IDENTITY, INTIMACY, AND MARITAL SATISFACTION
IN MIDLIFE MARRIAGES

by

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A dissertation submitted to the Faculty of the
Virginia Polytechnic Institute and State University in
partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

in

Family and Child Development

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October, 1990
Blacksburg, Virginia
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(ABSTRACT)

The purpose of this study was to examine the structure of the midlife marriage, focusing on identity, intimacy, and marital satisfaction. The investigator sought to identify the identity issues that midlife men and women are experiencing, describe the intimacy issues they face as couples, and show if/how these factors relate to marital satisfaction.

Data were collected from a purposive sample of 48 midlife couples in the Roanoke Valley area. These couples were subgrouped into two categories: twenty-five couples were classified as nonclinical couples (not in marital counseling at the present time) and twenty-three were classified as clinical couples (currently in marital counseling). Information from the Waring Intimacy Questionnaire (WIQ) was used to analyze identity and intimacy issues and to examine factors that influenced marital satisfaction. Information from the Marital Satisfaction Scale was used to assess the level of marital satisfaction for both nonclinical and clinical couples.

The results of the study indicated that (1) men and
women who are in marital counseling are in the process of examining their identity issues. Women appear to be re-assessing their roles as wives and mothers and are beginning to concentrate on their individuality. The issues for men were less clearly defined. They continued to view work as of central importance in their lives and did not seem to have made the transition from work to family as their main source of identity as Levinson, Darrow, Klein, Levinson, and McKee (1978) predicted. Based on W10 scores and qualitative responses on the questionnaire, men in both the nonclinical and clinical subgroups, and women in the clinical subgroup did not feel they had an intimate relationship with their spouses. Contrary to the premises of this study, identity and intimacy were not the most significant factors affecting marital satisfaction for these midlife couples. The two factors that most determined their couples' level of marital satisfaction were social desirability and compatibility. These factors are two of the 9 subscales on the W10. However, these two factors explained only 32% of the variance in marital satisfaction.
ACKNOWLEDGEMENTS

Earning this degree is the realization of a dream. There are many people who helped to make this a reality.

I would like to express sincere appreciation to the Chairman of my committee, Dr. Mike Sporakowski. His support, advice, and encouragement were invaluable to me. My statistician, Dr. Charles Houston, offered much needed technical assistance and frequent pep talks. Special thanks to the other members of my committee, Dr. Leland J. Axelsson, Dr. H. D. Protinsky, and Dr. Susan Molumphy who gave me helpful feedback and encouragement.

Special love and appreciation are expressed to my husband, Don, and my sons, Brant and Brian, who have been supportive, encouraging, and understanding over the last 6 years, especially when my role as student frequently interfered with my roles as wife and mother. Without their backing, I would still be dreaming.

My sister, Jane Shannon, has been a continuous source of strength throughout this process. She not only served as my "role model" but also offered comic relief, therapy, and shopping sprees (as needed) during times of greatest stress.

Special thanks to Beckie Sherman, my friend and typist. She was always available for last minute changes and has a
gift for deciphering illegible manuscript! Also, Kathy
Hansen gave freely of her time, energy, and resources. Many
other friends have taken an active interest in my topic and
spurred me on when my optimism waned.

And, lastly, special love and appreciation are ex-
pressed to my mother, Effie Parker, who taught me the
importance of having a dream and challenged me to make
this dream a reality.
DEDICATION

This dissertation is dedicated to my father, the late Thomas Brantly Parker (1901 - 1982) whose love, faith, and sensitivity are resources that I continue to rely on.
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CHAPTER I

INTRODUCTION

In the last quarter of the twentieth century, researchers are beginning to examine the life stage of middle life (Farrell & Rosenberg, 1981). Prior to the onset of this research, middle age was often seen as a time of crisis—a period that people went through and emerged on the other side, ready for the declining years (Levinson, Darrow, Klein, Levinson & McKee, 1978). Duvall (1977) noted that this period was often viewed as a crisis period because individuals, couples, and families must establish new patterns, and former habits must be abandoned as inappropriate.

Previous research studies (Gould, 1972; Levinson, et al., 1978; Neugarten, 1968; Sheehy, 1976;) have suggested that when men and women reach middle age, they begin to change their perspective as to what is important to them. Neugarten (1968) suggested that they are struggling with identity issues and appear to experience an "identity crisis" not unlike that of adolescence. Josselson (1987) noted that identity formation takes place throughout the life cycle. When individuals are reassessing identity issues, they are making choices and experimenting with
alternative selves. Once they redefine themselves, the questioning and dilemmas fade, and individuals experience a sense of peace and purposefulness. They are then in a better position to be more emotionally available to others. Erikson (1982) said that issues of identity must be resolved before issues of intimacy can be addressed. A person must decide who or what he/she is before attempting the innerconnectedness of intimacy.

During this process of evaluating their identity, individuals are often not emotionally available to others (Sheehy, 1976). As a result, the level of intimacy in the marital relationship as defined by affection, expressiveness, cohesion, autonomy, sexuality, identity, compatibility and conflict resolution may be disrupted. As this disruption occurs, the level of marital satisfaction declines.

The purpose of the present study was to examine the structure of the midlife marriage. The premise of the study was that midlife men and women experience an identity crisis which has an impact on the intimacy in their relationship. As a result, the level of marital satisfaction is affected. This study attempts to elaborate on the unique identity that each spouse experiences, describe the unique identity issues they face as couples, and show if/how these factors have an impact upon the marriage.

Specific research questions that were addressed are:
1. Are midlife men and women struggling with identity issues? Do identity issues differ for men and women?

2. Are husbands and wives experiencing intimacy issues during midlife? If yes, are the issues similar or different?

3. Are intimacy issues different for nonclinical and clinical couples?

4. Is marital satisfaction for midlife couples related to identity and intimacy issues? Are there other factors that can better explain the variable of marital satisfaction?

