symptomatic communication in the depressed person and the corresponding employment of avoidance and minimization in the spouse.

In summary, the present study hypothesizes that spouses tend to minimize the effort required of their depressed partners to make desired behavioral changes, and that there may be a complementarity between depressed persons' complaints and their spouses' tendency to minimize the strains facing their depressed partners. It is suggested that the depressed partner's complaints and expressions of distress may be viewed not only as cognitive-affective phenonema, but additionally as interpersonal events which have important social effects. Similarly, it is suggested that the responses of the depressed partner's spouse may be viewed not merely as

reactive behavior of little consequence, but as socially significant behavior that plays an active role in the display of depressive symptomatology by their depressed partner. It is proposed that the social impairments of the depressed person are likely to have great implications for the well being of the spouse and may stimulate efforts to restore the lost equilibrium within the marital pair. However, the depressed partner's protestations of personal inefficacy and general negativity may serve to constrain spousal interaction over desired behavioral changes. Thus, the difficulty with which the desired behavior changes are viewed by each spouse may emerge as a major focus of interaction, and a complementarity may develop between the minimization and maximization of distress in couples with a depressed spouse.

While this study is concerned primarily with the role of marital interaction in the maintenance and exacerbation of depression, it is useful to speculate about the etiological position which is inherent in the preceding analysis. It is assumed that persons who have experienced a significant loss of incentive relationships, either through direct loss or disengagement subsequent to chronic stress, may become depressed (Klinger, 1975, 1977) and may develop anxiety and uncertainty regarding the possibility of recommitting the self to new or alternative

incentives. The co-occurrence of anxiety and depression is not uncommon (Paykel, 1971,1972; Woodruff, Guze, and Clayton, 1972) and may represent the depressed person's fear of a reinvestment of self. The need for this reinvestment may be determined by the magnitude of the loss, i.e., the extent to which the person's life was oriented around the currently absent incentive (Klinger, 1975, 1977). At this juncture, persons may differ in their tendency to seek reassurance, support, and emotional validation. The factors which lead individuals to seek such support are currently poorly understood but may relate quite directly to expectations concerning their ability to avoid additional losses, develop new incentives, and uncertainties associated with their social status. The individuals from whom the depressed person seeks such support, however, may be more interested in reducing the depressed person's negative affect (Weakland, Fisch, Watzlawick, and Bodin, 1974) than in providing validation. Wide-ranging and otherwise inappropriate attempts to cheer-up the depressed person may not provide the desired emotional validation nor be useful in altering negative expectations about future losses. Depressive attempts to obtain validation and information relevant to their negative expectations therefore may persist. The depressed person's intimates may begin to display equivocal reactions, nongenuine support and/or negative reactions

such as avoidance (Coyne, 1976b) as they attempt to disengage from their ineffective and unsatisfying relationship with the depressed person. The depressed person may develop an increased fear of reinvestment as his or her social support begins to fade and negative reactions accrue. Increased social sensitivity in the depressed person may flow from these confusing social developments. This social sensitivity, coupled with an ability to elicit immediate negative reactions in others, may provide a further basis for depressed affect. Thus, what may have begun as a normal process of disengagement from lost or blocked incentives may become a chronic social malady.

Several hypotheses were explored in the present study. The primary purpose of this study was to test the general hypothesis that spouses tend to moderate their appraisals of interpersonally important events and behavioral tasks when their partners are significantly depressed. The secondary purpose of the study was to test the hypothesis that depressed persons show a complementary tendency to share immoderate appraisals of interpersonally important events and behavioral tasks with their spouses. The specific hypotheses were: 1) Spouses of depressed persons would exhibit a greater tendency than would spouses of non-depressed persons to moderate their characterizations of the effort needed for their partner to

make desired behavioral changes when these characterizations were to be shared with the partner rather than kept private. This hypothesis was derived from the notion that spouses of depressed persons often seek to verbalize moderated appraisals of their partner's anticipated future strains in an effort to engender increased motivation for engaging in the necessary behaviors; and 2) depressed persons would exhibit a greater tendency than would non-depressed persons to characterize behavioral tasks as more effortful when these characterizations were to be shared with their partner rather than kept private. This hypothesis was derived from the notion that depressed persons often seek to emphasize the difficulty of behavioral tasks in anticipation of their partners' minimization of the difficulty associated with the tasks or to counter and reduce their partners' demands upon them.

To test these hypotheses, husbands of depressed and non-depressed women were asked to rate each of a list of behaviors on three dimensions: a) Level of satisfaction experienced when (or if) their wives perform the behavior; b) level of satisfaction with the frequency by which their wives perform the behavior; and c) level of effort perceived to be required for their wives to perform the behavior. Additionally, depressed and non-depressed women

were asked to rate the same list of behaviors on three dimensions: a) Level of satisfaction perceived to be experienced by their husbands when or if the women perform the behavior; b) level of satisfaction perceived to be experienced by their husbands with the frequency by which the women perform the behavior; and c) level of effort required to perform the behavior. It was hypothesized that the spouses of depressed persons would exhibit a greater tendency than would the spouses of non-depressed persons to provide lower effort ratings under shared, as contrasted with private, response expectation conditions. Similarly, it was hypothesized that depressed persons would exhibit a greater tendency than would non-depressed persons to provide higher effort ratings under shared, as contrasted with private, response expectation conditions.

Supplementary hypotheses

It also was expected that depressed wives would rate husband's frequency satisfaction lower in the expect-to-share condition than in the private condition. This hypotheses was derived from the notion that depressed wives in part publicly attribute high levels of dissatisfaction toward themselves in an effort to terminate or test actual or expressed levels of dissatisfaction toward themselves

(cf. Forrest and Hokanson, 1975; Sacco and Hokanson, 1978).

Husbands of depressed wives were expected to rate their frequency satisfaction lower in the expect-to-share response condition than in the private response condition. That is, husbands of depressed women were expected to make more negative partner-related ratings when they expected to share their ratings with their wives. This hypothesis was derived from the notion that the negativity of husbands toward their depressed wives is not only a reflection of their dissatisfaction with their wives but also is a method of communicating a wish for change in their depressed wives. Within the private response condition, differences between non-depressed wives' ratings of their husbands' satisfaction and husbands' ratings of satisfaction were expected to be smaller than the differences between the ratings of depressed wives and their husbands. Based upon earlier research findings which suggest high levels of negative reinforcement between husbands and depressed wives accompanied by positive self-statements by the husband (e.g., Linden et al., 1983), it seemed reasonable to predict that depressed wives would rate their husbands as getting (showing) little satisfaction from their behavior, while husbands of depressed wives would tend to indicate that they do or would get satisfaction. In other words, husbands may manifest other-blame.

In both response conditions, it was hypothesized that husbands of depressed wives would rate their frequency satisfaction lower than would husbands of nondepressed wives. This hypothesis was based on the well-documented effects of depression on the frequency of emitted instrumental behavior. Furthermore, in both response conditions, depressed wives were expected to rate their husbands as less satisfied with frequency than would non-depressed wives. This hypothesis is rather obvious as well.

CHAPTER IX

METHOD

Overview

A two-factor analysis of variance (ANOVA) design with group (husband of normal control wife vs. husband of psychiatric control wife vs. husband of depressed wife) and condition (private vs. shared response expectation) as between-subjects factors was employed to compare husbands on three dependent measures. The three dependent measures for husbands were their ratings of a list of behaviors that their wives may or may not perform. Husbands were asked to rate each behavior in terms of: a) The level of satisfaction he experiences when (or if) his wife performs the behavior; b) his satisfaction with the frequency by which his wife engages in the behavior; and c) the effort he perceives is required for his wife to perform the behavior. Husbands were expected to rate the effort required of their wives to enact maritally proactive behavior lower when they expected to share their appraisals with their depressed wives than when they did not expect to disclose their ratings. Furthermore, it was expected that husbands of depressed wives would rate the degree of satisfaction experienced when their wives performed the

behaviors higher and their satisfaction with the frequency of their wives' performance of the behaviors lower under shared as compared with private rating conditions.

A two-factor analysis of variance (ANOVA) design with group (normal control female target vs. non-depressed psychiatric female target vs. depressed psychiatric female target) and condition (private vs. shared response expectation) as between-subjects factors was employed to compare wives on three dependent measures. The three dependent measures for wives were their ratings on a list of behaviors parallel to that rated by their husbands. Wives were asked to rate each behavior in terms of: a) The level of satisfaction they perceive their husbands to experience when they perform the behavior; b) husbands' perceived satisfaction with the frequency by which they perform the behavior; and c) the effort required to perform the behavior. Depressed wives were expected to rate the effort required of themselves to enact maritally proactive behaviors higher when they expected to disclose their ratings to their husbands. It also was predicted that depressed wives would rate husbands' satisfaction and frequency satisfaction lower under shared as compared with private rating conditions.

Subjects

Sixteen couples with a depressed wife were recruited from treatment clinics and private practitioners. Selection criteria were: a) Wife must score above 13 on the short form of the BDI and be in treatment for depression; b) husband must score below 6 on the BDI; c) neither spouse may be psychotic in the judgement of their therapist; and d) the couple must be married and living together.

Sixteen couples with a wife in therapy and carrying a diagnosis other than depression, manic-depression, cyclothymic disorder, or any of the psychoses also were recruited from treatment clinics and private practitioners. In addition to the requirement that the wife be in treatment for a non-depressive disorder, selection criteria were: a) Neither spouse may score above 6 on the short form of the BDI; and b) the couple must be married and living together.

Sixteen couples without a depressed spouse were recruited from the community (via signs in stores and on community billboards; newspaper advertisements; announcements during community group meetings; and referrals by other participants). Selection criteria were: a) Neither spouse may score above 6 on the short form of the BDI; b) neither spouse may have received psychotherapy

during the past three years; and c) the couple must be married and living together. Efforts were made to achieve a subject sample matched in age, number of years married, education, race and income. All couples were paid $20 for their participation.

Measures

The short form of the Beck Depression Inventory (BDI-SF; Beck & Beck, 1972) was used to screen and assign couples to conditions. A correlation coefficient of .93 has been demonstrated between the short and long versions of the BDI (Reynolds and Gould, 1981), and both versions have been shown to possess good reliability and validity (Beck and Beamesderfer, 1974). These self-report measures are widely used as indices of the depth of depression.

The Zung Self-rating Depression Scale (SDS; Zung, 1965, 1986) was also administered as a check on the BDI cutoffs. A number of studies have demonstrated good reliability and validity for the SDS (Zung, 1974). While less commonly used than the BDI, some recent evidence appears to demonstrate higher levels of predictive validity for the SDS than the BDI , but this has been shown only for Veterans Administration Hospital male inpatients (Schaefer, Brown, Watson, Plemel, et al., 1985).

The Dyadic Adjustment Scale (DAS; Spanier, 1976) was employed to assess marital satisfaction. The DAS is a 32 item measure with four subscales: dyadic consensus, affectional expression, dyadic satisfaction, and dyadic cohesion. The DAS has been shown to possess good reliability and validity (Weiss & Margolin, 1977). It is used primarily for distinguishing distressed from non-distressed couples (Jacobson & Margolin, 1979), with a total score of 100 as the typical distressed/nondistressed demarcation score. Inclusion of this scale in the present study was for the purpose of exploring the relationship between level of marital satisfaction and dependent measures post hoc.

