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MARITAL ADJUSTMENT IN FEMALE VERSUS MALE INITIATORS OF PSYCHOTHERAPY

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There is ample research which indicates that the wife more frequently initiates and is more willing to be involved in therapy, than the husband. The present research compared two groups of married couples, in one, males were the initiators of psychotherapy (MI group), and in the other, females were the initiators of psychotherapy (FI group). It was hypothesized that the MI group would be more maritally maladjusted than the FI group. Besides a biographical questionnaire, Locke-Wallace scale of marital adjustment and Family Concept Inventory were administered to the subjects. The results did not yield any significant differences between the two groups. The reasons for this outcome were discussed.

As psychotherapy increases in popularity, the concept of mental illness is freely used in society. However, an intriguing phenomenon is that more females than males seek help for emotional problems. This is particularly true in cases of married couples where wives are mostly the ones to take the responsibility of initiating psychotherapy even though the problem may be defined as a 'marital' one. In reviewing the literature on marriage one finds an increasing number of studies that deal with variables like marital adjustment, role perception, communication patterns, etc. It seems, however, that no one so far has tried to relate these variables to sex differences in help-seeking behavior.

The present paper is based on Zaman (1974) in which an attempt was made to compare two groups of married couples that differ on the basis of help-seeking behavior. In one group the wives initiate psychiatric help, and in the other group the husbands were the initiators. The purpose of the study was to see if the two groups differed significantly on marital adjustment.

Marital Status and Mental Disorders

Several studies have investigated the relationship between marital status and mental disorders. Most of their results convincingly show that in comparing various marital status groups, the incidence of mental disorder in married couples is the lowest. However, when mental disorder does occur in one of the spouses, the other is also very likely to manifest some degree of disturbance. A number of studies have dealt with the statistics of married couples that were hospitalized. From the records of Ontario Hospital in London, Penrose (1944) calculated the expected frequency of hospitalization of both members of a married couple that would take place over the

period of a year. He found the actual incidence of husband and wife hospitalization to be nine times as high as the expected frequency. In a Canadian hospital, over a four years period, Gregory (1959) calculated the expected frequency of the hospitalization of married couples. He too, found the observed frequency of hospitalization of both members of a couple to far exceed the expected frequency. Kreitman (1962, 1964) and Neilson (1964) conducted studies similar to that of Gregory and obtained essentially the same results. In a later study, Kreitman (1968) had as his subjects seventy four couples who were at one time or another hospitalized. He found that in the case of thirty-one couples the diagnosis was the same, and also, more than half the couples had their first hospitalization after marriage. Buck and Ladd (1965) divided their subjects into four goups: (1) both husband and wife neurotic, (2) only husband neurotic, (3) only wife neurotic, (4) neither of the pair neurotic. The authors found a significantly greater number of couples in which both were alike.

The recognition that mental disorder is very frequent in the spouses of mental patients led to research that specifically had as its subject the reaction of the 'normal' spouse towards the illness and psychotherapy of the patient. Kohl (1962) found that often the patient's progress would precipitate a pathological reaction in the spouse. In all his 39 cases, the spouse's pathological reactions like anxieties, phobias, etc.; were observed at a time when the patient was showing progress in psychotherapy. Kohl expressed the opinion that it was the less sick partner who sought help first. Harrower (1956), after studying psychological tests of forty couples, concluded that the least disturbed partner comes in first for therapy. Whitaker (1958), in treating thirty couples, found that the degree of illness was approximately the same in both members of the couple—it was just the symptom representation that was different. Levitt and Baker (1969) tested the question as to who was more 'sick' of the two, by having eleven psychologists judge the MMPI responses of twenty-five patients and their spouses. In about half the cases the identified patient was judged as sicker, while in the other cases the judges were either split in their ratings or judged the spouse to be 'sicker'. While it is difficult to judge the degree of sickness, these studies raised important and crucial questions regarding the dynamics of the patient as well as the spouse. Besides Kohl, there have been other studies too, that report pathological reactions of the patient's spouse. Lichtenberg and Pao (1960) interviewed ninety-one husbands of women who were hospitalized for schizophrenia. They divided the husbands into several categories, and found that the majority of husbands fell in the category of those who had chronic character defenses, and so maintained previous pathological relations with their wives. From his casework, Moran (1954) concluded that a wife's progress in therapy may often shake the husband's marginal adjustment to marriage, and consequently reveal his inadequacies. Fry's (1962) conclusion was similar to Moran's, for without exception he found that patients ex-

hibiting anxieties and phobias had spouses who had similar concerns, and that the patient's symptoms were protecting the partners.