Much of the previous research has not focused on the midlife marriage, per se, but has looked either at an individual's concept of his/her marriage (Baruch, Barnett, & Rivers, 1983; Farrell & Rosenberg, 1981; Levinson, Darrow, Klein, Levinson, & McKee, 1978; Rubin, 1979) or has addressed the middle stages of the marital relationship over the family life cycle (Anderson, Russell, & Schumm, 1983; Blood & Wolfe, 1960; Menaghan, 1983; Rollins & Cannon, 1974; Rollins & Feldman, 1970; Spanier & Lewis, 1980; Spanier, Lewis & Cole, 1975; Steinberg & Silverberg, 1987). This study focused on the marital relationship as it was being experienced by intact couples who are between the ages of 40 to 55 and who had been married to each other for at least 10 years. The researcher examined how individual identity
issues being experienced by each spouse are affecting the intimacy of their marriage. Steinberg and Silverberg (1987) noted that diminished marital satisfaction may be due to changes in an individual's subjective perceptions of marital quality, to changes in husband-wife interaction during the middle stages of the family life cycle, among other factors, and they suggest that subsequent research should examine these factors.
CHAPTER II

REVIEW OF LITERATURE

Historical Perspective

Kersten and Kersten (1986) noted that people have always had a desire for some degree of emotional closeness. However, at various times in history and in different places throughout the world, societal and/or cultural norms have encouraged or discouraged intimacy. These norms regulated who people could be close to and how close they could be; often these normative expectations were different for men and women.

In the following review of literature on historical and a sociological perspective of marriage from mid-Nineteenth century to the present will examine how these norms relative to intimacy within marriage have changed and will also explore role changes that each spouse has experienced.

Ralph Linton (1936) indicated that marriage is the socially recognized union between persons of the opposite sexes; it derives its importance as a social institution from the fact that it provides a stable foundation for the creation and organization of a conjugal group. The American culture is practically the only culture which places emphasis and importance on the concept of romantic love as a
foundation for marriage. Most other societies emphasize congeniality and suggest that young people, once married, will be able to live together contently and will develop a fondness for each other. Waller (1938) noted that Victorian marriage broke down when romantic love was introduced seriously as a basis for marriage because it ran counter to the interaction aspects of settled routines and habits. He added that romantic love has been a disturbing, upsetting source of change in the marriage relationship, incompatible with the settled, ordered living ultimately required of a family. He stated that when romantic love is valued highly, marriages are generally unstable. Only where romantic love is transformed successfully into a less impetuous, less impulsive sentiment known as conjugal (or married) love is a working equilibrium reached.

Linton (1936) indicated that for most cultures, the ideal marriage is one in which the couple remains together for life; divorce is looked upon as a last resort to be employed only when the relationship becomes intolerable.

The division and ascription of status and roles in the marriage seems to be basic in all social systems (Linton, 1936). All societies ascribe different attitudes and activities to men and women. These activities are almost entirely determined by culture. Linton (1936) said that there have been marked changes in our society with regard to role expectations, particularly for women. Waller (1938)
stated that marriage in the Western civilization has had continual difficulty in its attempts to incorporate both the dynamics of freedom and the stability of protocol and routine within the marital relationship.

Williams (1977) indicated that in Freud’s time (mid to late 19th century) European society was strongly patriarchal, and there were clear distinctions between the roles for men and women. Men were relegated the duties and privileges of their assignment in the outside world, and women assumed the responsibilities of the home and children. There were the assumptions that male dominance and superiority were the natural order of things and that the female who provided the serene comforts of domesticity was entitled to the love and protection of the man she married. There were severe social restrictions on intimacy between men and women not married to each other. Because of the gender-role differentiation, marriage resulted in a major problem of adjustment because of the emotional stiffness and distance (Kersten & Kersten, 1986). Nineteenth century society was one based on same-sex companionship. In particular, middle and upper class women lived within a world bounded by home, church, and the institution of "visiting", i.e., spending time with female peers as a means of socializing. They formed deep, emotional ties with other women, and this often was the only real option for an emotionally close relationship between equals. Society did
not place taboos on close female relationships but rather recognized them as a valuable form of human contact throughout a woman's life. Lower class women, of necessity, worked outside the home; however, other women made up the emotional support system for these women.

According to Blood and Wolfe (1960), the family, during the pioneer phase of American life, was viewed as a strict economic and social necessity. In fact, individualism was penalized through bachelor taxes. The couple had specific roles within the family. The husband was viewed as the protector of his wife and children, and his authority was unquestioned. The wife's role was to cook, sew, and "produce assistants" for him. She was completely dependent on him for sustenance. Basic skills and religious beliefs were taught at home. The family unit was nearly self-contained, and members were dependent on each other for physical, emotional, and moral support.

With the advent of the Industrial Revolution, the structure of the family began to change. The most important consequence was to separate the place where a man worked from his home. As a result, the family no longer worked together. The husband's role as disciplinarian and "boss" of the family work crew was impaired by his physical separation (Blood & Wolfe, 1960). Jessie Bernard (1981) noted that when the man moved out of the home and into the work world, he assumed the "good provider" role. She
suggested that this move marked the beginning of a new type of marriage, which lasted for about 150 years. However, with the publication of the 1980 census, it became evident that the man was no longer automatically considered the head of the household.

Kersten & Kersten (1986) suggest that American marriages have traditionally provided limited opportunity for intimacy and social support. The competent male was expected to be emotionally self-sufficient and not rely on his wife. As a good provider, he was not supposed to have problems; if he were to turn to his wife for help, he would be admitting defeat and feel disgraced. Kamarovsky noted that a major trait among blue-collar men was their "trained incapacity" to share (Kersten & Kersten, 1986). In addition, the ideal woman (the good wife and mother) did not bother her husband but coped with her issues on her own (Blood & Wolfe, 1960).

By 1920, the U.S. shifted from a predominantly rural nation to an urban nation with 51% of the total population living in cities. Women now had the right to vote for the first time in U.S. history; yet there continued to be a sharp division of gender roles in the family. During the 1920's and 1930's, sociologists Robert and Helen Lynd found a similar pattern to what had existed in the previous 100 years. The husband's role was still to be a good provider, and the wife was primarily responsible for keeping house and
raising the children. Their account of the typical marriage in the 1920's was a dreary one, particularly for the working class. According to the Lynds, happy marriages were rare, and the majority of couples appeared to lead a depressing existence (Kersten & Kersten, 1986). Relationships were neither physically or emotionally close. However, most couples were pressured to remain together by community values which discouraged divorce (Kersten & Kersten, 1986).

With the advent of World War I, some change was beginning to take place; the traditional gender role patterns were being challenged. The percentage of wives working outside the home increased to 25% in 1920, and some husbands were beginning to assume responsibility of some household chores. However, the role of full-time homemaker was still the ideal and the most highly respected role for women (Caplow, Bahr, Chadwick, Hill, & Wilson, 1982). The tendency appeared to be that traditional women would return to their "expected roles" once crises such as war passed.