The Cost Benefit Exchange form of the Spouse Observation Checklist (SOC;Weiss, Hops, & Patterson, 1973; Wills, Weiss, & Patterson, 1974) served as the original item pool for the final list of target behaviors. The SOC is a 400-item list of discrete behaviors commonly exhibited in marital interaction. The Cost Benefit Exchange form lists only those behaviors from the SOC that are potentially pleasing. The final list of behaviors was obtained by: a) eliminating items which pertain to conjoint behaviors (e.g., "We went to a class or lecture"); b) eliminating items that would not necessarily apply to the present subject sample (i.e., work-or education-related and

childrearing behaviors); and c) retaining items which most clearly relate to behaviors identified in the empirical literature (Brown & Harris, 1978; Kanfer & Zeiss, 1983; Weissman & Paykel, 1974; Youngren & Lewinsohn, 1980) as being particularly problematic for depressed persons (i.e., behaviors associated with social initiation and social activities with friends, instrumental behaviors, affectional behaviors). Additionally, items that were viewed as possessing varying degrees of redundancy with other items were eliminated. This process of item reduction was deemed necessary in order to ensure that fatigue would not exert an undue influence on subjects' responses and to guard against the development of an imposed consistency (Mischel, 1968). The final list of behaviors contained 45 items. Items for husbands and for wives were parallel, such that husbands rated wives' behaviors and wives rated the same behaviors for self (e.g., husband rated "My wife hugs or kisses me" while wife rated "I hug or kiss my husband").

Procedure

Couples who expressed an interest in the research project received a written statement describing the study in general terms. The written statement indicated that the investigation focused on how husbands and wives help each other to understand what they want from each other with

regard to simple, everyday behavior.

The research instruments were administered in subjects' homes for subjects' convenience and to facilitate typical responding. Couples were asked to read the written description of the study and the consent form. The experimental portion of the study commenced when both spouses gave their written consent freely and independently. Subjects were then asked to complete the BDI-SF, the ZUNG and the DAS.

Couples completed their respective rating tasks under one of two randomly-assigned response expectation conditions. Couples in the shared response expectation condition were told in writing:

> What we'd like you to do next is to rate a list of behaviors. The list of behaviors is the same for everyone, but we are asking husbands to rate their wives' behaviors and wives to rate their own behaviors. This will all be explained more fully on the instruction sheet, but basically we are asking husbands to evaluate their wives' behavior and wives to evaluate their own behavior. Before we give you the instructions and the list of behaviors to rate, we want to tell you that your responses are going to be shared with your spouse later for the purposes of constructive criticism and discussion with your spouse. Only you and your spouse will discuss your responses after you both complete the rating tasks. However, we want you to make your initial ratings by yourself without any discussion with your spouse.

In actuality, subjects' ratings were not shared with their spouses. Couples in the private response expectation condition were told in writing:

> What we'd like you to do next is to rate a list of behaviors. The list of behaviors is the same for everyone, but we are asking husbands to rate their wives' behaviors and wives to rate their own behaviors. This will all be explained more fully on the instruction sheet, but basically we are asking husbands to evaluate their wives' behavior and wives to evaluate their own behavior. Before we give you the instructions and the list of behaviors to rate, we want to tell you that your responses will be kept private. They are for research purposes only. Therefore, your ratings will not be shown to your spouse. We want you to make your ratings by yourself without any discussion with your spouse.

Upon completion of the rating tasks, subjects were debriefed fully except that no mention was made of the hypothesized relation between depressive symptomatology and spouses' verbalized appraisal. This proposed relationship was not stated because of its hypothetical status and in order to avoid the stimulation of guilt or other related phenomena. Subjects who were assigned to the shared response expectation condition were informed that they were led to believe that they would share their responses so as to test the hypothesis that people tend to minimize the effort they ascribe to certain behaviors which are desired of their spouses in an effort to coax the spouse into performing the behaviors (e.g., "Sometimes people try to

coax their spouse into changing their behavior by describing the desired changes as very easy to accomplish"). Subjects reactions to the experimental task were assessed carefully with the aim of identifying any untoward reactions. Clinical couples in particular were encouraged to raise any issues that emerged with their therapists, as appropriate. Subjects were invited to request a brief general description of the results but, again, no reference to their relation to depression was made in the information provided.

Statistical Analyses

Most analyses were performed with a univariate analysis of variance program (SPSSX, 1986). Overall two-factor (non-depressed, non-psychiatric vs. non-depressed, psychiatric vs. depressed, psychiatric groups by private vs. expect-to-share conditions) univariate analyses of variance (ANOVAs) were conducted on all demographic and experimental measures, including each spouse groups' ratings of satisfaction, frequency satisfaction, and effort.

Before these analyses were conducted, however, Cronbach's alpha was computed for each scale using the SPSSX Reliability program (SPSSX, 1986). Corrected item total correlations between each item's score and the scale

scores computed from other items in the total initial item pool were obtained. Items with an initial negative corrected item total correlation were excluded from subsequent analyses. This procedure was conducted to enhance the power associated with the measures. For husbands' scales, this procedure eliminated no satisfaction scale items, two frequency satisfaction scale items, and one effort scale item. For wives' scales, this procedure eliminated one satisfaction scale item, seven frequency satisfaction scale items, and no effort scale items. Cronbach's alpha for each of the resulting scales was as follows: Husbands' satisfaction scale - .940, husbands' frequency satisfaction scale - .861, husbands' effort scale - .932, wives' satisfaction scale - .961, wives' frequency satisfaction scale - .792, and wives' effort scale - .960.

Where planned comparisons to test the main experimental hypotheses were warranted, a comparison first was made between the two non-depressed groups via a two-factor ANOVA for each spouse group to determine whether it would be appropriate to pool the variance of these two groups in later contrasts with the depressed groups. When the ANOVA revealed no significant group, condition, or interaction effects on a particular variable, the null

hypothesis which was tested took the form : 2uD-(uN+uP)=0, where uD was the mean rating of subjects in the depressed groups, uN the mean ratings of subjects in the nondepressed-nonpsychiatric groups, and uP the mean ratings of subjects in the nondepressed-psychiatric groups. The SPSSX procedure ONEWAY (SPSSX, 1986) was employed for these tests. For example, to test for interactions, coefficients of -.25, .25, -.25, .25, .5, and -.5 were specified for the following cells 1) private-nonpsychiatric-nondepressed, 2) shared-nonpsychiatric-nondepressed, 3) private-psychiatric-nondepressed, 4) shared-psychiatric-nondepressed, 5) private-psychiatric-depressed, and 6) shared-psychiatric-depressed, respectively. Post-hoc comparisons were investigated and evaluated with the Student-Newman-Keuls test at $p < .05$).

CHAPTER X

RESULTS

Subject characteristics

Demographic data were subjected to two-factor analyses of variance (ANOVAs) with group (non-depressed, non-psychiatric vs. non-depressed, psychiatric vs. depressed, psychiatric) and condition (no-share vs. share expectation) as between-subjects factors. Table 1 displays the means and standard deviations for each of the groups on each of the subject characteristics measured. The ANOVAs indicated no significant differences between the three groups or two conditions on age, race (all white), years married, number of children, medication (all subjects medication free), education, combined income, or husbands' BDI-SF scores. There was a main effect of group on wives' BDI-SF scores, $F(2,42) = 214.061$, $p < .001$. Student-Newman-Keuls tests on these scores across groups established that the mean of the depressed wives group was significantly higher than the means of each of the two other wives groups (ps < .05), which did not differ from one another. This result was expected and desired since wives' scores on the BDI-SF was one of the selection criteria for assignment to groups. The means on the

Zung Self-Rating Depression Scale for all subject groups other than depressed wives were all within the normal range, whereas the mean Zung score for wives in the depressed group was within the range identified as characteristic for depressed outpatients (Zung, Richards, & Short, 1965). Significant differences between groups also was found on DAS scores, $F(2,42) = 19.291$, $p < .001$ (husbands) and $F(2,42) = 29.431$, $p < .001$ (wives). There were no interaction effects nor main effects for condition for either sex (ps > .30), which was desirable since groups mismatched between conditions would be difficult to compare. Student-Newman-Keuls tests indicated that, among husbands, both the depressed and non-depressed psychiatric groups were significantly different from the non-depressed non-psychiatric group on DAS scores, but the difference between these first two groups was not significant. Among wives, all three groups differed significantly from one another on the DAS, as indicated by the Student-Newman-Keuls procedure (all ps < .05). These differences were expected due to the well-documented negative association between depression and marital satisfaction (e.g., Birtchnell & Kennard, 1983; Sims, 1975; Weissman & Paykel, 1974).

HUSBANDS

Satisfaction

The overall ANOVA on husbands' ratings of own satisfaction revealed a significant interaction effect of group by condition, $F(2,42) = 3.627$, $p < .05$. Main effects of group also attained significance, $F(2,42) = 3.627$, $p < .05$. Main effects of condition neared significance $F(1,42) = 2.874$, $p > .05 < .10$. The Student-Newman-Keuls procedure isolated the psychiatric control group, private condition as the primary source of these effects; this group made significantly lower satisfaction ratings than husbands in the psychiatric control group, shared condition and husbands in both the share and no-share conditions of the non-psychiatric group ($p < .05$), but did not differ significantly from husbands in either condition of the depressed group. Table 2 displays means and standard deviations for this measure.

Frequency

An overall ANOVA on husbands' frequency satisfaction ratings across groups and conditions indicated significant differences due to group $F(2,42) = 10.632$, $p < .001$. No other effects achieved sigificance (all ps > .25). Student-Newman-Keuls tests showed that all three groups of husbands differed on this measure ($p < .05$). As Table 2 shows, husbands of depressed wives made the lowest

frequency satisfaction ratings, husbands of non-depressed women not in treatment made the highest ratings, while husbands of non-depressed women in treatment occupied the mid-range in terms of this measure. The hypothesis that husbands of depressed women would report lower frequency satisfaction than the other husband groups therefore was confirmed. The hypothesis that husbands of depressed women who expected to share their ratings of frequency satisfaction with their wives would show lower ratings than husbands of depressed wives who did not expect to share their ratings was not supported.

Effort

The initial overall ANOVA comparing the three groups on husbands' effort ratings revealed a group by condition interaction, $F(2,42) = 5.489$, $p < .01$. No main effects for group or condition were found, $F(2,42) = 2.247$, $p > .10$, and $F(1,42) = 0.610$, $p > .25$, respectively. The ANOVA comparing the two non-depressed groups revealed no significant differences (ps all above .20), thus justifying combining these two groups. A subsequent ANOVA, comparing the depressed groups with the combined non-depressed groups revealed a significant interaction effect between group and condition, $F(2,26) = 3.860$, $p < .05$. Student-Newman-Keuls tests revealed that this interaction was the result of husbands of depressed wives in the private

condition making effort ratings significantly above those of any other husband group, ($p < .05$), including husbands of depressed women in the share condition, who did not differ from any other group on effort ratings. Thus, the hypothesis that husbands of depressed women would minimize wives' strains under the share as opposed to the no-share condition was confirmed, but only when considering the depressed group separately. That is, while husbands of depressed wives who expected to share their appraisals of wives' effort rated effort lower than husbands of depressed wives who did not expect to share their appraisals, husbands of depressed wives who expected to share their appraisals did not make significantly lower ratings of effort than did husbands of nondepressed wives. Group means on this measure are displayed in Table 2.