A number of studies, though not specifically geared towards exploring differences in the two sexes, nevertheless revealed some interesting characteristics associated with the pathology of husbands and wives. Pond, Ryle and Hamilton (1963) had ninety-four couples rate their marriage, and also take the Cornell Medical Index (CMI). They did not find any significant relationship between marital adjustment and demographic variables like age, social class, etc. However, poor marital adjustment was significantly associated with male domination, and also, minimum neurosis correlated significantly with poor marital rating for women, but not men. Kreitman (1964) gave a group of normal controls and patients the CMI and the Maudsley Personality Inventory. Compared to the wives of controls, the wives of the patients were more introverted and neurotic, especially as the duration of marriage increased. The findings regarding the male subjects were not as clear-cut. Also, more agreement was found when wives were classified by health of husbands than vice versa. It was concluded that as wives are more dependent on the husbands, so they are more likely to reflect the illness of the spouse. In a study with somewhat different subject matter, Ballard (1959) compared MMPI responses of two groups of couples. In one group the husband displayed alcoholic behavior, while the other group had no alcoholic member. The variable held constant was marital conflict, which was present in both the groups. It was seen that both partners in alcoholic marriages showed maladjustment (i.e., elevated scales), though comparatively the wives were better adjusted. In the non-alcoholic marriage, however, the wives were less adjusted (scored higher on all scales). Thus, put together, the females had higher elevations.

Malzberg (1964) found unmarried males to have a higher incidence of mental disease than unmarried females. Among the married, however, the females had a higher rate than the males, and were mostly given the diagnosis of 'Dementia Praecox'. Miller and Barnhouse (1967) listed several differences that were found in the attitudes of 'husband-patients' and 'wife-patients' in a state hospital. Wives tended to have more rehospitalizations and spent nearly twice as long in state hospitals as husbands. Most wives agreed with their patient-husbands when the rehospitalization was seen to arise out of physical problems, rather than family conflict. In contrast, a large proportion of patient-wives gave psychiatric reasons for their rehospitalization, and there was a higher consensus among couples when patient-wives problems were described in psychiatric terms. Patient-husbands were preoccupied with matters of family control, as to who was the boss, and greatly resented their wives' taking over all the responsibilities and thus functioning as 'head of the house'. On the other hand, themes of disappointment with love and romance were the concerns of the wife-paitents, whose husbands were reticent and puzzled men who felt trapped and could not understand the wife's 'nervous-

ness'. Yarrow, et al.'s (1955) conclusions are similar to Miller and Barnhouse's (1957), in that very often the husband's symptoms are perceived to arise out of physical difficulties, and the wife's tendency is to explain and justify the symptoms, normalizing them as far as possible. The wife's denial and failure to recognize the nature of her husband's problems was further commented on by Schwartz (1957) and Clausen and Yarrow (1955). As long as the husband could fulfill his role as a wage earner, husband and father, the wife paid little attention to his 'strange ideas and behavior' (Schwartz, 1957). Safilios-Rothschild (1968) interviewed spouses of hospitalized mental patients in Greece. Often, the husband's symptoms were excused on the basis of masculine assertiveness, and compared to the dissatisfied wives, the satisfied wives initially viewed their husbands as completely 'normal'. In contrast to this, normal husbands, irrespective of their satisfaction in marriage, never thought of their wives as being completely free of pathology.