During the 1920's and 1930's, dating became the accepted method of checking out possible companions. Waller (1938) who studied dating patterns during the 1930's and 1940's talked about the concept of "light" love in which young people did not become emotionally dependent or vulnerable. Thus, they avoided emotional hurt. Sharing feelings and communicating openly were not the usual patterns for interacting.
After the poverty of the 1930's and the stresses and sacrifices caused by the war in the 1940's, people became focused on attaining material rewards. Marriage became more like a duty or an obligation - a way to legitimize sexuality, and it continued to be governed by rigid gender roles. Men were concerned with job success and making money. Nichols (1986) suggested that the traditional husband was allowed to make major decisions, avoid the drudgery of housework, and often expected to be waited on hand and foot. The price he paid for this 'masculine prerogative' was hiding his feelings, sole responsibility for the family, and little contact with the children. Women who were upwardly mobile set their goals to marry up in social class, at least better than their mothers. Nichols (1986) noted that the traditional wife was not expected to earn a living or perform manual labor. In exchange, she may have had to downplay her intelligence, give up her vocation, and live in the shadow of her husband. Her self-esteem and self-worth were obtained vicariously through her husband's success. She was expected to be completely fulfilled by marriage and child rearing (Schmall, 1981). This stance appears to have been supported by counselors who suggested that a good mother stay at home and devote herself to the tasks of child rearing. Blood & Wolfe's study (1960) found that what a woman appeared to want from her marriage was intimacy, but she seldom attained this. These authors were
among the first to argue that emotional security was not just reserved for the relationship between parents and children but is also needed in the exchange between husband and wife. They indicated American marriages had traditionally offered limited opportunities for such emotional support.

The modern feminist movement of the 1960's was destined to have a tremendous impact on marital intimacy. During this period, women were entering the work force in record numbers. According to Eichenbaum and Orbach (1983), women often encountered discrimination in their work place, and by the late 1960's, there was a new feminist ideology—women are the most oppressed of all people. Values of personal fulfillment, self-realization, self-actualization, and human potential became the ultimate goals of many women and men. With this emphasis on self, in depth commitments and close relationships took a back seat (Kersten & Kersten, 1986). People were struggling to achieve a measure of autonomy and independence away from the traditionally restricted gender roles, even at the cost of isolation. There was a shift toward liberal sexual attitudes, ideas, and behaviors. Whatever else, this personal fulfillment movement gave people the right to focus on themselves and to seek individual happiness (Baruch, Barnett, & Rivers, 1983). In addition, the movement helped to contribute to the greater intimacy found in marriages, for despite all the numerous
changes in individuals' attitudes about alternate life styles, marriage was still of central importance to the vast majority of people. However, this importance was now based more on the interpersonal support that marriage provided. There was an increase in reported marital happiness. In addition, people who were really unhappy in their marriages were much less likely to stay in their marriages, and divorce was no longer viewed as a force weakening marriage but ultimately strengthening marriage in American society (Veroff, Douvan, & Kulka, 1981).

Marriages in the late 1970's as compared to those in the 1950's, were likely to involve more of an intimate, interpersonal relationship between partners rather than an institutional arrangement of interacting roles. Veroff, Douvan & Kulka (1981) suggest that the growth of female power and the greater concern for personal feelings in our culture helped to account for this trend. People seemed to want more closeness in their marriages. In addition, Caplow's 1978 replicated study of Middletown revealed major changes in the style of communication between husbands and wives from that existing in the 1920's and 1930's. Overall, the study indicated a very high level of marital satisfaction and much improvement over marriages 50 years earlier. Interpersonal intimacy had become much more of a vehicle for personal fulfillment and emotional well-being in contemporary society (Veroff, Douvan, & Kulka, 1981).
Kersten & Kersten (1986) listed several reasons for the greater potential for marital intimacy in the 1980's. They suggest first, changes in gender roles have probably had the most significant impact on marital intimacy. When gender roles are such that one gender is dominant and the other subordinate, intimacy is less likely to flourish. In the 1960's, there appeared to be a growing societal expectation that a husband should provide for his wife's emotional needs. Second, there was a growing expectation that marriage should provide personal fulfillment. The human potential movement of the 1970's encouraged people to get in touch with the more feeling or expressive side of themselves. Marital enrichment programs became available and marital therapy became an acceptable alternative to couples who were dissatisfied in their marriage (Kersten & Kersten, 1986). Third, the sexual revolution has given people greater permission sexually which enhances the psychological closeness between husbands and wives. Fourth, life-cycle changes have resulted in married couples spending more years together without the presence of children (Wise & Murry, 1987). The "Golden Years" after the children have left may have the greatest potential for marital intimacy. A century ago, a couple could expect to live together for only 31 years. There was a 50-50 chance that one spouse would die before age 53. Currently, a couple can expect to be together for 44 years, and the expectation is that one or
both spouses will live to age 68 (Glick, 1989). According to Wise and Murry (1987), there are approximately 30 million people in the United States 65 years of age and older, and this number will increase to 51 million by the year 2030.

Theoretical Perspective

It should be noted that it has only been in the last 15 to 20 years that researchers have begun to identify the dynamics that individuals experience during middle age. Researchers such as Gould (1972), Levinson, et al. (1978), Neugarten (1968), Sheehy (1976), and Valliant (1977), began to formulate ideas about changes that individuals may experience during midlife. Prior to this, midlife had been viewed as a time of crisis, a "collective" event that individuals went through and emerged on the other side, battle scars and all, ready to enter into the declining years. Farrell and Rosenberg (1981) agree that the women's movement of the 1970's, as well as the lengthened life span, and the shift away from a child oriented society influenced the idea of studying adult development. What became evident was that there was no "pattern" to follow when trying to study middle age. Levinson, et al. (1978), who conducted extensive research on men at midlife, found as their research progressed, it became evident that, as with
childhood and adolescence, a developmental approach was needed to study adulthood. When they began their project in the late 1960's, there was little theory and even less research about the adult phases of the life cycle and the nature of adult development. They suggested that researchers and clinicians are hesitant to study the course of adult life in depth because of their fear that careful scrutiny will reveal only decline and restrictions. While adults hope life begins at 40, their greatest anxiety is that it ends there. They pointed out that each developmental phase has its virtues and limitations. In order to realize the potentials of midlife, one must know and accept its terms and live his/her life accordingly.