WIVES

Satisfaction

An overall ANOVA indicated a main effect for group only, $F(2,42) = 3.941$, $p < .05$ (all other ps $> .30$). Student-Newman-Keuls tests revealed that depressed wives rated husbands' satisfaction lower than did either of the two non-depressed groups ($p < .05$), which did not differ from one another. The planned comparison testing the hypothesis that depressed wives in the share condition

would rate husbands' satisfaction lower than would depressed wives in the private condition was not significant, $t(42) = 1.263$, $p > .20$. Means on this measure are shown in Table 3.

Frequency

Interaction effects of group by condition were found in an overall ANOVA on wives' ratings of husbands' frequency satisfaction, $F(2,42) = 3.881$, $p < .05$. A Main effect of group was also significant, $F(2,42) = 9.051$, $p < .001$. Student-Newman-Keuls tests indicated that depressed wives rated husbands' frequency satisfaction lower than did either group of non-depresed wives ($p < .05$), which did not differ from one another, and that depressed wives who expected to share their ratings with their husbands rated frequency satisfaction lowest of all ($p < .05$), as hypothesized. This result obviated the need for a planned comparision. See Table 3.

Effort

Wives' ratings of own effort were examined in an overall ANOVA, revealing significant main effects for group, $F(2,42) = 11.173$, $p < .001$. Neither the

interaction of group and condition nor the main effect for condition achieved significance (ps > .50). The planned comparison testing the hypothesis that depressed wives in the shared condition would rate own effort higher than would depressed wives in the private condition was not supported, $t(42) = -.561$, $p > .50$. Student-Newman-Keuls tests revealed that depressed wives (conditions collapsed) made significantly higher effort ratings than either group of non-depressed wives ($p < .05$), which did not differ from one another, as can be seen in Table 3.

Differences Between Husbands' and Wives Ratings'

A measure of discordance between husbands' and wives' ratings was derived by first subtracting each wife's rating from her husbands' rating. The result was rendered an absolute value, and then summed across all items within each scale. The resulting "total error in prediction" scores were then compared across conditions and groups in an overall ANOVA. Means and standard deviations for these measures of discordance are presented in Table 4.

Analyses revealed no significant interaction effects nor any main effects of condition for any of the three scales. Main effects of group, however, approached significance for satisfaction ratings, $F(2,42) = 2.583$, $p >$

.05 < .10. A subsequent ANOVA comparing within couple differences on this measure between the two non-depressed groups did not indicate any significant differences between these two groups (all ps > .49). Planned comparisons showed that significant group differences were present between non-depressed (collapsed) and depressed groups, $t(45) = 2.307$, $p = .026$, thus supporting the hypothesis that depressed couples would show greater differences among spouses on this measure than would the non-depressed groups. An overall ANOVA comparing differences between husbands' and wives' ratings of frequency satisfaction found a significant effect of group, $F(2,42) = 21.159$, $p < .001$. Student-Newman-Keuls tests indicated that all groups differed from one another on this measure ($p < .05$). Table 4 shows that the greatest differences existed within the depressed couples and the least differences within the non-depressed, non-psychiatric couples, with the non-depressed, psychiatric couples showing differences mid-way between these other extreme groups. This was as predicted. There were no significant differences for effort ratings (ps > .35), and thus the hypothesis that a greater difference would be found between the effort ratings of depressed wives and their husbands than for the other groups was not supported.

Post-hoc analyses

A post-hoc (Student-Newman-Keuls) analysis of husbands' effort ratings broken down by the categories of the Cost-Benefit Exchange form (the original item pool) of the Spouse Observation Checklist (Weiss, Hops, & Patterson, 1973) showed that differences between mean ratings in the private and shared-response conditions for husbands with a depressed wife occurred primarily for items relating to communication and spouse independence (both ps < .05, Student-Newman-Keuls). That is, husbands rated behaviors in these areas as more effortful for their depressed wives when they did not expect to share their ratings than when they did expect to communicate their appraisals with their wives. Other behavioral categories, i.e., affection, consideration, sex, coupling activities, household management, and personal appearance, did not yield significant reults under post-hoc examination. It is important to note, however, that the categories of the SOC are face valid only.

Student-Newman-Keuls tests revealed no significant differences between conditions for husbands of depressed wives for any SOC category on satisfaction or frequency satisfaction. Student-Newman-Keuls tests on depressed wives' ratings between conditions for each SOC category also did not yield any significant differences for effort,

satisfaction, or frequency satisfaction.

Post-hoc tests were also conducted on husbands' and wives' ratings for each SOC category between groups with conditions collapsed. No significant differences were found between groups of husbands on any of the SOC categories for effort ratings. Husbands of depressed wives were found, however, to differ from either or both of the other two husbands of non-depressed wives groups on several of the SOC categories concerning satisfaction and frequency satisfaction. This information is presented in tabular form in Table 5. Inspection of this table shows that husbands' ratings of their satisfaction with the frequency of wives' considerate behaviors, attention to appearance, and performance of household management tasks distinguished husbands of depressed wives most from husbands of nondepressed wives, with means for husbands with depressed wives lower than one or both of the other husband groups. Amount of satisfaction experienced from wives' performance of affectionate, communicative, and considerate behaviors were found to distinguish husbands of depressed wives most from husbands of nondepressed wives, with means for husbands of depressed wives lower than one or both of the other husband groups.

Wives showed surprisingly similar patterns of response when analyzing satisfaction and frequency satisfaction

ratings for each SOC category. When wives were rating husbands' level of satisfaction, significant differences between groups were obtained for affectionate, communicative, and considerate behaviors, as well as for sexual behaviors. When wives were rating husbands' frequency satisfaction, significant differences between groups were found for considerate behaviors and household management behaviors. In all cases, depressed wives rated husbands' frequency satisfaction lower in these areas than did either or both of the other two non-depressed wife groups.

Analyses of covariance

One feature of the present sample which may have influenced results in an indeterminate manner is the between groups differences on the measure of marital distress, i.e., the DAS. As can be seen in Table 1, this is perhaps of most concern for wives, since all wives' groups were found to differ from one another. As a consequence, the separate effects of depression and marital distress cannot be determined as confidentally for wives as for husbands. Groups of husbands, one the other hand, showed a significant group difference on mean DAS scores only between husbands whose wives were in treatment and husbands whose wives were not in treatment, irrespective of whether wives were depressed. Thus, it is likely that

differences between husbands' groups reflect the effects of wives' depressed status alone. Because of the high correlation between depression and marital dissatisfaction, considerable resources are required to locate couples with a depressed wife that do not appear maritally distressed. In the absence of such resources, an overall analysis of covariance was employed to assess the possible role of marital dissatisfaction on wives' frequency satisfaction ratings across groups and between conditions. The critical measures are the DAS score within group and DAS score within condition effects. In each case p exceded .425. Thus, it can be assumed that the effect of marital satisfaction was the same across groups and between conditions, and that level of marital satisfaction did not account for differences between wives' groups on frequency satisfaction ratings.

CHAPTER XI

DISCUSSION

This study examined some elements of self-description, behavioral valuation and spousal appraisal in couples with a depressed wife. It was proposed that a minimization/maximization process would operate on spouses' appraisals of depressed wives' daily strains. Accordingly, husbands were expected to rate the effort required of their wives to enact maritally proactive behavior lower when they expected to share their appraisals with their depressed wives than when they did not expect to disclose their ratings. Wives, on the other hand, were expected to rate the effort required of themselves to enact maritally proactive behaviors higher when they expected to disclose their ratings to their husbands.

Furthermore, it was expected that husbands of depressed wives would rate the degree of satisfaction experienced when their wives performed the behaviors higher and their satisfaction with the frequency of their wives' performance of the behaviors lower under shared as compared with private rating conditions. It also was predicted that depressed wives would rate husbands' satisfaction and

frequency satisfaction lower under shared as compared with private rating conditions.

The results of this experiment supported some of these predictions and provide additional evidence for the presence of some distinctive interactional patterns in marriages with a depressed wife. When not expecting to share their appraisals, husbands of depressed wives acknowledged higher levels of strain in their wives' lives than they were willing or able to concede to their wives directly. Thus, husbands' appraisals appeared to reflect a private responsivity to their depressed wives, but this responsivity or sympathy disappeared when husbands expected to reveal their appraisals. Husbands of depressed wives were willing to share appraisals of wives' effort which were essentially the same as those made by husbands of non-depressed women. Thus, no evidence was found that husbands were willing to concede to their depressed wives any effect of depression on wives' daily strains. Privately, however, husbands of depressed women indicated that they believed wives' effort to be much higher. No significant differences were found for husbands' appraisals of their wives' daily strains across private and expect-to-share conditions when these husbands' wives were not depressed. Thus, expectations relating to whether or not

these appraisals would be revealed to wives exerted a considerable influence on husbands' appraisals only if their wives were depressed. Husbands of depressed wives therefore were unique in their tendency to report significantly different effort appraisals under private versus expect-to-share conditions. That the similarity between the "shared" effort ratings of husbands of depressed and nondepressed wives does not simply result from a lack of meaningfulness of the behaviors studied is demonstrated by husbands' reports of decreased frequency satisfaction when their wives were depressed as well as by these husbands' private acknowledgment that the behaviors required additional effort for their depressed wives.

The failure of husbands to communicate acknowledgment of increased strain in their depressed wives' daily lives may account in part for a tendency among depressed wives' to doubt and challenge the feedback of others, to feel burdened by anticipated future strains, and to seek a wider audience for their expressions of distress. The lack of communicated responsivity may serve to increase wives' ruminative preoccupation with perceived deficits and personal inadequacies. The depressed wife may conclude that she is actually less capable than others through a process of social comparison (Festinger, 1954). The disparity between the depressed wife's appraisals and the

appraisals of significant others thus may have implications for the depressed wife's own sense of competence. These disparities may raise troubling questions for the depressed wife concerning her ability to evaluate the nature of her own difficulties. In accord with this suggestion, at least one study has found that depressed persons seem to require higher levels of certainty than non-depressed persons prior to taking action (Miller & Lewis, 1977). Depressed persons also report seeking more information before acting (Coyne, Aldwin, & Lazarus, 1981). Future research should examine the relationship between husbands' tendency to ignore the increased strain in their depressed wives' lives and wives' own sense of accomplishment and competence.

Curiously, husbands of depressed wives reported virtually identical levels of satisfaction and frequency satisfaction under private and expect-to-share rating conditions. Both of these findings were in direct contradiction to predictions. One possible explanation is that the present questionnaire methodology simply did not provoke the kinds of responses which would be typical in more natural spousal interchange. It is also possible that these findings reflect the power of depression to restrain husbands' communication of dissatisfaction. Both Coyne (1976) and Forrest and Hokanson (1975) have

advanced theoretical arguments which hold that depressive behavior has just such an effect. Data obtained by Biglan et al. (1985), which shows that depressive behavior may be functional in reducing spouses' aversive behavior, also is supportive of this explanation. Biglan et al., (1985) compared problem-solving interactions of three types of couples: nonpsychiatric controls without marital distress, and couples with depressed wives who either were or were not experiencing substantial marital distress. Couples were asked to engage in two ten-minute problem-solving discussions. Topics of discussion were determined by selecting those areas where spouses had indicated the greatest disagreement on the Dyadic Adjustment Scale (DAS; Spanier, 1976). Spouses' verbal and nonverbal behavior was coded in terms of seven categories: depressive, aggressive, facilitative, solution proposal, self-disclosure, elicit response, and other.