It is evident from studies in the area that it is commonly the wife who initiates therapy, and also that other factors besides the actual degree of disturbance are what bring a person in for psychotherapy. The reason that larger number of females seek help, then, lies not in intra-psychic phenomena, but interpersonal factors that involve the role of a female and a wife in marriage. Seeking psychiatric help can be viewed as a form of behavior that is in line and appropriate with the female's assigned cultural role. It is unusual for a male to indulge in this behavior, and when he does then one would expect his role enactment and family dynamics to be different from a family in which the female or wife intiates help.

Marital Adjustment and Role Performance

Studies in the area provide overwhelming evidence that marital adjustment and happiness is more significantly related to male role performance, than to female role performance (Hicks and Platt, 1969; Tharp, 1963). The cultural norms and standards define the male's role as instrumental, and the female's as expressive. Zelditch (1955) views the family as a special case of a small group. Groups assign roles to their participants, and over a period of time there is a tendency for a task leader and a sociometric star to evolve. The former gives suggestions and helps carry out a task, while the latter holds the emotional responsibility of supporting, pleasing, or even displeasing the members of the group. Similarly, in a family there is also a task differentiation which traditionally assigns the instrumental activities to the father who has to go out into the object-world to provide for the family. The mother, who stays and looks after the home, symbolizes emotional security and comfort, i.e., functions within an expressive role. The importance of the man's instrumental role to marital adjustment was seen in several studies that directly dealt with certain individual variables. Barry's (1970) review of factors associated with marital adjustment lists only those related to the husband. Some of these factors are:

Happiness of the husband's parents' marriage;
Husband's close attachment to his father;
Husband's age at marriage;
Husband's educational background.

In fact, longitudinal studies show that at the beginning of marriage it is the husband's personality traits, and not the wife's that are strongly related to later happiness in marriage. Murstein (1967) found that it was only the man's mental health that was related to courtship progress. His subjects were engaged or 'going steady' couples, who were given the MMPI and a personal questionnaire twice, with a time lapse of six months. The object was to determine the relationship between mental health and progress in courtship. In Wolfe's (1962) research, the least maritally satisfied wives were those who were more dominant than their husbands. Relationships in which authority was shared by the two were most conducive to the wife's satisfaction, for this way she had power and her role was still within the limits set by societal norms. Blood and Wlofe's (1960) extensive research on families in Detroit had similar conclusions. The maritally satisfied wives were those whose husbands had a high social status (which included income, education and occupation) and who were not educationally inferior to them.

Indirect support, to the crucial part the husband's instrumental role plays in marital satisfaction, can be obtained from studies that deal with families in which the wife works. The assumption is that a working wife shares her husband's instrumental role, and is, therefore, not exclusively functioning in her prescribed socio-emotional role. Nye (1959) found a significant association between employed mothers and low marital adjustment. In his later paper (Nye, 1961), he introduced variables like socio-economic status, number and age of children, length of employment, etc. He divided his sample into four groups according to the occupation of the husbands, and found that in all groups, marital ajustment was associated with non-employed wives. Compared to the low-status, the high-status working women were more maritally satisfied. An interesting discovery was the attitude of the husband towards the wife's employment. Marital adjustment was poor where the husband disapproved of his wife's employment, and also where the wife was not employed, but the husband wished her to be. Gover's (1963) sample was 361 wives who were divided into two socio-economic categories. Like Nye (1961), he too found that the average marital adjustment scores were higher in the non-employed group of women. However, his results did not confirm Nye's regarding the relationship between marital adjustment and the working wife's socio-economic status. As most studies in the area concentrate on the female's report, so Axelson (1963) studied the male's point of view by mailing questionnaires to husbands in a small Western town. He found a tendency on the part of the husband of the working wife to be more liberal regarding equal pay for wives, willingness to slacken control on the sexual