One of the early theoretical forerunners, and often considered to be the "father of the modern study of adult development" (Levinson, et al., p. 4), was Carl Jung. He forged a conception of the entire life cycle, giving particular interest to the second half of life. He described this period as the "noon of life" and used the term individuation to describe the developmental process that occurs during midlife (Levinson, et al., 1978).

Erik H. Erikson (1956) was also an important figure in defining the adult life cycle. He conceived of the life course in eight developmental stages, and each stage focused on a given task or problem. His theory implies a predictable and coherent sequence of psychological and
psychosocial development. This process of development points toward the acquisition and maintenance of an ego identity reflected in the person's sense of well-being. The midlife stage is defined as the period of generativity vs. stagnation. Generativity refers not only to parental concerns and responsibility but also to helping or guiding the next generation to acquire skills, perspectives and values that will permit both self-fulfillment and cultural continuity (Erikson, 1956). Erikson's theory has been one of the main conceptual frameworks from which many researchers examining midlife issues have worked.

Levinson and his colleagues presented a conception of the life cycle as a whole, with more emphasis on early and middle adulthood. In creating their deeper and more complex view of adulthood, they considered both the nature of the person and the nature of society, recognizing that history, culture, and social institutions influence the life of the individual adult (Levinson, et al., 1978).

Many of the early studies that examined middle age focused only on men and their developmental issues, and the assumption appeared to be that women would go through the cycle accordingly. However, studies by Sheehy (1976), Williams (1977), Rubin (1979), Baruch, Barnett, and Rivers (1983), and Sands & Richardson (1986), are illustrating that this is not the case. Some things are similar, but overall the men and women are experiencing different feelings at
midlife. This poses unique challenges to the researcher and/or the clinician working with this group. Neugarten (1968) suggested for both men and women, middle age is the time to take stock of one’s life; reflection is a striking characteristic of the mental life of middle age individual – a time of heightened introspection; of structuring and restructuring of experience, of conscious processing of new information based on what one has already learned in past developmental stages.

Identity Issues

The approach used in this study describes the identity issues for the man and the woman as individuals and then delineates the intimacy issues in the marriage. These men and women range in age from 40 to 55.

Identity Issues for Men

Levinson, et al. (1978) noted that when a man arrives at the midlife transition which Levinson classified as between ages 40 to 44, he is more able to deal with illusions about himself. (In earlier developmental stages, he has tended to attribute problems more to his wife than to himself, and his developmental thrust has been more toward mastering his external world than exploring the self.)
Often, a man is only dimly aware of his changing thoughts and feelings. At the height of his difficulties, he may be unable to talk clearly about issues or to sort them and may feel trapped without clear direction - pulled in opposite ways from the external influences and full of conflict and despair inside. Nolen (1964) suggested that midlife is a time in which the man must deal with the disparity between what he is and what he dreamed of becoming. Cox (1987) suggested that the man's midlife crisis centers around letting go of the impossible dream of youth and beginning to recognize that not all of his dreams will be achieved. Farrell & Rosenberg (1981) found that at midlife man becomes vulnerable to reexperiencing longstanding conflicts, unfulfilled aspirations, and profound self-defeat. He has the experience of arriving at culmination - a turning point - and must deal with issues about successes or failures at work, his own mortality and illness and death of others, especially his aging parents, and major difficulties or satisfaction in family life (Levinson, et al., 1978). An important aspect of this issue which has an impact upon the marriage is that as he is becoming more affiliative his wife is moving towards less involvement with the family. As Jung has indicated, it is a developmental process in which a man becomes more uniquely individual, and he acquires a clearer and fuller identity of his own. At some point during this period, Neugarten (1968) noted that a man must make new
choices about his life or recommit to old choices on different terms. Farrell and Rosenberg (1981) noted that the experience of midlife seemed to heighten the man's awareness of and sense of vulnerability to the many changes of this life stage. However, undergoing this "crisis" is not in itself pathological but he must feel some discomfort in order to make the necessary changes. If he does not allow this, he may lose an opportunity for personal development. This is what Erikson (1956) referred to as stagnation. It is a time when he must deal with his own mortality, but in so doing, he deals with the dying self of youth so that the self can be made more whole. As Gould (1972) points out, a special task of middle adulthood is to become aware of both the child and the elder in oneself and in others.

**Identity Issues for Women**

As mentioned earlier, research about women's issues during midlife is in its beginning stages. Rubin (1979), author of *Women of a Certain Age*, feels very strongly that the women's movement has opened the way for this research. She noted that without it, a book such as hers probably would not have been written, and no one would have dared publish it. What is becoming evident, however, is that women's issues are different from men's issues. Sheehy (1976) stated that if the struggle for men is generativity
vs. stagnation, the comparable task for women is to transcend dependency through self-declaration. Throughout her life, the woman has been nurturant to her husband and children. Therefore, it is not through more caregiving that she looks for replenishment of purpose during the "noon of life"; it is through cultivating talents left half finished, permitting ambitions to flourish, and becoming aggressive in the service of her own convictions. She engages in transcending sex role stereotypes and becomes more androgynous (Sands & Richardson, 1986). Rubin (1979) added, "It is a time of endings and also a time of beginnings" (p. 6).

Rubin (1979) identified midlife for a woman as the point in the life cycle when the children are grown and for the first time in her adult life, she can attend to her own needs, her own desires, her own development as a separate and autonomous being. Thus, the issue of identity becomes a major focus. As a young adult, a woman was torn - does she develop the intellectual and intuitive parts of self or concentrate on getting married and having a family? (Rubin noted that men also have a "divided" self - a division that leaves their emotional intuitive side less well developed than their intellectual, achieving one.) Josselson's (1987) theory of identity development in women suggests that a central aspect of identity in young women is the commitment to a self-in-relationship rather than a self that stands
alone, facing an abstract world. Interpersonal competence is more important than autonomy, which is the usual focus for men. Gilligan (1982) noted that men and women operate with different internal models. Women conceptualize and experience the world in a "different voice," their world is more person-centered and empathic, more emotionally connected and less abstract than that of men. Chodorow (1978) suggested that the basic feminine sense of self is connected to the world, and the basic masculine sense of self is separate.