Biglan et al. (1985) found that husbands' facilitative behavior (e.g., humor, approval, affirmation, empathy, caring or happy affect, accepting responsibility) reduced wives' depressed behavior. In couples experiencing marital distress as well as depression in the wife, wives' depressive behavior appeared to reduce the probability of husband exhibiting subsequent displays of aggression (e.g., humiliation, irritation, sarcasm, disapproval). The

unique contribution of the Biglan et al. (1985) study is its focus on actual interactional sequences rather than static monadic behavior.

The present results also show that depressed wives rated husbands' frequency satisfaction lower than any other group, and that the lowest frequency satisfaction ratings of all were those of depressed wives who expected to share their ratings with their husbands. This finding provides support for the hypothesis that depressed wives' public attribution of high levels of dissatisfaction toward themselves may be part of an effort to terminate or test actual or expressed levels of dissatisfaction toward themselves (cf., Biglan et al., 1987; Coyne, 1976; Forrest & Hokanson, 1975; Sacco & Hokanson, 1978). Earlier sections of this paper presented evidence which suggests that depressed persons are aversive to others. One could reasonably assume that interaction with others for this reason alone would be aversive for depressed persons as well and that unremitting doubts concerning one's interpersonal status may become one of the principal burdens of this perceived aversiveness to others. Coyne (1976a) proposed that other persons may view direct appeals by the depressed person for feedback concerning their social status merely as further expressions of symptomatology (Coyne, 1976a). As a result, such appeals

simply may prompt further nongenuine or avoidant responses from others. Thus, frequent negative descriptions of oneself as unpleasing to others may be understood as a possible attempt to provoke direct feedback from within a developing interactional system which blocks or renders ineffective direct inquiry by the depressed person. Rather interestingly, depressed wives' ratings of husbands' frequency satisfaction under private conditions were very similar to non-depressed wives' ratings of their husbands' frequency satisfaction, which were not found to differ between rating conditions. This finding is not at all consistent with the operation of a negative cognitive bias (e.g., Beck, Rush, Shaw, & Emery, 1979) in depression. It is also curious in light of the significantly lower DAS (Spanier, 1976) scores found among the depressed wives group.

Post-hoc tests on husbands' ratings of depressed wives' effort between private and shared conditions showed that husbands were able to acknowledge, albeit privately, that communicative and independent behaviors may entail increased strain for their depressed wives. Various speculative interpretations of these findings are possible. One explanation of why husbands would show differences in their ratings of wives' effort across private and shared conditions on these behaviors in particular may be that the

other areas, i.e., affection, consideration, sex, household management, coupling activities, and personal appearance, delineate more tangible objects of possible contention and thus areas where husbands' sense of deprivation or satisfaction may be most palpable. As a consequence, husbands might be less sensitive to the strains that are associated with them and/or unwilling to communicate an acceptance of wives' reduced performance of these behaviors. The finding that husbands of depressed wives were distinguished from husbands of nondepressed wives primarily by their lower frequency satisfaction in the areas of personal appearance, household management, and consideration lends some support to this hypothesis. Another interpretation of these findings is that husbands may perceive a greater connection between depression and decreased communicative behavior and independence in their wives, whereas these husbands may not concede to a legitimate connection between depression and reduced displays of affection, consideration, or decreased sexuality, attention to appearance and household, and instigation of coupling activities. Gender role expectations may influence this perception. Future research might seek to determine whether husbands show the greatest tendency to make different private and shared appraisals of effort for wives on behaviors which they associate with depression rather than with character or

some other stable dimension.

Because husbands were able to acknowledge privately that communicative and independent behaviors entail increased strain for their depressed wives, these areas may represent domains of interaction where husbands might be most willing to adopt less contentious or more supportive responses. The demonstrated relationship between hostility in significant others and symptomatic relapse (Hooley, et al., 1986; Vaughn & Leff, 1976) underscores the potential clinical value of identifying sources of contention which are the most amenable to change.

The present study also found that depressed wives were reasonably accurate in identifying the areas (as grouped within the SOC) that husbands were least satisfied with their performance. This is in accord with earlier research which indicates that spouses in distressed marriages are often more cognizant of spouses' specific complaints than are spouses in non-distressed marriages (e.g., Margolin, Talovic, & Weinstein, 1983). Perhaps more interesting is the absence of distortion by depressed wives that is suggested here. By and large, depressed wives accurately identified the areas in which husbands were the least satisfied with the frequency of their wives' behavioral performances and in which husbands derived the

least satisfaction from their wives' performance of the behaviors. Thus, wives showed no evidence of a tendency to globalize husbands' dissatisfaction to other areas. These findings do not support learned helplessness (Abramson, Garber, & Seligman, 1980) or other cognitive theories of depression (e.g., Beck, Rush, Shaw, & Emery, 1979). These results must be viewed in light of other findings (discordance measures) which showed that couples with depressed wives exhibited lower concordance between their ratings of husbands' frequency satisfaction across all items than the nondepressed groups. It should be noted, however, that the measure of discordance employed in this study emphasizes differences in magnitude between spouses' ratings and thus is fairly insensitive to patterns of correlation between these same ratings. A recent study by Kowalik and Gotlib (1987) provides some additional evidence against the notion that depressed women necessarily exhibit global negative cognitive distortion. These authors examined spouses' perceptions and recall of interaction in couples with a depressed spouse. Husbands and wives were asked to code the valence of their own and spouses' messages while engaging in semi-structured interaction. External ratings of the valence of messages were made by graduate students in psychology who viewed videotapes of these interactions. Kowalik and Gotlib (1987) compared participants' actual and recalled coding of

messages, participants' actual and estimated concordance rates, and the external observers' ratings. The results indicated that depressed patients judged a lower percentage of spouses' messages as positive and a higher percentage of spouses' messages as negative than did non-depressed controls. Kowalik and Gotlib (1987) note that this finding appears to provide evidence for the existence of a negative cognitive bias among depressed persons because an analysis of observers and spouses self-ratings did not support the presence of such a pattern. However, these investigators go on to observe that depressed patients did not show a negative bias on other measures. Depressed patients accurately recalled their coding of their own messages. Depressed patients also recalled accurately their coding of their partners' messages. Furthermore, depressed patients overestimated the concordance between their own and their partners' ratings, although to a lesser degree than did nondepressed subjects. These last three findings are not consistent with the notion of a negative cognitive bias. Thus, Kowalik and Gotlib's (1987) findings reveal an absence of negative distortion among depressed women with regard to their own marital communication and own prior spousal judgments, and the present study provides additional evidence that depressed women do not necessarily negatively distort or globalize

husband's objects of dissatisfaction.

Kowalik and Gotlib (1987) also found that couples with a depressed spouse exhibited lower concordance between ratings than did the non-psychiatric non-depressed and psychiatric non-depressed groups. The design of their study, unfortunately, does not allow for an analysis of the source of this lower concordance within couples with a depressed partner. As the authors note, it cannot be determined, for example, whether lower concordance may have resulted from a tendency among depressed patients to perceive their partners' positive messages negatively. A sequential analysis of the interactions would be required to test this hypothesis.

At least three different perspectives may be taken when interpreting a difference between private and shared appraisals, in this study as well as generally. One perspective views private appraisals as more accurate reflections of true beliefs and judgments, untainted by ulterior motives, whereas shared appraisals are assumed to reflect witting manipulation. Another perspective views private ratings and public ratings as more or less equally accurate (or roughly equally inaccurate) indications of actual judgments and beliefs. From this perspective, the two sets of ratings simply reflect the pervasive influence of purpose and expected audience on

belief and judgment formation. The literature provides evidence that goals and purpose do indeed exert an effect on perception and judgment. Cohen and Ebbesen (1979), for example, found that subjects who were instructed to "form an impression" of a person displayed on videotape showed inferior recall of the target's activities compared with subjects instructed to focus on the target's behavior. Similarly, Hoffman, Mischel, and Mazze (1981) found that subjects who read a series of behavioral episodes for the purpose of either recall or empathizing with the main character appeared to be more sensitive to the target's possible goals, whereas subjects who read the same series of behavioral episodes for the purpose of impression formation or prediction of the target's future behavior tended to form more personality judgments. Thus, it is important to note here that private appraisals do not necessarily serve as objective baselines of truth or accuracy. The expected audience of a judgment and the goals associated with shared expression ("constructive criticism" in the present study) probably influence perception and recall of particular behavioral episodes as well as motivational variables. The present view bonds motivation, goals, and awareness in much the same way that the so-called "New Look" perspective of the 1950's (e.g., Bruner & Goodman, 1947; Gilchrist & Nesberg, 1952; Taifel,

1957, 1959) proposed a direct connection between "needs" or motivation and perception. Finally, the third and most conservative perspective is a compromise between these two positions and assumes that 1) individuals vary in their tendency to be influenced by the public/private dimension, 2) situations vary in their tendency to render purpose and expected audience salient to the processes of appraisal formation and report, 3) the interaction between the above two tendencies serves as an additional influence, and 4) expressed judgments reflect varying levels of goal-driven manipulative efforts.

Different clinical and theoretical implications flow from these perspectives. Concerns about the response of the audience may not always determine the content of an expressed appraisal, nor can it always be assumed that no such concerns are present in the formation of private judgments. In future research, it might be useful to have subjects predict their partners' response to their expressed and private appraisals, perhaps both before and after final ratings are complete, in order to examine more directly how psychiatric status of partners influences the formation and expression of appraisals. It also should be noted that the present study does not allow for truly private (i.e., undisclosed) ratings. Subjects knew, of course, that the experimenter would review their rating

booklets, and this fact may have influenced subjects' responses in an indeterminate manner.

While husbands of nondepressed-psychiatric wives were not expected to show rating differences between the private and shared response conditions, they nonetheless exhibited such an effect on satisfaction ratings. This was the only husband group which showed an effect of response expectation on satisfaction ratings. This group rated their level of satisfaction higher when expecting to share their ratings with their wives than when expecting to keep their ratings private. This was the result expected but not obtained from husbands of depressed wives. There does not seem to be any obvious explanation for this unexpected finding.

The presence of rather large within-cells variability in the two groups of depressed wives on satisfaction and effort ratings is unfortunate. Due to difficulties in the recruitment of clinical subjects, depressed subjects were obtained over a much longer period of time and were also recruited from a wider geographical area than were other subjects. It is likely that these factors may have contributed to the high intragroup variability in the depressed group, although it also is possible that the response of depressed wives to these measures would be more varied than would the responses of nondepressed wives even

were a presumably more homogeneous sample of depressed wives to be employed. Depressed wives may experience greater conflict than nondepressed wives when formulating their ratings of husbands' satisfaction and own effort due to the highly charged nature of these ratings. Further research employing a sample from a single clinic and collected over a shorter time span may aid in determining the source of the obtained variability. Additionally, the presence of response conflict might be assessed via confidence ratings.