aspect of marriage, etc. However, both groups of husbands (i.e., of working and non-working wives) admitted that they would feel insecure if their wife earned more than they did. Sixty percent of husbands of non-working and part-time working wives indicated good marital adjustment, while only thirty-eight per cent of husbands of full-time working wives indicated good adjustment. Gianopulos and Mitchell (1957) emphasized the attitude of the husband towards the wife working as being the critical factor relating to the amount of the marital conflict reported by the spouses. Aller (1962) used one hundred married couples at the University of Idaho as her subjects. All subjects were given Gough's CPI and Locke-Wallace's marital adjustment test. The results indicated that graduate students whose wives were also enrolled were the most adjusted group as compared to the non-student husbands and enrolled husbands of non-student wives. The most dominant were student wives whose husbands were not enrolled. The author concluded that too much aggression and independent thinking in the wives adversely affected marital interaction. That a wife's employment outside the house increases her power in relationships at home is a concept that can intuitively be recognized. However, Blood and Hamblin (1958) found in their study that even though full-time employed wives felt entitled to more power, they did not make use of it, perhaps being aware that such a role would interfere with the solidarity of their marriages.

Thus, the association between marital adjustment and instrumental role performance of the male has repeatedly been found. It would seem that a man's initiation of psychiatric help is contrary to his expected role performance, and therefore, indicative of maladjustment on his part and in his marriage.

The present research is interested in comparing marital adjustment of two groups of spouses that differ on the bases of help-seeking behaviors. In one group the wife initiates psychiatric help, while in the other the husband is the initiator. The hypotheses are as follows:

1. In general, couples in the female initiation (FI) group will be maritally better adjusted than the couples in the male initiation (MI) group.

2. The husbands in the male initiation (MI) group will be maritally less adjusted than wives in the female intiation (FI) group.

METHOD

Criteria

The criteria for the selection of the subjects were as follows:

1. The individual seeking help had to be married and currently living with the spouse.

2. Only one spouse in the couple was to be the initiator in seeking psychotherapy.

3. If the couple had any previous experience with psychotherapy, then the identified initiator should be the one to have sought psychological help in the past too (the past meaning only after marriage).

4. A couple satisfying the above mentioned criteria would be eligible as subjects, irrespective of the nature of the presenting problem.

Subjects

Altogether there were thirty four couples, twenty two of which were in the Female Initiating group, and twelve couples in the Male Initiating group. All subjects were out-patients from various Mental Health Centers in Lansing, Michigan. The large difference between the two sample sizes (FI = 22 couples and MI = 12 couples) was compared with the male-female ratio of individuals seeking help, as it actually appeared in some of the agencies. It was found that the percentage of females seeking therapy was about twice that of the male seeking psychiatric help. This roughly corresponds to the FI and MI ratio. Hence, it can be stated that the unequal number of couples in the two groups was representative of the population from which they were derived. Demographically there were no significant differences between the two (see table 1).

Table 1

Means for Demographic Data

Variable*	FI Group		MI Group	
	Male	Female	Male	Female
Age	29.95	28.05	32.83	31.92
Years of Education	14.55	14.00	15.75	13.92
Years of Marriage	6.85	6.85	8.31	8.31
Number of Children	1.41	1.41	1.42	1.42

* *Note* : On the above variables no significant differences were found between the FI and the MI groups.

Procedure

Since it was not possible to make individual contact with all the therapists in the different Mental Health Centers, so staff meetings were attended by the experimenter. At the meetings the research was concisely described to the staff and they were also handed a typed statement that briefly described the research to the subjects. If a certain client fulfilled the criteria, and agreed to participate in the research, then the therapist was requested to turn in the name and phone number to the experimenter. Contact was then made with each subject, and a time fixed when the couple could come to the center to take the tests. When this was not possible, then the experimenter would do the testing in the home of the subjects. Both husband and wife had to complete the following.

1. Biographical questionnaire.
2. Locke-Wallace Scale of Marital Adjustment (LW Scale).
3. Family Concept Inventory (FCI).

Measurement Scales

Locke-Wallace Marital Adjustment Test: The LW Scale is a short test of marital adjustment that consists of fifteen items which are rated on a six point scale, ranging from 'always agree' to 'always disagree'. The highest possible score on the scale is 158, and the minimum is 2.