Rubin (1979) concluded that for the woman, family is the core of her life; for the man, it's at the periphery. Work is the man's most important social task, and marriage and motherhood give the woman her social identity. She defines herself vicariously through the lives of others until she reaches midlife. It is at this point she must make the decision about pursuing her own personal identity. For most women, this becomes a major undertaking because there is little social support. She questions what her rights are, is unsure what she can ask of her family, and suffers guilt and discomfort when moving toward a life of her own. Thus, she has both internal and external pressures to deal with.

Baruch et al's. (1983) theoretical framework to define a woman's sense of well-being had two components: Mastery (self-esteem, sense of control, low levels of depression and
anxiety) which is usually expressed through work, and Pleasure (satisfaction, happiness, and optimism), which is expressed through relationships. They concluded that in order for a woman to have a well-grounded sense of identity, she must have a sense of Mastery, a sense of achievement. Baruch, et al. (1983) added, "Relationships can only enrich and deepen a person's life, they cannot transform who a person is" (p. 20). Again, the importance of attaining a sense of self is the goal for a middle-aged woman. In addition to finding her own identity she is reassessing interpersonal relationships, her physical being, and the meaning of work and achievement. The need for self-expression and self-actualization would appear to be paramount during middle age (Sands & Richardson, 1986).

Intimacy/Marital Satisfaction Issues

The period of a couple's middle years typically lasts longer than any other stage of the family life cycle (Duvall, 1977). The question arises: What happens to the marriage as the couple enters this developmental stage? Since the first empirical exploration of marital satisfaction (Hamilton, 1929), there has been a plethora of research reports confirming or disputing findings regarding understanding and describing changes in marital satisfaction over the family life cycle. Spanier, Lewis, and Cole (1975)
indicated that the quality of the marital relationship over the family life cycle has commanded much interest among family researchers. Most agree that there is initially a decrease in marital satisfaction and adjustment in the early years of marriage. However, in the middle and later stages, the evidence is less clear. Some studies suggest a general decline in marital satisfaction while others propose a leveling off followed by an increase in marital satisfaction in the later years (Blood & Wolfe, 1960). Rollins and Feldman (1970) and Rollins and Cannon (1974) provided data which suggested a curvilinear relationship between marital satisfaction and stage of the family life cycle. The study by Spanier, Lewis, and Cole (1985), however, provided only partial support for the significance of curvilinearity. They cited use of cross-sectional data and the influence of conventionality and social desirability as possible reasons that previous studies have shown a more clearly defined curvilinear relationship between marital satisfaction and stage of family life cycle.

Terman and Oden (1956), who conducted a longitudinal study on gifted students, found that being highly intelligent is not an obstacle to marriage. Eighty-five percent (85%) of their subjects, whose average age was 44 at the time of this study, and their spouses rated their marriage as above average in happiness.

Silverberg and Steinberg (1988) indicated that dimin-
ishing marital satisfaction over the family life cycle has been consistently found in many studies, but few of these studies have attempted to explain this decreased satisfaction. These authors suggest different possibilities for this decrease in marital satisfaction:

1. biological, cognitive and social changes of adolescence destabilize the family system and have an indirect negative impact on the marital dyad, 2. changes in parent-child relationships apart from intrapersonal development of adolescent (new parenting concerns such as curfew, dating) may provoke changes in marital relationships, 3. and/or, the middle aged adult's individual psychological concerns. Anderson, Russell, and Schuum (1983) also stated that the number of children and length of marriage have an impact on marital satisfaction. Clemens and Axelson (1985) noted that for some midlife couples, adult children in the home may have significant negative effects upon a marriage. Possible issues that the couple may be faced with are: (1) they may be prevented from evaluating and resolving marital issues which have been "on hold" while the children were at home, and (2) they may be deprived of the freedom they had anticipated when the children left home. This could interfere with their developing a more intimate, satisfying relationship. Wise and Murry (1987) stated that often these couples are part of the "sandwich generation", caught between their young adult children and their aging parents and caught
between caring for someone else's needs and their own needs. Often they must delay or postpone their plans for getting on with their lives as a couple, and frequently they experience stress, anger, and resentment. In addition, the upward curve in marital satisfaction is delayed.

Anderson, Russell, and Schuum (1983) indicated that middle adulthood is a time of increased concern about identity related issues. Neugarten (1968), who studied midlife issues from a developmental perspective, noted that important differences emerge as men and women age. Men seem to become more receptive to affiliative and nurturant feelings, and women become more responsive toward and less guilty about aggressive and egocentric impulses. Farrell & Rosenberg (1981) also reported that approximately 40% of the men in their sample (aged 38 to 48) experienced strong feelings of restlessness, discontent, confusion, and self-doubt. They suggested that it is reasonable to assume that these feelings may provoke disenchantment in the marital relationship, regardless of changes in the adolescent or in the parent-adolescent relationship. Sheehy (1976) stated that each spouse is searching for his/her missing personality parts, and it is difficult for each to attain a resolution without a struggle. The intimacy balance within the marriage will almost surely be upset because each spouse is so busy attending to his/her own issues.

Being open to intimacy depends on a strong identity and
during the midlife cycle, identities become very shaky (Farrell & Rosenberg, 1981; Levinson, et al., 1978; Sheehy, 1976). Steinberg and Silverberg (1987) found that wives, but not necessarily husbands, seem to experience intense concerns about identity at midlife, and this appears to lead to and maintain diminished marital satisfaction. Sheehy (1976) noted that it is critical to realize that self absorption at this stage of life is natural. Some breakdown of communication is predictable, and this leaves the husband and wife open for misinterpretation. Steinberg and Silverberg (1987) noted that because the wife is undergoing some role changes (i.e., she is no longer as focused on caring for the children and she is allowing herself to focus more on her individual needs) she is more likely to provoke fundamental negotiation and reorganization of the marital dyad.

Sheehy (1976) suggested no couple's marital contract is forever, and it certainly must be renegotiated at midlife. If the wife's mounting assertiveness and the husband's emerging feelings of connectedness are not allowed healthy expression, these issues will come out in some other form, usually in withdrawal in which they may stop talking, touching, caring, or even being there for each other. If the man and the woman are to emerge as whole beings, his/her sexually opposite side (his nurturant side, her assertive side) must be made conscious. Only then can each be truly independent. However, during this phase, each will feel
very alone. The question arises: How is it that accepting one's aloneness allows him/her to become more loving? Once, a person's individuality is no longer endangered, he/she can be more giving to the other. The challenge is getting through this phase together (Sheehy, 1976).