The present findings raise additional doubts as to the validity of cognitive distortion models of depression and underscore the importance of examining depressive features from within the social context in which they arise. Because of the cross-sectional nature of the present design, there is no way to determine whether the patterns of marital communication described here are antecedents or consequents of depression in the wife. It is also possible that these patterns of marital communication have situational determinants of their own and that they play a role in the emergence of depression only in vulnerable individuals. Some of these vulnerability factors were described in an earlier section. Further longitudinal research in all of these areas is required to develop useful models of the role of social/interactional factors

in depression.

There also is a need to increase the specificity of measures of responsivity of other persons to depressed behavior. One potentially useful area of inquiry concerns the reactions of intimates and acquaintances to the depressed person's negative appraisals. In general, the literature suggests but does not directly address the notion that depressed persons may find validation of their negative appraisals drying up during their symptomatic extremes. The present study shows that husbands may harbor more sympathetic or concordant views of their depressed wives' strains than they are willing to acknowledge to their wives directly. This study does not address directly whether intimates react to depressed partner-initiated negative appraisals with lower rates of validation or higher levels of generalized skepticism. Consequently, further research is needed to clarify these issues.

Some contextual considerations regarding the generalizability of this study are worthy of note here. Subjects completed their rating tasks in their own homes in the experimenter's and each other's presence. It was hoped that this arrangement would facilitate typical responding. It is possible that different results would

have obtained if subjects had completed their experimental tasks in the laboratory rather than at home. When studying interactional phenomena in particular, the experimenter often must choose between the opposing needs for control and representative setting. In preliminary studies such as the current one, premature overcontrol of variables may produce results which do not reflect the effects of variables that are likely to influence the real world phenomena under study. Until such matters are more fully understood, it may be best to strive for representativeness of setting rather than opt for blind standardization. By their very nature, laboratory settings are characterized by the absence of stimuli which may serve to remind subjects of their accumulative history together. Laboratory settings may also introduce performance concerns among subjects which are not otherwise typically operative.

The present study employed a psychiatric control group to aid in the isolation of factors. The use of such a control group, while increasingly common, has some limitations which should be noted. First, the great variability within this group in terms of diagnosis and other variables can lead to some anomalous results. In the present study, for example, the psychiatric control group of husbands evidenced a difference on satisfaction

ratings between conditions that was uninterpretable. It is extremely difficult to interpret such results because one cannot be certain about what features of this group are responsible for any differences between groups. While the use of psychiatric control groups in studies of this kind allow some test of the alternative hypothesis that "generalized psychological deviance" may account for obtained differences, the construct of generalized psychological deviance is a rather murky one without specific referents. Thus, different studies may obtain different results.

Two variables which were not measured or controlled in the present study - marital and pathological history - may be additional influences on the course of marital interaction in depression. Length of current marriage, previous marital history, whether symptom development occurred after or predated the current marriage, number of previous hospitalizations, and other markers of pathology are examples of the kinds of additional variables which will require attention in future research.

APPENDIX A

TABLES

Table 1

Group Means and Standard Deviations for Subject Characteristics

Subject variable	Nondepressed Nonpsychiatric		Nondepressed Psychiatric		Depressed Psychiatric	
	M	SD	M	SD	M	SD
BDI_SF(wives)	1.50a	1.34	3.19a	1.38	17.25b	3.66
ZUNG(wives)	27.38a	3.48	33.50a	8.15	54.25b	8.30
BDI-SF(husbands)	1.50	1.83	3.00	1.79	1.82	1.64
ZUNG(husbands)	30.00	6.87	32.63	5.40	29.25	4.48
DAS(wives)	124.13a	13.03	106.44b	12.44	81.44c	20.64
DAS(husbands)	120.07a	11.11	100.13b	12.45	96.19b	11.08
Age(wives)	32.69	9.10	32.56	5.91	31.88	8.07
Age(husbands)	33.63	8.60	32.50	5.61	33.44	7.88
Years married	6.88	5.88	5.13	4.87	7.94	7.31
Number of Children	1.19	.98	1.38	1.41	1.56	.96
Education(wives)	14.75	2.41	15.13	2.58	13.94	2.69
Education(husbands)	14.38	1.96	15.63	2.68	13.81	2.26
Income(thousands)	29.69	15.39	35.94	19.25	34.06	16.64

Note: BDI_SF = Beck Depression Inventory_Short Form; Zung = Zung Self_rating Depression Scale; DAS = Dyadic Adjustment Scale; Education presented in years. The absence of subscripts denotes no significant differences between means, whereas the presence of different subscripts denotes a significant difference between means.

Table 2

Group Means and Standard Deviations for Experimental Variables - Husbands

Variable	condition	Nondepressed Nonpsychiatric M	Nondepressed Nonpsychiatric SD	Nondepressed Psychiatric M	Nondepressed Psychiatric SD	Depressed Psychiatric M	Depressed Psychiatric SD
Satisfaction	private	5.89a	.662	5.15b	.464	5.48a	.435
	shared	5.86a	.448	5.89a	.389	5.46a	.304
Frequency	private	3.64a	.192	3.28b	.397	3.18c	.259
	shared	3.71a	.215	3.52b	.401	3.17c	.318
Effort	private	3.26a	.717	3.57a	.492	4.47b	.605
	shared	3.65a	.723	3.76a	.731	3.43a	.680

Note: Different subscripts indicate significant differences between means.

Table 3

Group Means and Standard Deviations for Experimental Variables _ Wives

Variable	condition	Nondepressed Nonpsychiatric		Nondepressed Psychiatric		Depressed Psychiatric	
		M	SD	M	SD	M	SD
Satisfaction	private	5.68	.378	5.32	.646	5.16	.995
	shared	5.59	.408	5.66	.856	4.68	1.01
Frequency	private	3.77	.216	3.43	.148	3.43	.431
	shared	3.64	.221	3.66	.196	3.05	.493
Effort	private	2.57	.455	3.23	.568	3.89	1.20
	shared	2.74	.664	3.15	.892	4.23	1.06

Note: Different subscripts denote significant differences between means.

Table 4

Group Means and Standard Deviations for Discordance Measures

Variable	condition	Nondepressed Nonpsychiatric		Nondepressed Psychiatric		Depressed Psychiatric	
		M	SD	M	SD	M	SD
Satisfaction	private	43.13a	15.63	48.88a	14.61	55.63a	21.00
	shared	45.38a	16.04	44.25a	7.89	60.00a	27.17
Frequency	private	24.75a	9.71	38.13b	8.46	56.63c	17.76
	shared	25.88a	7.94	31.50b	9.62	49.13c	15.90
Effort	private	66.25a	24.58	65.63a	10.25	83.13a	37.54
	shared	72.13a	25.90	64.50a	11.83	71.25a	22.73

Note: Different subscripts within each measure denote significant differences on means.

Table 5.

Group Means and Standard Deviations for SOC Categories - Satisfaction-Husbands

SOC category / condition	Nondepressed Nonpsychiatric M	Nondepressed Nonpsychiatric SD	Nondepressed-Psychiatric M	Nondepressed-Psychiatric SD	Depressed Psychiatric M	Depressed Psychiatric SD
Affection						
private	6.50	.88	5.59	.88	5.72	.83
shared	6.53	.49	6.34	.65	6.13	.67
total	6.52a	.69	5.97b	.84	5.92ab	.76
Sex						
private	6.79	.31	5.96	.74	5.83	1.04
shared	6.63	.45	6.62	.63	6.46	.43
total	6.71	.38	6.29	.75	6.15	.83
Consideration						
private	6.06	.73	5.27	.62	5.59	.52
shared	5.95	.56	5.92	.39	5.52	.32
total	6.00a	.63	5.59b	.61	5.55ab	.42
Communication						
private	5.89	.87	5.16	.64	5.36	.37
shared	5.94	.59	5.94	.56	5.25	.50
total	5.91a	.72	5.55ab	.71	5.30b	.43
Coupling						
private	5.29	.97	4.71	.86	5.17	.93
shared	5.33	1.10	5.79	.53	5.33	.67
total	5.31	1.00	5.25	.89	5.25	.78
Household						
private	5.65	.69	4.93	.78	5.58	.65
shared	5.63	.46	5.53	.69	5.10	.50
total	5.64	.57	5.23	.78	5.34	.61
Habits						
private	6.13	.83	5.94	.90	5.63	.74
shared	6.25	.76	6.25	1.00	6.31	.59
total	6.19	.77	6.09	.93	5.97	.74
Dependence						
private	4.53ab	.78	3.81a	.85	4.88b	.60
shared	4.59ab	.79	4.91b	.52	4.34ab	.58
total	4.56	.76	4.36	.88	4.61	.63

Note: Different subscripts indicate significant differences between means.

Table 6.

Group Means and Standard Deviations for SOC Categories - Frequency - Husband

SOC category / condition	Nondepressed Nonpsychiatric		Nondepressed Psychiatric		Depressed Psychiatric	
	M	SD	M	SD	M	SD
Affection						
private	3.81	.29	3.06	.46	3.38	1.26
shared	3.66	.35	3.59	.55	3.16	.88
total	3.73	.32	3.33	.56	3.27	1.05
Sex						
private	3.33	1.07	2.79	.87	3.21	.96
shared	3.50	.84	2.96	1.17	2.58	1.07
total	3.42	.93	2.88	1.00	2.90	1.03
Consideration						
private	3.73a	.32	3.36b	.40	3.14b	.38
shared	3.88a	.27	3.73a	.52	3.21b	.40
total	3.80a	.30	3.54a	.49	3.18b	.38
Communication						
private	3.84	.27	3.62	.39	3.52	.63
shared	3.91	.36	3.61	.40	3.55	.42
total	3.88	.31	3.62	.38	3.53	.52
Coupling						
private	3.67	.50	3.33	.76	3.29	.81
shared	3.58	.71	3.58	.71	3.67	.76
total	3.63	.59	3.46	.72	3.48	.78
Household						
private	3.95	.45	3.80	.52	3.48	.52
shared	4.10	.41	4.00	.39	3.45	.77
total	4.03a	.43	3.90a	.46	3.46b	.64
Habits						
private	4.00	.00	3.44	.86	3.50	.60
shared	4.06	.82	3.69	.70	3.25	1.13
total	4.03a	.56	3.56ab	.77	3.38b	.89
Dependence						
private	3.22	1.01	3.50	.69	2.69	.70
shared	3.28	.63	3.03	.73	3.03	.99
total	3.25	.82	3.27	.73	2.86	.85

Note: Different subscripts indicate significant differences between means.

Table 7.