The items in the LW Scale are selected from several other marital adjustment tests. After reviewing relevant studies in the area, Locke and Wallace (1959) selected those items which: (1) had the highest level of discrimination in the original studies; (2) did not duplicate other included items; and (3) would cover the important areas of marital adjustment and prediction. The authors administered this new, short, marital adjustment scale to groups of well-adjusted and maladjusted subjects. They found a significant difference between the means of the two, which was 135.9 for the former group and 71.7 for the latter group. The reliability coefficient, which was .90, was computed by the split-half technique.

The validity of the test was given further support in Hofman's (1969) research, where his non-clinic group scored significantly higher than his clinic group. Katz (1965) chose his 'untroubled' group from parent discussion groups and his 'troubled' group from marriage counselling centers and private practitioners. The LW Scale was administered to both groups and once again significant differences were found in the scores of two groups. Hoeg (1965) in his study chose his well-adjusted and less well-adjusted groups on the basis of the LW Scale.

Hawkins (1966) investigated the possibility of the influence of social desirability response set on LW scores. He obtained SD scores on Marlowe-

Crowne Social Desirability Scale, and correlated them with scores on the LW Scale, which he had administered to clinic and non-clinic samples. The significant but low correlations led him to conclude the social desirability was not a major factor in the LW test scores.

Family Concept Inventory: The FCI consists of forty eight items, each of which is evaluated on a five point scale, ranging from 'strongly agree' to 'strongly disagree'. The highest possible score is 192, and the lowest is 0. The items describe various aspects of family living. The theory underlying this instrument is that, "the effectiveness of the family in solving its problems, meeting its social obligations and satisfying the needs of its members depends largely on how the family members perceive the family unit in which they live" (van der Veen et al, 1964, p. 46).

The original Q-Sort, from which the FCI is derived, was made up of 80 items that the subjects had to place in nine piles, ranging from 'least like my family' to 'most like my family'. The degree of family adjustment is assessed by the degree of similarity of the subjects' family rating with that of the ideal family, as defined by its description in terms of the same Q-sort by a group of judges (van der Veen et al, 1964). Out of the 80, only 48 crucial items are scored.

In a pilot study (van der Veen and Ostrander, 1961, cited in van der Veen, et al., 1964, p. 48) using the Q-Sort, the authors reported a median test re-test correlations over a four week period, .7 for the Real and .8 for the Ideal Family Sorts. This indicated the real family concept to be sufficiently reliable over a short period of time, while the ideal family concept is somewhat more stable. van der Veen et al, (1964) used two groups of families, one showing clear evidence of difficulty in family functioning and the other showing evidence of good family functioning. On the Q-Sort it was found that the former scored significantly lower (mean=27.9) than the latter (mean=35.2). A year later, van der Veen (1965) extended his previous study by adding a new group of non-clinic low adjustment subjects (families who had poorly adjusted children but who had not applied for professional help). Once again significant mean differences were found between the groups.

Hofman (1969) administered both the Q-Sort and the critical 48 items in a true-false form to a sample of twenty-five couples. He found a .72 correlation between the two forms. Palonen (1966) found a split-half reliability of .85 with the FCI. Some other individuals that have used the Q-Sort and the FCI are Powell (1965) and Updyke (1968).

All studies that have used the Lock-Wallace Scale and any form of the Family Concept, report a positive correlation betwen the two scales. Palonen (1966) found .73 correlation between the FCI and LW Scale, while Hofman (1969) found a .55 correlation between the two. With regards to LW and FCI Q-Sort, correlations of .76 (Hofman, 1969) and .67 (van der Veen, 1964) were obtained.

Scoring and Analysis

The Locke-Wallace Scale and Family Concept Inventory are simple instruments to score, with the highest score in the former being 158 and the latter 192. In general, it can be said of both, that the higher the score, the more is the person maritally adjusted. For both the two hypotheses, the LW and FCI scores were analyzed by 2 x 2 Analysis of Variance, with the rows representing 'Initiation' and columns representing 'sex'.

RESULTS

The analysis regarding both the hypotheses did not yield any significant effects on either LW or FCI scales (see tables 2a and 3a). In the case of LW test, there was a slight trend among means in the hypothesized direction (see table 2). Overall, the MI group scored lower than the FI group, and the males in the MI group scored lower than the females in the FI group. In the case of the FCI, the trend was slightly in the opposite direction (see table 3).