Friske (1979) thinks that conflict in interpersonal relationships may or may not arise, depending in part on timing. If the wife is seeking more mastery through work or other resources at the same time the husband is seeking more love and support, the problems of each become compounded by awareness that any resolution which could free one may inhibit the other and threaten the marriage. Just at the time she is ready to strike out, go to school, get a job, kick up her heels, he is drawing back, gasping for breath, reassessing his life, and becoming more of a "family man". Gould (1972) noted that for the first time in a couple's life, her work and her interests interfere with his life. It upsets the existing state of the relationship, especially when he doesn't know where it will end. Couples who are able to respond to their inner changes and new circumstances by accepting differences and developing flexibility in sex role behavior are able to achieve a renewed sense of closeness. Those who cannot accommodate to individual differences face serious marital discord (Sands & Richardson, 1986).

Bart (1970) has suggested that we may be mistaking
individual adjustment and satisfaction for marital adjustment. Spanier and Sauer (1979) indicated that age cohort stages are more useful for understanding "husband" variables, whereas family life cycle stages are more useful for understanding "wife" variables. They suggest that the presence and age of children are indicative of transition periods more critical for the wife than the husband whose career is typically less affected by changes in the family structure.

Schram (1979) suggested that the findings of many of the studies about midlife issues failed to be consistent, unambiguous, or conclusive. She cited methodological weaknesses, interpretations of findings being narrow due to the nature of the limitations of the research, and the designs that did not account for the meanings and conceptions of phenomena held by the individuals that were studied. Silverberg and Steinberg (1987) noted that a major methodological weakness in the overwhelming majority of research in the midlife area has been the collection of data on individuals (males and females) with subsequent inferences being made to the couple unit. The present study attempts to address this area by asking intact, midlife couples to complete questionnaires. The bulk of the data is quantitative, but questions have been included to allow each spouse to qualitatively elaborate his/her perceptions about changes experienced relative to identity issues, intimacy issues,
and marital satisfaction.
CHAPTER III

METHODOLOGY

Instruments

The Waring Intimacy Questionnaire (WIQ) is a 90-item self-report questionnaire which purports to measure the quality and quantity of intimacy in a marriage. It was developed from the theoretical position that interpersonal relationships can be defined by three relatively independent dimensions: boundary, power, and intimacy. Since intimacy is a process, boundary and power cannot be isolated from the definition of intimacy. In an enduring relationship, such as marriage, research suggests that intimacy is the primary dimension which determines marital adjustment (Waring, 1983).

The WIQ was developed using a sequential strategy based on fundamental principles of scale construction developed by Jackson. This procedure emphasizes: (1) the importance of a psychological theory; (2) the necessity of suppressing response style variance; (3) convergent and discriminant item selection procedure and validation; and (4) scale homogeneity and generalizability (Waring, 1984).

The WIQ was designed to give a total intimacy score based on 40 items which most determine the level of intimacy
in a marriage. In attempting to operationally define intimacy, Waring et al. (1981) concluded that the concept is multifaceted. The WIQ measures eight facets of interpersonal intimacy as well as social desirability. One of these facets is identity which addresses the couples' level of self-confidence and self-esteem. The other facets measured by the WIQ are: conflict resolution, affection, cohesion, sexuality, compatibility, expressiveness, and autonomy.

Convergent and discriminant validity of the WIQ were determined by administering the WIQ, the Personal Assessment of Intimacy in Relationships (PAIR), an instrument which measures both perceived and expected levels of intimacy, and the General Health Questionnaire, a 60-item screening instrument designed to detect nonpsychotic emotional illness to 16 couples who were psychiatric patients at that time. There was a statistically significant negative correlation between the GHQ and the WIQ with a correlation coefficient of -0.62, (p <.05) supporting the validity of the theory that the level of intimacy is inversely correlated to the prevalence and severity of non-psychotic emotional illness (Homes & Waring, 1980). Reliabilities, test-retest and internal consistency, were high, ranging from .73 to .90. Factor analysis yielded scales that were minimally redundant, highly reliable, and relatively free from response bias.
Waring's norms are based on "a general population sample of 253 individuals." (Waring, 1984, p. 189). This sample included 125 husbands and 127 wives. Most subjects were between 20 and 35 years of age (72.6%), and had been married 4 - 10 years (43.2%).

The other instrument used in the present study was the Marital Satisfaction Scale (MSS) developed by Roach. The Marital Satisfaction Scale Form C was designed to assess an individual's level of satisfaction with his/her own marriage (Roach, Frazier, Bowden, 1981). Research results have indicated that the instrument has high internal consistency, (r = .956), sufficient test-retest reliability and validity, and a low degree of contamination with social desirability. Additional tests are currently being conducted to establish the validity and reliability of the shorter version 24 item MSS. Thompson's (1978) results of research indicate that the MSS can reflect stability of attitude during a period of nonintervention as well as attitudinal change related to marital intervention, i.e., marital therapy.

Pilot Study

In February, 1990, a pilot study was conducted with a sample of 6 couples (12 individuals). The purpose of this pilot was to identify any ambiguous or confusing terminology and to obtain overall reactions to the proposed
questionnaire. As a result of feedback, ambiguous, confusing directions and items in the questionnaire were added or reworded. In the demographic section, respondents were unclear about how to respond to questions regarding income and number of children living in the home. These items were reworded. Several respondents suggested that information about religion be included and this was added. Some respondents were offended by questions regarding sex, however, these were items on the W1Q and MSS, and they could not be altered. Qualitative questions regarding identity, intimacy, and marital satisfaction, were added since some individuals indicated an interest in elaborating on these issues.

Sample

Data were collected from a purposive sample of 48 (96 individuals) midlife couples. These individuals ranged in age from 40 to 55 and had been married to each other for at least 10 years. Twenty-five couples were classified as non-clinical (not in marital therapy at the present time) and 23 couples were classified as clinical (currently in marital therapy). A modification of snowball selection (Smith, 1981) was used to obtain names and addresses of the non-clinical couples living in the Roanoke, Blacksburg, and
Radford areas who met the requirements to participate in this study. The snowball technique was deemed an appropriate sampling technique for this population because of the difficulty of locating these couples using random sampling methods. Initial contacts were made through personal acquaintances. These initial respondents provided names of other couples. Thirty couples were identified through this process.