Group Means and Standard Deviations for SOC Categories - Effort - Husbands

SOC category / condition	Nondepressed Nonpsychiatric		Nondepressed Psychiatric		Depressed Psychiatric	
	M	SD	M	SD	M	SD
Affection						
private	2.06a	1.01	2.87ab	.76	3.87b	1.56
shared	2.63ab	.99	2.91ab	1.56	2.84ab	1.03
total	2.34	1.01	2.89	1.18	3.36	1.38
Sex						
private	3.00	1.55	4.00	1.30	4.67	.91
shared	3.58	1.26	4.00	1.67	3.67	1.32
total	3.29	1.40	4.00	1.45	4.17	1.21
Consideration						
private	2.92a	1.06	3.35ab	.52	4.37b	.72
shared	3.38ab	.71	3.73ab	.94	3.20ab	.85
total	3.15	.90	3.54	.76	3.79	.97
Communication						
private	3.17ab	.93	3.56ab	.83	4.45a	.53
shared	3.56ab	.87	3.56b	.65	3.33b	.71
total	3.37	.90	3.56	.72	3.89	.84
Coupling						
private	3.96	.58	3.46	1.57	4.38	1.62
shared	4.00	.73	4.13	1.27	3.46	.94
total	3.98	.64	3.79	1.42	3.92	1.36
Household						
private	4.52	.60	4.72	.61	4.93	1.11
shared	4.75	.92	4.02	.95	4.55	.72
total	4.64	.79	4.38	.85	4.74	.93
Habits						
private	3.69	1.16	3.87	1.03	4.19	.59
shared	3.94	1.66	4.00	.60	4.31	.96
total	3.81	1.39	3.94	.81	4.25	.77
Dependence						
private	4.19ab	1.03	3.63b	.90	5.06a	1.01
shared	4.50ab	1.53	4.47ab	.25	3.53b	.75
total	4.34	1.27	4.05	.77	4.30	1.17

Note: Different subscripts indicate significant differences between means.

Table 8.

Group Means and Standard Deviations for SOC Categories _ Satisfaction _ Wives

SOC category / condition	Nondepressed Nonpsychiatric M	Nondepressed Nonpsychiatric SD	Nondepressed Psychiatric M	Nondepressed Psychiatric SD	Depressed Psychiatric M	Depressed Psychiatric SD
Affection						
private	6.69	.55	5.75	.94	5.59	1.18
shared	6.28	.70	6.03	.89	5.44	1.02
total	6.48a	.64	5.89ab	.89	5.52b	1.07
Sex						
private	6.88	.17	6.33	.62	5.58	1.42
shared	6.42	.71	6.58	.71	6.00	1.48
total	6.65a	.55	6.46ab	.65	5.79b	1.42
Consideration						
private	5.86	.57	5.52	.90	5.30	1.00
shared	5.77	.47	5.63	1.00	4.74	1.09
total	5.82a	.50	5.57ab	.92	5.02b	1.05
Communication						
private	5.48	.66	5.08	.80	4.58	1.51
shared	5.38	.37	5.44	1.10	4.11	1.21
total	5.43a	.52	5.26a	.95	4.34b	1.34
Coupling						
private	5.29	1.06	4.96	.65	5.17	1.23
shared	5.25	.79	5.54	1.15	4.17	.78
total	5.27	.90	5.25	.95	4.67	1.12
Household						
private	4.95	.50	5.00	.62	4.88	1.07
shared	5.25	.67	5.58	.95	4.73	1.15
total	5.10	.59	5.29	.83	4.80	1.08
Habits						
private	5.19	1.07	4.94	1.05	5.37	1.71
shared	5.19	.59	5.94	.94	4.44	1.08
total	5.19	.83	5.44	1.09	4.91	1.46
Dependence						
private	3.59	.93	3.72	.74	4.53	1.20
shared	3.84	1.04	4.31	1.08	3.63	.50
total	3.72	.97	4.02	.95	4.08	1.00

Note: Different subscripts indicate significant differences between means.

Table 9.

Group Means and Standard Deviations for SOC Categories _ Frequency _ Wives

condition / SOC category	Nondepressed Nonpsychiatric M	Nondepressed Nonpsychiatric SD	Nondepressed Psychiatric M	Nondepressed Psychiatric SD	Depressed Psychiatric M	Depressed Psychiatric SD
Affection						
private	3.63	.48	3.09	.57	3.59	.67
shared	3.47	.73	3.53	.85	3.22	1.11
total	3.55	.60	3.31	.73	3.41	.91
Sex						
private	2.83	1.07	2.54	.87	2.79	1.42
shared	2.67	.80	3.21	.82	2.21	1.17
total	2.75	.91	2.88	.89	2.50	1.29
Consideration						
private	3.74b	.23	3.35ab	.23	3.43ab	.65
shared	3.72b	.24	3.57ab	.34	2.99a	.68
total	3.73a	.23	3.46ab	.30	3.21b	.68
Communication						
private	3.87	.42	3.80	.47	4.14	.40
shared	3.83	.37	3.98	.51	3.89	1.11
total	3.85	.38	3.89	.48	4.02	.81
Coupling						
private	3.87	.40	3.71	.58	3.50	1.36
shared	3.87	.25	3.96	.33	3.50	.73
total	3.88	.32	3.83	.47	3.50	1.05
Household						
private	3.70	.71	3.73	.40	2.95	.82
shared	3.60	.50	3.63	.74	2.95	1.02
total	3.65a	.60	3.68a	.57	2.95b	.89
Habits						
private	4.31a	.70	3.13ab	.64	4.06ab	1.08
shared	3.75ab	.93	3.50ab	.46	2.81b	1.44
total	4.03	.85	3.31	.57	3.44	1.39
Dependence						
private	3.78	.87	3.53	1.05	3.25	.97
shared	3.44	.56	3.44	.56	3.38	1.01
total	3.61	.73	3.48	.81	3.31	.96

Note: Different subscripts indicate significant differences between means.

Table 10.

Group Means and Standard Deviations for SOC Categories - Effort - Wives

SOC category / condition	Nondepressed Nonpsychiatric M	Nondepressed Nonpsychiatric SD	Nondepressed Psychiatric M	Nondepressed Psychiatric SD	Depressed Psychiatric M	Depressed Psychiatric SD
Affection						
private	1.72b	.65	2.31b	.82	2.94ab	1.45
shared	1.59b	.74	2.00b	1.04	3.72a	1.59
total	1.66a	.68	2.16a	.92	3.33b	1.53
Sex						
private	2.96	1.41	3.25	.97	4.13	1.89
shared	2.75	1.42	2.88	1.27	4.46	1.80
total	2.85a	1.37	3.06a	1.11	4.29b	1.79
Consideration						
private	1.99b	.47	2.96ab	.45	3.56a	1.17
shared	2.41b	.69	2.75ab	.87	3.70a	1.11
total	2.20a	.61	2.86b	.68	3.63c	1.10
Communication						
private	2.28b	.65	3.05bc	.57	3.86ac	1.46
shared	2.41b	.72	3.19bc	1.15	4.48ac	1.04
total	2.34a	.66	3.12b	.88	4.17c	1.27
Coupling						
private	3.50	1.11	3.67	.64	4.54	1.30
shared	3.50	1.17	3.29	1.30	4.67	1.17
total	3.50a	1.10	3.48a	1.01	4.60b	1.19
Household						
private	3.45a	.81	3.97ab	1.47	4.53ab	1.22
shared	4.13ab	1.42	4.37ab	1.04	5.25b	1.06
total	3.79a	1.17	4.18a	1.25	4.89b	1.17
Habits						
private	3.88	1.09	3.56	1.50	4.19	1.91
shared	3.44	1.70	3.81	1.03	4.94	1.32
total	3.66	1.40	3.69	1.25	4.56	1.63
Dependence						
private	3.59	1.65	4.19	1.28	4.66	1.32
shared	3.22	1.83	4.09	1.10	4.25	1.43
total	3.41	1.70	4.14	1.15	4.45	1.34

Note: Different subscripts indicate significant differences between means.

APPENDIX B

FIGURE

Condition	Group: Nondepressed-Nonpsychiatric	Group: Nondepressed-Psychiatric	Group: Depressed-Psychiatric
Private Ratings	n=8	n=8	n=8
Shared Ratings	n=8	n=8	n=8

Figure 1. Experimental Design

APPENDIX C

MEASURES - WIVES

DESCRIPTION OF RESEARCH STUDY

The purpose of this study is to explore some of the ways husbands and wives help each other to understand what they want from each other in terms of simple, everyday behavior. Participants will be asked to fill out a series of questionnaires. The first questionnaire consists of a list of items intended to assess one's mood. The second questionnaire is intended to measure participants' satisfaction with their marriage. Participants' responses to these two questionnaires will be kept private and therefore will not be shared with your husband or wife. The third questionnaire asks participants to rate a list of behaviors. Some participants will be asked to share their responses to this last questionnaire with their husband or wife, and some participants will be asked to keep their responses private and thus will not share their responses with their spouses. All participants will be fully informed before filling out this last questionnaire as to whether or not we will ask them to share their responses with their spouse. However, all participants' responses to all of the questionnaires will not be shared with anyone who is not directly involved with the research study and are therefore confidential. Each couple will be paid $20 for their participation. Because of the nature of the research, it is necessary for husbands and wives to participate together. All participants must be married and living together. It is expected that participation in the study will take about one hour of your time. Participants maintain the right to withdraw from the study at any time, for any reason, with no penalty.

_____

_____

signatures

THE OHIO STATE UNIVERSITY Protocol No. _____

CONSENT FOR PARTICIPATION IN

SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in (or my child's participation in) research entitled:

MARITAL INTERACTION AND SPOUSES' COMMUNICATION OF WISHES REGARDING DESIRED BEHAVIORAL CHANGES IN THEIR PARTNERS

Dr. Thomas W. Milburn (Principal Investigator) or his/her authorized representative has explained the purpose of the study, the procedures to be followed, and the expected duration of my (my child's) participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am (my child is) free to withdraw consent at any time and to discontinue participation in the study without prejudice to me (my child). The information obtained from me (my child) will remain confidential unless I specifically agree otherwise by placing my initials here _____.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____ Signed: _____ (Participant)

Signed: _____ (Principal Investigator or his/her Authorized Representative)

Signed: _____ (Person Authorized to Consent for Participant - If Required)

Witness: _____

HS-027

MARITAL COMMUNICATION STUDY

(Please print)

Name:_____

Your spouse's name:_____

Today's date:_____

Your sex:___M___F___(circle one)

Age:_____

Race:_____

Years married:_____

How many children are in the home?:_____

Please list their ages here:_____

Yearly income (combined):_____

Are you employed? (circle one): Full-time
Part-time
Unemployed

Education (highest grade you completed or degree received):_____

City of residence:_____

Phone:_____

Are you taking prescription medication now, or have you taken prescription medication within the past month?

If so, indicate name_____

dosage_____

when did you begin taking it_____

If you are in counseling or therapy, please indicate the reason (briefly):

_____

_____

_____

This information will be kept confidential

Instructions: This is a questionnaire. On the questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, *right now*! Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

A. (Sadness)
3 I am so sad or unhappy that I can't stand it.
2 I am blue or sad all the time and I can't snap out of it.
1 I feel sad or blue.
0 I do not feel sad.

B. (Pessimism)
3 I feel that the future is hopeless and that things cannot improve.
2 I feel I have nothing to look forward to.
1 I feel discouraged about the future.
0 I am not particularly pessimistic or discouraged about the future.

C. (Sense of failure)
3 I feel I am a complete failure as a person (parent, husband, wife).
2 As I look back on my life, all I can see is a lot of failures.
1 I feel I have failed more than the average person.
0 I do not feel like a failure.

D. (Dissatisfaction)
3 I am dissatisfied with everything.
2 I don't get satisfaction out of anything anymore.
1 I don't enjoy things the way I used to.
0 I am not particularly dissatisfied.