Table 2

Cell Means of LW Scale

Initiation	Sex	
	Male	Female
Female initiator	89.23	85.36
Male initiator	83.00	89.83

Table 2a

Analysis of Variance of LW Scale

Source	*SS*	*df*	*MS*	*F*	*P*
Sex (A)	.132	1	.132	.0002	NS
Initiation (B)	11.992	1	11.992	.0153	NS
A X B	444.238	1	444.238	.5649	NS
Error	50326.656	64	786.354		
Total	50783.018	67			

Table 3

Cell Means of FCI

Initiation	Sex	
	Male	Female
Female initiator	119.95	116.23
Male initiator	117.58	120.33

Table 3a

Analysis of Variance of FCI

Source	*SS*	*df*	*MS*	*F*	*P*
Sex (A)	23.529	1	23.529	.0267	NS
Initiation (B)	17.845	1	17.845	.0203	NS
A X B	142.959	1	142.959	.1625	NS
Error	56301.056	64	879.704		
Total	56485.389	67			

DISCUSSION

As mentioned earlier, the MI (male initiating) and FI (female initiating) groups did not differ on crucial demographic variables, those being age, education, number of years married and number of children. Therefore, one can say with some confidence that any dissimilarity between the two groups is not due to the effect of these variables and that the two groups come from the same general population. However, the fact that the two groups did not differ significantly on marital adjustment, can be explained by considering two possible limitations: the validity of the marital adjustment tests per se, or the fact that the underlying assumption covered a much broader field than the tests alone were able to measure. With regards to the first question, there is ample amount of indirect evidence to support the validity of the marital adjustment tests. Table 4 is a presentation of LW and FCI means that have been reported in some other studies. In comparing these means to the ones in the present study (see Table 5), one finds that in the latter case both the LW and FCI means are close to the means reported for maladjusted

groups. This is very much in the expected direction, as the present group of subjects are individuals who have sought psychiatric help and are presumably 'maladjusted'. The overall correlation between LW and FCI was found to be .80, and the individual correlations within each group were all positive. This is in line with previous studies that have simultaneously used the two marital adjustment instruments, and reported high correlations between the two.

Table 4

Mean scores on measures of Marital Adjustment in some comparative studies

		Adjusted Group			Maladjusted Group		
	Test	Males	Females	Overall	Males	Females	Overall
1.	FCI	145.5	155.1	150.3	–	–	–
2.	FCI	153.1	156.1	154.6	128.3	123.8	126.0
3.	LW	122.4	121.7	122.1	110.1	102.7	106.4
4.	LW	122.7	125.9	124.3	–	–	–
5.	LW	–	–	135.9	–	–	71.7
6.	LW	–	–	134.8	–	–	95.6
7.	LW	129.30	127.15	128.225	60.35	59.51	59.93

1. Updyke (1968). Upper middle class non-clinic subjects. 2. Hofman (1969). Clinic versus non-clinic subjects. 3. Hofman (1969). Clinic versus non-clinic couples. 4. Aller (1962). Married university students. 5. Locke and Wallace (1959). Adjusted versus maladjusted subjects. 6. Hoeg (1965). Adjusted versus less well adjusted couples. 7. Katz (1965). Troubled versus non-troubled couples.

The correlation between a husband and wife's marital adjustment score indicates that even though one may initiate and take the responsibility of seeking help, marital adjustment is not an individual matter, but an interaction in which actions of one are significant in determining the reactions of the other. This leads to the second possible reason as to why the two hypotheses were not verified. To recall briefly, the underlying assumption was based on the fact that males infrequently seek help because it is not in line with their culturally defined male sex role to do so.