In order to obtain couples for the clinical portion of the sample, appointments were made with 10 therapists in the area, explaining the purpose of the study and requesting names and addresses of couples who would be willing to participate. In addition, the administration at Roanoke Valley Psychiatric Center granted permission that inpatients of Drs. Luedke, Hartman, and Camp could be interviewed to assess their willingness to participate in the study. Names and addresses of 30 couples were obtained from these sources.

A packet containing the cover letter, separate questionnaires for both husband and wife, and two stamped, preaddressed reply envelopes was mailed to the 60 couples on the mailing list.

Responses were received from 48 couples, a response rate of 72%. The response rate was calculated as the percentage of contacts with eligible respondents that resulted in completed questionnaires from both spouses.
in the couple.

Responses to questionnaire items were coded and entered on the computer. Negatively worded items were reverse coded to read in a positive direction. All analyses were calculated using the SPSS-X system for analysis.

Description of Sample

Respondents were predominantly white, middle-class professionals who reside in the Roanoke Valley area. They ranged in age from 40 years of age to 55 years of age. Overall, they were well-educated with above average incomes. Table 1 provides more detailed demographic data.
<table>
<thead>
<tr>
<th></th>
<th>Males Nonclinical (N=25)</th>
<th>Males Clinical (N=23)</th>
<th>Females Nonclinical (N=25)</th>
<th>Females Clinical (N=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age in Years</td>
<td>47.3</td>
<td>47.2</td>
<td>45.9</td>
<td>41.7</td>
</tr>
<tr>
<td>Average Length of</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage in Years</td>
<td>22.2</td>
<td>22.1</td>
<td>22.2</td>
<td>22.1</td>
</tr>
<tr>
<td>Average Age at</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage</td>
<td>24.7</td>
<td>25.1</td>
<td>23.2</td>
<td>23.0</td>
</tr>
<tr>
<td>Number of Children</td>
<td>2.3</td>
<td>2.5</td>
<td>2.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Education Attainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>15%</td>
<td>10%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Some College</td>
<td>19%</td>
<td>15%</td>
<td>48%</td>
<td>35%</td>
</tr>
<tr>
<td>College</td>
<td>39%</td>
<td>39%</td>
<td>23%</td>
<td>30%</td>
</tr>
<tr>
<td>Graduate School</td>
<td>27%</td>
<td>36%</td>
<td>15%</td>
<td>22%</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>92%</td>
<td>100%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>Black</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
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<td>0%</td>
</tr>
<tr>
<td>Average Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
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<td>$55,000</td>
<td>$65,000</td>
<td>$55,000</td>
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<td>Occupational Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job</td>
<td>20%</td>
<td>40%</td>
<td>48%</td>
<td>56%</td>
</tr>
<tr>
<td>Career</td>
<td>80%</td>
<td>60%</td>
<td>52%</td>
<td>44%</td>
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<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Protestant</td>
<td>83%</td>
<td>81%</td>
<td>85.5%</td>
<td>78%</td>
</tr>
<tr>
<td>Catholic</td>
<td>17%</td>
<td>19%</td>
<td>14.5%</td>
<td>22%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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</table>
CHAPTER IV

RESULTS AND DISCUSSION

RESEARCH QUESTION 1

Are midlife men and women struggling with identity issues? Do identity issues differ for men and women?

Independent t-tests were done to compare how men and women in this sample scored relative to norms for the WIDQ Identity scores. (These norms were recommended by Dr. Waring in a phone conversation on 3/12/90 and were published in the Journal of Clinical Psychology in January, 1983. Table 2 gives the mean scores and standard deviations for men and women in the present study and means and standard deviations from Waring's study. The scores from Waring's study are ones he recommended as norms. Table 3 gives means and standard deviations for the nonclinical and clinical subgroups in the present study.) Results of these independent t-tests are shown in Table 4 for men and Table 5 for women.

When an analysis was done including all males in this study, men scored below Waring's (1983) norms for identity, but the difference in the scores were not statistically significant (t (122) = 1.59, p > .05). When the sample was divided into subgroups of nonclinical and clinical males, again there was little difference in scores for men in the
TABLE 2

Means and Standard Deviations for Males and Females
Present Study and Warin’s Study

<table>
<thead>
<tr>
<th></th>
<th>Present Study Data</th>
<th>Warin’s Study Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males (N = 48)</td>
<td>Females (N = 48)</td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
</tr>
<tr>
<td>Identity</td>
<td>7.20</td>
<td>2.58</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>6.68</td>
<td>2.68</td>
</tr>
<tr>
<td>Affection</td>
<td>7.02</td>
<td>1.87</td>
</tr>
<tr>
<td>Cohesion</td>
<td>7.33</td>
<td>1.92</td>
</tr>
<tr>
<td>Sexuality</td>
<td>5.85</td>
<td>2.25</td>
</tr>
<tr>
<td>Compatibility</td>
<td>6.54</td>
<td>2.14</td>
</tr>
<tr>
<td>Autonomy</td>
<td>6.16</td>
<td>1.86</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>5.60</td>
<td>2.35</td>
</tr>
<tr>
<td>Social Desirability</td>
<td>4.04</td>
<td>3.23</td>
</tr>
<tr>
<td>Intimacy</td>
<td>22.54</td>
<td>5.37</td>
</tr>
<tr>
<td>Marital Satisfaction</td>
<td>101.23</td>
<td>9.75</td>
</tr>
</tbody>
</table>

Note - Total Intimacy is based on the 40 most efficient items from the eight content scales.
### TABLE 3

**Means and Standard Deviations for Subgroups**

#### MALES

<table>
<thead>
<tr>
<th></th>
<th>Nonclinical (N = 25)</th>
<th>Clinical (N = 23)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
</tr>
<tr>
<td>Identity</td>
<td>7.86</td>
<td>1.93</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>7.00</td>
<td>2.81</td>
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<tr>
<td>Affection</td>
<td>6.63</td>
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<tr>
<td>Cohesion</td>
<td>6.77</td>
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<td>Sexuality</td>
<td>5.59</td>
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<td>Compatibility</td>
<td>6.54</td>
<td>2.26</td>
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<tr>
<td>Autonomy</td>
<td>6.45</td>
<td>1.94</td>
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<tr>
<td>Expressiveness</td>
<td>5.59</td>
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<tr>
<td>Social Desirability</td>
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<tr>
<td>Intimacy</td>
<td>22.27</td>
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<tr>
<td>Marital Satisfaction</td>
<td>102.90</td>
<td>9.84</td>
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#### FEMALES