E. (Guilt)
3 I feel as though I am very bad or worthless.
2 I feel quite guilty.
1 I feel bad or unworthy a good part of the time.
0 I don't feel particularly guilty.

F. (Self-dislike)
3 I hate myself.
2 I am disgusted with myself.
1 I am disappointed in myself.
0 I don't feel disappointed in myself.

G. (Self-harm)
3 I would kill myself if I had the chance.
2 I have definite plans about committing suicide.
1 I feel I would be better off dead.
0 I don't have any thoughts of harming myself.

H. (Social withdrawal)
3 I have lost all of my interest in other people and don't care about them at all.
2 I have lost most of my interest in other people and have little feeling for them.
1 I am less interested in other people than I used to be.
0 I have not lost interest in other people.

I. (Indecisiveness)
3 I can't make any decisions at all anymore.
2 I have great difficulty in making decisions.
1 I try to put off making decisions.
0 I make decisions about as well as ever.

J. (Self-image change)
3 I feel that I am ugly or repulsive-looking.
2 I feel that there are permanent changes in my appearance and they make me look unattractive.
1 I am worried that I am looking old or unattractive.
0 I don't feel that I look any worse than I used to.

K. (Work difficulty)
3 I can't do any work at all.
2 I have to push myself very hard to do anything.
1 It takes extra effort to get started at doing something.
0 I can work about as well as before.

L. (Fatigability)
3 I get too tired to do anything.
2 I get tired from doing anything.
1 I get tired more easily than I used to.
0 I don't get any more tired than usual.

M. (Anorexia)
3 I have no appetite at all anymore.
2 My appetite is much worse now.
1 My appetite is not as good as it used to be.
0 My appetite is no worse than usual.

For each of the twenty statements below, please check the box which most applies to you. Make sure you check one box for each statement.

	A Little of the Time	Some of the Time	Good Part of the Time	Most of the Time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Circle one:

Name _____ Male Female

DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Place a checkmark ✓ to indicate your answer.)

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

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

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?					

	All of Them	Most of Them	Some of Them	Very Few of Them	None of Them
24. Do you and your mate engage in outside interests together?					

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

	Never	Less Than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
25. Have a stimulating exchange of ideas						

	Never	Less Than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
26. Laugh together	_____	_____	_____	_____	_____	_____
27. Calmly discuss something	_____	_____	_____	_____	_____	_____
28. Work together on a project	_____	_____	_____	_____	_____	_____

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. (Check yes or no)

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

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

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

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

_____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

_____ I want very much for my relationship to succeed, and will do all I can to see that it does.

_____ I want very much for my relationship to succeed, and will do my fair share to see that it does.

_____ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

_____ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

_____ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

S T O P

DO NOT GO ON

PLEASE WAIT UNTIL YOU ARE

GIVEN FURTHER INSTRUCTIONS

What we'd like you to do next is to rate a list of behaviors. The list of behaviors is the same for everyone, but we are asking husbands to rate their wives' behaviors and wives to rate their own behaviors. This will all be explained more fully on the instruction sheet, but basically we are asking husbands to evaluate their wives' behavior and wives to evaluate their own behavior. Before we give you the instructions and the list of behaviors to rate, we want to tell you that your responses will be kept private. They are for research purposes only. Therefore, your ratings will not be shown to your spouse. We want you to make your ratings by yourself without any discussion with your spouse.

INSTRUCTIONS

Beginning on the next page, you will find a list of behaviors that you may perform. Your task will be to read each item carefully, do the three rating tasks described below, and then go on to the next item. Go through the items quickly but carefully. Your rating tasks are as follows:

a) Your first rating task requires you to rate how much it pleases or displeases your husband when you perform the behavior listed. Thus, decide how much pleasure or displeasure your husband feels when you perform the behavior. Or, if you never or hardly ever perform the behavior, imagine how much pleasure or displeasure your husband would experience if you were to perform the behavior.

A scale, running from "great displeasure" to "great pleasure", is provided below each item so that you can circle the appropriate number.

b) Your second rating task requires you to rate how satisfied your husband is with the frequency (number of times) you performed the behavior over the past month. Thus, decide whether your husband feels you did the behavior too little, too much, or just the right number of times.

A scale, running from "much too little" to "much too much", is provided below each item so that you can circle the appropriate number.

c) Your third rating task requires you to rate how much effort it takes you to do the behavior listed. DO NOT CONSIDER HOW INTERESTED YOU ARE IN DOING THE BEHAVIOR. Simply rate how much effort it takes you in general to do the behavior listed. Or, if you never or hardly ever do the behavior, imagine how much effort you think it would take you to do the behavior.

A scale, running from "no effort" to "great effort", is provided below each item so that you can circle the appropriate number.

EXAMPLE:

I prepare a favorite food or dessert for my husband

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

YOU MAY REFER BACK TO THESE INSTRUCTIONS AT ANY TIME

1. I STRAIGHTEN UP THE HOUSE

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

2. I TRY TO CHEER MY HUSBAND UP

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

3. I GO TO A LECTURE (SHOW, FILM, ETC.) ALONE

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

4. I BUY SOME FOOD ITEM ESPECIALLY FOR MY HUSBAND

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

5. I EXPRESS MY FEELINGS AND THOUGHTS TO MY HUSBAND

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

6. I DRESS NICELY

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

7. I APPROPRIATELY HANDLE A MINOR HOUSEHOLD CRISIS WITHOUT BOTHERING MY HUSBAND ABOUT IT

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

8. I HUG OR KISS MY HUSBAND

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

9. I FORGIVE MY HUSBAND FOR SOMETHING

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

10. I INITIATE SEXUAL ADVANCES TOWARD MY HUSBAND

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

11. I HELP IN PLANNING AN OUTING OR SOCIAL EVENT

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

12. I CALL MY HUSBAND JUST TO SAY HELLO

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

13. I GO TO A PARTY ALONE WITHOUT MY HUSBAND

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

14. I ACT PATIENT WHEN MY HUSBAND IS CROSS

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

15. I SUGGEST SOMETHING FUN OR INTERESTING THAT WE CAN DO FOR THE EVENING

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

16. I PREPARE AN INTERESTING OR GOOD MEAL

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

17. I INVITE COMPANY OVER FOR DINNER

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

18. I PAY ATTENTION TO MY APPEARANCE

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

19. I CUDDLE CLOSE TO MY HUSBAND IN BED

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

20. I COMPLIMENT MY HUSBAND ON HIS APPEARANCE

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

21. I COMPLY IN A FRIENDLY MANNER TO A REQUEST BY MY HUSBAND

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

22. I TELL MY HUSBAND THAT I LOVE HIM

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

23. I ASK MY HUSBAND FOR HIS OPINION

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

24. I ARRANGE FOR US TO GO TO A PARTY

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

25. I DO A PHYSICAL ACTIVITY ALONE (JOGGING, BIKING, ETC.)

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

26. I SKILLFULLY CALM DOWN MY HUSBAND WHEN HE IS UNREASONABLE

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

27. I TOUCH MY HUSBAND AFFECTIONATELY

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

28. I CONFIDE IN MY HUSBAND

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

29. I MAKE A GOOD IMPRESSION ON MY HUSBAND'S FRIENDS

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

30. I MAKE NEEDED COMPLAINTS TO THE LANDLORD, UTILITY COMPANIES, GARBAGE COLLECTOR, ETC.

a) HUSBAND GETS: 1 great displeasure 2 3 4 neutral 5 6 7 great pleasure

b) HUSBAND FEELS I DID IT IN THE PAST MONTH: 1 much too little 2 3 4 just the right amount 5 6 7 much too much

c) IT TAKES ME: 1 no effort 2 3 4 some effort 5 6 7 great effort

---

31. I LET MY HUSBAND KNOW THAT I ENJOYED SEXUAL INTERCOURSE WITH HIM

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

32. I SHOW PARTICULAR INTEREST IN WHAT MY HUSBAND SAID BY AGREEING OR ASKING RELEVANT QUESTIONS

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

33. I SMILE AT MY HUSBAND OR LAUGH WITH HIM

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

34. I LISTEN SYMPATHETICALLY TO MY HUSBAND'S PROBLEMS

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

35. I TALK TO MY HUSBAND WHEN HE ASKS FOR ATTENTION

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

36. I CONSULT WITH MY HUSBAND ABOUT AN IMPORTANT DECISION

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

37. I TELL MY HUSBAND I LIKE HIM

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

38. I ASK MY HUSBAND HOW HIS DAY WAS

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

39. I WAVE GOODBYE TO MY HUSBAND WHEN HE LEAVES AND/OR WISH HIM A GOOD DAY

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

40. I ASK MY HUSBAND ABOUT HIS FEELINGS

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

41. I GREET MY HUSBAND AFFECTIONATELY WHEN HE COMES HOME

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

42. I HAVE LUNCH WITH A FRIEND

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

43. I AM PLEASANTLY RESPONSIVE TO MY HUSBAND'S SEXUAL ADVANCES

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

44. I SHOW I AM GLAD TO SEE MY HUSBAND

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

45. I DO THE LAUNDRY

a) HUSBAND GETS:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) HUSBAND FEELS I DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES ME:	1 no effort	2	3	4 some effort	5	6	7 great effort

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APPENDIX D

MEASURES - HUSBANDS

DESCRIPTION OF RESEARCH STUDY

The purpose of this study is to explore some of the ways husbands and wives help each other to understand what they want from each other in terms of simple, everyday behavior. Participants will be asked to fill out a series of questionnaires. The first questionnaire consists of a list of items intended to assess one's mood. The second questionnaire is intended to measure participants' satisfaction with their marriage. Participants' responses to these two questionnaires will be kept private and therefore will not be shared with your husband or wife. The third questionnaire asks participants to rate a list of behaviors. Some participants will be asked to share their responses to this last questionnaire with their husband or wife, and some participants will be asked to keep their responses private and thus will not share their responses with their spouses. All participants will be fully informed before filling out this last questionnaire as to whether or not we will ask them to share their responses with their spouse. However, all participants' responses to all of the questionnaires will not be shared with anyone who is not directly involved with the research study and are therefore confidential. Each couple will be paid $20 for their participation. Because of the nature of the research, it is necessary for husbands and wives to participate together. All participants must be married and living together. It is expected that participation in the study will take about one hour of your time. Participants maintain the right to withdraw from the study at any time, for any reason, with no penalty.

_____

_____

signatures

THE OHIO STATE UNIVERSITY Protocol No. _____

CONSENT FOR PARTICIPATION IN

SOCIAL AND BEHAVIORAL RESEARCH

I consent to participating in (or my child's participation in) research entitled:

MARITAL INTERACTION AND SPOUSES' COMMUNICATION OF WISHES REGARDING DESIRED BEHAVIORAL CHANGES IN THEIR PARTNERS

Dr. Thomas W. Milburn (Principal Investigator) or his/her authorized representative has explained the purpose of the study, the procedures to be followed, and the expected duration of my (my child's) participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am (my child is) free to withdraw consent at any time and to discontinue participation in the study without prejudice to me (my child). The information obtained from me (my child) will remain confidential unless I specifically agree otherwise by placing my initials here _____.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____ Signed: _____ (Participant)

Signed: _____ (Principal Investigator or his/her Authorized Representative)

Signed: _____ (Person Authorized to Consent for Participant - If Required)

Witness: _____

HS-027

MARITAL COMMUNICATION STUDY

(Please print)

Name:_____

Your spouse's name:_____

Today's date:_____

Your sex:___M___F___(circle one)

Age:_____

Race:_____

Years married:_____

How many children are in the home?:_____

Please list their ages here:_____

Yearly income (combined):_____

Are you employed? (circle one): Full-time
Part-time
Unemployed

Education (highest grade you completed or degree received):_____

City of residence:_____

Phone:_____

Are you taking prescription medication now, or have you taken prescription medication within the past month?