Table 5

Mean Scores on Measures of Marital Adjustment in the present study

	FI Group			MI Group		
Test	Males	Females	Overall	Males	Females	Overall
FCI	119.55	116.23	117.9	117.58	120.33	119.0
LW	89.23	85.36	87.30	83.00	89.83	86.42

In addition, studies have also found that the male's role performance is critical to marital adjustment. On the basis of this, it was assumed that marriages where the husband initiates therapy will be more maladjusted than marriages in which the wife initiates therapy. This perhaps is a somewhat simplistic view that sees marital adjustment as a static state to be measured only at one point in time, rather than viewing it as a continuous process. Marital adjustment is a function of a variety of factors, and if performance of prescribed sex roles is seen as one of the major factors in influencing marital adjustment, then it is equally important to know the attitudes of each spouse towards the role enactment. Adjustment does not depend on role enactment alone, but rather upon the conflict between the role expectations and the actual roles played by each spouse. This means that adjustment and happiness in marriage depends to a large extent on the expectations that are satisfied or remain unsatisfied. For example, two couples may be equally maladjusted but as a result of different underlying dynamics. In one case, the husband may be performing his cultural instrumental role, which may for whatever reasons be against his wife's expectations. In the other case,the situation may be reversed but the conflict as great, for this time the wife expects the husband to perform his culturally defined role and he is not fulfilling her expectations. In the present research, additional information from tests measuring role performance and role expectations would have clarified or at least added relevant knowledge to the issue under discussion.

REFERENCES

Aller, F. A. (1962). Role of the self-concept in student marital adjustment. *Family Life Coordinator, 11*, 43–45.

Axelson, L. (1963). Marital adjustment and marital role definitions of husbands of working and non-working wives. *Marriage and Family Living, 25*, 189–195.

Ballard, R. G. (1959). The interrelatedness of alcoholism and marital conflict. *Journal of Orthopsychiatry, 29*, 528–546.

Barry, W. (1970). Marriage research and conflict: an integrative review. *Psychological Bulletin, 73*, 41–54.

Blood, R. O. and Hamblin, R. L. (1958). The effect of the wife's employment on the family power structure. *Social Forces, 36*, 347–352.

Blood, R. O. and Wolfe, D. M. (1960). *Husbands and wives: The dynamics of married living.* Glencoe, Illinois: The Free Press.

Buck, C. W. and Ladd, K. L. (1965). Psychoneurosis in marital partners. *British Journal of Psychiatry, III*, 587–590.

Clausen, J. A. and Yarrow, M. R. (1955). Paths to the mental hospital. *Journal of Social Issues, 2*, 25–32.

Fry, W. F. (1962). The marital context of an anxiety syndrome. *Family Process, 1*, 245–252.

Gianopulos, A. and Mitchell, H. E. (1957). Marital disagreement in working wife marriages as a function of husband's attitide towards wife's employment. *Marriage and Family Living, 19*, 373–378.

Gover, D. A. (1963). Socio-economic differential in the relationship between marital adjustment and wife's employment status. *Marriage and Family Living, 25*, 452–456.

Gregory, I. (1959). Husbands and wives admitted to mental hospital. *Journal of Mental Science, 105*, 457–462.

Harrower, M. (1956). The Measurements of psychological factors in marital maladjustment. In Eisenstein, V.W., *Neurotic interactions in marriage.* New York: Basic Books. 169–191.

Hawkins, J. L. (1966). The Locke marital adjustment test and social desirability. *Journal of Marriage and the Family, 28*, 193–195.

Hicks, M. W. and Platt, M. (1969). Marital happiness and stability: A review of the research in the sixties. In Broderick, C. B. (Ed.). *A decade of family research and action*, Minneapolis, Minm: National Council on Family Relations.

Hoeg, B. L. (1965). *Marital adjustment and the comparison of personality description of mates*. Unpublished Master's thesis, Michigan State University.

Hofman, K. C. (1969). *Marital adjustment and interaction, related to individual adjustment of spouses in clinic and non-clinic families*. Unpublished Ph. D. dissertation, Michigan State University.

Katz, M. (1965). Agreement on connotative meaning in marriage. *Family Process, 4*, 67–74.

Kohl, R. N. (1962). Pathologic reactions of marital partners to improvement of patients. *American Journal of Psychiatry, 118*, 1036–1041.

Kreitman, N. (1962). Mental disorder in married couples. *Journal of Mental Science, 108*, 438–446.

Kreitman, N. (1964). The Patient's spouse. *British Journal of Psychiatry, 110*, 159–173.

Kreitman, N. (1968). Married couples admitted to mental hospital: Part I. Diagnostic similarity and the relation of illness to marriage. *British Journal of Psychiatry, 114*, 699–709.

Levitt, H. and Baker, R. (1969). Relative psychopathology of marital partners. *Family Process, 8*, 33–42.

Lichtenberg, J. D., and Pao, P. N. (1960). The prognostic and therapeutic significance of the husband-wife relationship for hospitalized schizophrenic women. *Psychiatry, 23*, 209–213.

Locke, H. J. and Wallace, K. M. (1959). Short marital adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living, 21*, 251–255.

Malzberg, B. (1964). Marital status and the incidence of mental disease. *International Journal of Social Psychiatry, 10*, 19–26.

Miller, D. and Barnhouse, R. C. (1967). Married mental patients in crisis: A research report. *American Journal of Psychiatry, 124*, 364–370.

Moran, M. L. (1954). Some emotional responses of patients' husbands to the psychotherapeutic course as indicated in interviews with the psychiatric caseworker. *American Journal of Orthopsychiatry, 24*, 317–325.

Murstein, B. I. (1967). The relationship of mental health to marital choice and courtship progress. *Journal of Marriage and the Family, 29*, 447-451.

Neilson, J. (1964). Mental disorders in married couples. *British Journal of Psychiatry, 110*, 683–697.

Nye, F. I. (1959). Employment status of mothers and marital conflict, permanence and happiness. *Social Problems, 6*, 260–267.

Nye, F. I. (1961). Maternal employment and marital interaction: Some contingent conditions. *Social Forces, 40*, 113–119.

Palonen, D. (1966). *Interpersonal perceptions and marital adjustments.* Unpublished Master's thesis, Michigan State University.

Penrose, L. S. (1944). Mental illness in husband and wife: A contribution to the study of assortative mating in man. *Psychiatric Quarterly Supplement, 18*, 161–166.

Pond, D. A., Ryle, A. and Hamilton, M. (1963). Marriage and neurosis in a working-class population. *British Journal of Psychiatry, 109*, 592–598.

Powell, D. M. (1965). *A personality inventory approach to the study of marital adjustment*. Unpublished Master's thesis, Michigan State University.

Safilios-Rothschild, C. (1968). Deviance and mental illness in the Greek family. *Family Process, 7*, 100–117.

Schwartz, C. G. (1957). Perspectives on deviance: Wives' definitions of their husbands' mental illness. *Psychiatry, 20*, 275–291.

Tharp, R. G. (1963). Psychological patterning in marriage. *Psychological Bulletin, 60*, 97–117.

Updyke, P. R. (1968). *Family and role satisfaction among young married women*. Unpublished Master's thesis, Michigan State University.

van der Veen, F. et al. (1964). Relationship between the parents' concept of the family and family adjustment. *American Journal of Orthopsychiatry, 34*, 45–55.

van der Veen, F. (1965). The parents' concept of the family unit and child adjustment. *Journal of Counseling Psychology, 12*, 196–200.

Whitaker, C. (1958). Psychotherapy with couples. *American Journal of Psychotherapy, 12*, 18–23.

Wolfe, D. M. (1962). Power and authority in the family. In Winch, R. F., McGinnish, R. and Barringer, H. R. (Eds.). *Selected studies in marriage and the family*, New York: Holt, Rinehart and Winston.

Yarrow, M. R., et al. (1955). The psychological meaning of mental illness in the family. *Journal of Social Issues, 11*, 12–24.

Zaman, R. M. (1974). *Marital adjustment and interpersonal perception of female versus male initiaters of Psychotherapy.* Unpublished Ph.D. dissertation, Michigan State University.

Zelditch, M., Jr. (1955). Role differentiation in the nuclear family: A comparative study. In Parson, T. and Bales, R. F. (Eds.). *Family socialization and interaction process*, Illinois: The Free Press.