If so, indicate name_____

dosage_____

when did you begin taking it_____

If you are in counseling or therapy, please indicate the reason (briefly):

_____

_____

_____

This information will be kept confidential

Instructions: This is a questionnaire. On the questionnaire are groups of statements. Please read the entire group of statements in each category. Then pick out the one statement in that group which best describes the way you feel today, that is, *right now*! Circle the number beside the statement you have chosen. If several statements in the group seem to apply equally well, circle each one.

Be sure to read all the statements in each group before making your choice.

A. (Sadness)
3 I am so sad or unhappy that I can't stand it.
2 I am blue or sad all the time and I can't snap out of it.
1 I feel sad or blue.
0 I do not feel sad.

B. (Pessimism)
3 I feel that the future is hopeless and that things cannot improve.
2 I feel I have nothing to look forward to.
1 I feel discouraged about the future.
0 I am not particularly pessimistic or discouraged about the future.

C. (Sense of failure)
3 I feel I am a complete failure as a person (parent, husband, wife).
2 As I look back on my life, all I can see is a lot of failures.
1 I feel I have failed more than the average person.
0 I do not feel like a failure.

D. (Dissatisfaction)
3 I am dissatisfied with everything.
2 I don't get satisfaction out of anything anymore.
1 I don't enjoy things the way I used to.
0 I am not particularly dissatisfied.

E. (Guilt)
3 I feel as though I am very bad or worthless.
2 I feel quite guilty.
1 I feel bad or unworthy a good part of the time.
0 I don't feel particularly guilty.

F. (Self-dislike)
3 I hate myself.
2 I am disgusted with myself.
1 I am disappointed in myself.
0 I don't feel disappointed in myself.

G. (Self-harm)
3 I would kill myself if I had the chance.
2 I have definite plans about committing suicide.
1 I feel I would be better off dead.
0 I don't have any thoughts of harming myself.

H. (Social withdrawal)
3 I have lost all of my interest in other people and don't care about them at all.
2 I have lost most of my interest in other people and have little feeling for them.
1 I am less interested in other people than I used to be.
0 I have not lost interest in other people.

I. (Indecisiveness)
3 I can't make any decisions at all anymore.
2 I have great difficulty in making decisions.
1 I try to put off making decisions.
0 I make decisions about as well as ever.

J. (Self-image change)
3 I feel that I am ugly or repulsive-looking.
2 I feel that there are permanent changes in my appearance and they make me look unattractive.
1 I am worried that I am looking old or unattractive.
0 I don't feel that I look any worse than I used to.

K. (Work difficulty)
3 I can't do any work at all.
2 I have to push myself very hard to do anything.
1 It takes extra effort to get started at doing something.
0 I can work about as well as before.

L. (Fatigability)
3 I get too tired to do anything.
2 I get tired from doing anything.
1 I get tired more easily than I used to.
0 I don't get any more tired than usual.

M. (Anorexia)
3 I have no appetite at all anymore.
2 My appetite is much worse now.
1 My appetite is not as good as it used to be.
0 My appetite is no worse than usual.

For each of the twenty statements below, please check the box which most applies to you. Make sure you check one box for each statement.

	A Little of the Time	Some of the Time	Good Part of the Time	Most of the Time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Circle one:

Name _____ Male Female

DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Place a checkmark ✓ to indicate your answer.)

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

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

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?					

	All of Them	Most of Them	Some of Them	Very Few of Them	None of Them
24. Do you and your mate engage in outside interests together?					

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

	Never	Less Than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
25. Have a stimulating exchange of ideas						

	Never	Less Than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
26. Laugh together	_____	_____	_____	_____	_____	_____
27. Calmly discuss something	_____	_____	_____	_____	_____	_____
28. Work together on a project	_____	_____	_____	_____	_____	_____

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. (Check yes or no)

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

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

Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect
.	.	.	.	.	.	.

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

_____ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

_____ I want very much for my relationship to succeed, and will do all I can to see that it does.

_____ I want very much for my relationship to succeed, and will do my fair share to see that it does.

_____ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

_____ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

_____ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

S T O P

DO NOT GO ON

PLEASE WAIT UNTIL YOU ARE

GIVEN FURTHER INSTRUCTIONS

What we'd like you to do next is to rate a list of behaviors. The list of behaviors is the same for everyone, but we are asking husbands to rate their wives' behaviors and wives to rate their own behaviors. This will all be explained more fully on the instruction sheet, but basically we are asking husbands to evaluate their wives' behavior and wives to evaluate their own behavior. Before we give you the instructions and the list of behaviors to rate, we want to tell you that your responses will be kept private. They are for research purposes only. Therefore, your ratings will not be shown to your spouse. We want you to make your ratings by yourself without any discussion with your spouse.

INSTRUCTIONS

Beginning on the next page, you will find a list of behaviors that your wife may perform. Your task will be to read each item carefully, do the three rating tasks described below, and then go on to the next item. Go through the items quickly but carefully. Your rating tasks are as follows:

a) Your first rating task requires you to rate how much it pleases or displeases you when your wife performs the behavior listed. Thus, decide how much pleasure or displeasure you feel when your wife performs the behavior. Or, if your wife never or hardly ever performs the behavior, imagine how much pleasure or displeasure you would experience if your wife were to perform the behavior.

A scale, running from "great displeasure" to "great pleasure", is provided below each item so that you can circle the appropriate number.

b) Your second rating task requires you to rate how satisfied you are with the frequency (number of times) your wife performed the behavior over the past month. Thus, decide whether your wife did the behavior too little, too much, or just the right amount of times.

A scale, running from "much too little" to "much too much", is provided below each item so that you can circle the appropriate number.

c) Your third rating task requires you to rate how much effort it takes your wife to do the behavior listed. DO NOT CONSIDER HOW INTERESTED YOUR WIFE IS IN DOING THE BEHAVIOR. Simply rate how much effort it takes your wife in general to do the behavior listed. Or, if your wife never or hardly ever does the behavior, imagine how much effort you think it would take your wife to do the behavior.

A scale, running from "no effort" to "great effort", is provided below each item so that you can circle the appropriate number.

EXAMPLE:

My wife prepares a favorite food or dessert for me

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE LAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

YOU MAY REFER BACK TO THESE INSTRUCTIONS AT ANY TIME

1. MY WIFE STRAIGHTENS UP THE HOUSE

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

2. MY WIFE TRIES TO CHEER ME UP

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

3. MY WIFE GOES TO A LECTURE (SHOW, FILM, ETC.) ALONE

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

4. MY WIFE BUYS SOME FOOD ITEM ESPECIALLY FOR ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

5. MY WIFE EXPRESSES HER FEELINGS AND THOUGHTS TO ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

6. MY WIFE DRESSES NICELY

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

7. MY WIFE APPROPRIATELY HANDLES A MINOR HOUSEHOLD CRISIS WITHOUT BOTHERING ME ABOUT IT

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

8. MY WIFE HUGS OR KISSES ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

9. MY WIFE FORGIVES ME FOR SOMETHING

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

10. MY WIFE INITIATES SEXUAL ADVANCES TOWARD ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

11. MY WIFE HELPS IN PLANNING AN OUTING OR SOCIAL EVENT

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

12. MY WIFE CALLS JUST TO SAY HELLO

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

13. MY WIFE GOES TO A PARTY ALONE

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

14. MY WIFE ACTS PATIENT WHEN I AM CROSS

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

15. MY WIFE SUGGESTS SOMETHING FUN OR INTERESTING THAT WE CAN DO FOR THE WEEKEND

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

16. MY WIFE PREPARES AN INTERESTING OR GOOD MEAL

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

17. MY WIFE INVITES COMPANY OVER FOR DINNER

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

18. MY WIFE PAYS ATTENTION TO HER APPEARANCE

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

19. MY WIFE CUDDLES CLOSE TO ME IN BED

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

20. MY WIFE COMPLIMENTS ME ON MY APPEARANCE

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

21. MY WIFE COMPLIES IN A FRIENDLY MANNER TO A REQUEST

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

22. MY WIFE SAYS SHE LOVES ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

23. MY WIFE ASKS ME FOR MY OPINION

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

24. MY WIFE ARRANGES FOR US TO GO TO A PARTY

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

25. MY WIFE DOES A PHYSICAL ACTIVITY ALONE (JOGGING, HIKING, ETC.)

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

26. MY WIFE SKILLFULLY CALMS ME DOWN WHEN I AM UNREASONABLE

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

27. MY WIFE TOUCHES ME AFFECTIONATELY

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

28. MY WIFE CONFIDES IN ME

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

29. MY WIFE MAKES A GOOD IMPRESSION ON MY FRIENDS

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

30. MY WIFE MAKES NEEDED COMPLAINTS TO THE LANDLORD, UTILITY COMPANIES, GARBAGE COLLECTOR, ETC.

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

31. MY WIFE LETS ME KNOW THAT SHE ENJOYED SEXUAL INTERCOURSE WITH ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

32. MY WIFE SHOWS PARTICULAR INTEREST IN WHAT I SAID BY AGREEING OR ASKING RELEVANT QUESTIONS

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

33. MY WIFE SMILES AT ME OR LAUGHS WITH ME

a) I GET:	1	2	3	4	5	6	7
	great displeasure			neutral			great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1	2	3	4	5	6	7
	much too little			just the right amount			much too much
c) IT TAKES WIFE:	1	2	3	4	5	6	7
	no effort			some effort			great effort

---

34. MY WIFE LISTENS SYMPATHETICALLY TO MY PROBLEMS

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

35. MY WIFE TALKS TO ME WHEN I ASK FOR ATTENTION

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

36. MY WIFE CONSULTS ME ABOUT AN IMPORTANT DECISION

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

37. MY WIFE SAYS SHE LIKES ME

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

---

38. MY WIFE ASKS ME HOW MY DAY WAS

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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39. MY WIFE WAVES GOODBYE TO ME WHEN I LEAVE AND/OR WISHES ME A GOOD DAY

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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40. MY WIFE ASKS ME ABOUT MY FEELINGS

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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41. MY WIFE GREETS ME AFFECTIONATELY WHEN I COME HOME

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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42. MY WIFE HAS LUNCH WITH A FRIEND

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great plaasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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43. MY WIFE IS PLEASANTLY RESPONSIVE TO MY SEXUAL ADVANCES

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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44. MY WIFE SHOWS SHE IS GLAD TO SEE ME

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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45. MY WIFE DOES THE LAUNDRY

a) I GET:	1 great displeasure	2	3	4 neutral	5	6	7 great pleasure
b) WIFE DID IT IN THE PAST MONTH:	1 much too little	2	3	4 just the right amount	5	6	7 much too much
c) IT TAKES WIFE:	1 no effort	2	3	4 some effort	5	6	7 great effort

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