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<thead>
<tr>
<th></th>
<th>Nonclinical (N = 25)</th>
<th>Clinical (N = 23)</th>
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<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
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<tr>
<td>Identity</td>
<td>7.43</td>
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<tr>
<td>Conflict Resolution</td>
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<tr>
<td>Affection</td>
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<tr>
<td>Cohesion</td>
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<tr>
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<td>Compatibility</td>
<td>7.64</td>
<td>2.42</td>
</tr>
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<td>3.18</td>
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<td>Expressiveness</td>
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<td>Social Desirability</td>
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<td>Intimacy</td>
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<td>Marital Satisfaction</td>
<td>102.86</td>
<td>8.88</td>
</tr>
<tr>
<td></td>
<td>WIQ Present Study</td>
<td>t-Values</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------</td>
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<tr>
<td><strong>MALES</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(N=76)</td>
<td>(N=48)</td>
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<tr>
<td>Identity</td>
<td>7.92</td>
<td>7.20</td>
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<tr>
<td>Conflict Resolution</td>
<td>7.68</td>
<td>6.68</td>
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<td>Affection</td>
<td>7.68</td>
<td>7.02</td>
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<td>22.54</td>
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<td><strong>NONCLINICAL MALES</strong></td>
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<td>(N = 76)</td>
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<td>Intimacy</td>
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* Denotes Significance p = .05
| TABLE 5  |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| **Independent t-Tests Comparing WIQ Scores**  |
| And Study Scores for Women  |

| FEMALES | WIQ Present Study | t-Values | df |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| (N=76) | (N=48) | | |
| Identity | 7.03 | 6.60 | 0.870028 | 122 |
| Conflict Resolution | 7.87 | 6.43 | 2.98910 * | 122 |
| Affection | 7.87 | 7.20 | 1.66087 | 122 |
| Cohesion | 7.41 | 6.81 | 1.73269 | 122 |
| Sexuality | 6.51 | 5.22 | 3.31672 * | 122 |
| Compatibility | 7.45 | 7.14 | 1.719163 | 122 |
| Autonomy | 7.36 | 5.91 | 4.74976 * | 122 |
| Expressiveness | 8.54 | 6.79 | 5.15946 * | 122 |
| Social Desirability | 5.12 | 3.68 | 2.42507 * | 122 |
| Intimacy | 25.25 | 22.58 | 2.55985 * | 122 |

| NONCLINICAL FEMALES | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| (N=76) | (N=25) | t-Values | df |
| Identity | 7.03 | 7.43 | 0.86626 | 99 |
| Conflict Resolution | 7.87 | 7.00 | 1.83297 | 99 |
| Affection | 7.87 | 7.30 | 1.76339 | 99 |
| Cohesion | 7.41 | 7.08 | 1.02398 | 99 |
| Sexuality | 6.51 | 5.08 | 3.98547 * | 99 |
| Compatibility | 7.45 | 7.14 | 1.711545 | 99 |
| Autonomy | 7.36 | 6.17 | 3.37963 * | 99 |
| Expressiveness | 8.54 | 7.17 | 3.74998 * | 99 |
| Social Desirability | 5.12 | 4.34 | 1.22709 | 99 |
| Intimacy | 25.25 | 24.08 | 1.06411 | 99 |

| CLINICAL FEMALES | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| (N=76) | (N=23) | t-Values | df |
| Identity | 7.03 | 5.75 | 2.52753 * | 97 |
| Conflict Resolution | 7.87 | 5.79 | 4.33898 * | 97 |
| Affection | 7.87 | 7.12 | 1.56170 | 97 |
| Cohesion | 7.41 | 6.54 | 2.34054 * | 97 |
| Sexuality | 6.51 | 5.25 | 3.01566 * | 97 |
| Compatibility | 7.45 | 6.66 | 1.84746 | 97 |
| Autonomy | 7.86 | 5.75 | 6.75802 * | 97 |
| Expressiveness | 8.54 | 6.41 | 6.83039 * | 97 |
| Social Desirability | 5.12 | 3.00 | 3.88123 * | 97 |
| Intimacy | 25.25 | 20.91 | 4.54447 * | 97 |

* Denotes Statistical Significance p = .05
nonclinical sample and those of the WJQ norms (t (99) = .159, p > .05). However, there was a statistically significant difference for males in the clinical sample (t (97) = 2.56, p < .05) when compared to Waring's sample. These findings were interpreted as men who are in counseling may be reexamining their identity. Erikson (1956) postulated that individuals are confronted with psychological and psychosocial tasks at each developmental stage, and these tasks must be resolved to some degree of mastery to achieve a healthy personality and sense of identity. For these men, the tasks are generativity versus stagnation. If they are unable to work through these, they may feel disconnected from their spouse/family, and unable to guide the next generation to acquire skills, perspectives, and values.

Participants were asked to respond to a qualitative question pertaining to identity. The following comments by some of the men may more clearly illustrate their feelings about their identity.

One man in the nonclinical sample wrote: "I have been able to find peace within myself through spiritually doing things I really like to do. Feeling confident that my goals thus far I have accomplished."

Another man from the nonclinical sample wrote: "I am able to express my goals and dreams more today than I could have done 10 years ago."
Another nonclinical man commented: "You are what you are because that's what you want to be. I was able to overcome what I was 10 years ago."

These comments appear to suggest that some of the men may have already gone through their "identity crises."

Comments by some of the clinical men are as follows. One who stated his sense of identity was based more on his relationship with spouse and/or family wrote: "We are much closer and attempting to iron out problems. We are working toward common goals better."

Another who also identified family as basis of identity wrote: "10 years ago I was a drinking alcoholic - I had no relationships other than my drinking. I have not had a drink in over 8 years now. The family relationship is most important although I am work oriented."

Another man who indicated his identity was based more in his work wrote: "My sense of who I am has been developed by my education, my work, and the goals I have established for myself."

Another added: "I feel that I have grown within my business and profession; my identity has grown there. My relationship with the family has stayed the same."

Still another added: "You are yourself - influences of mate and family do not interfere."

Women in this sample had somewhat lower scores than those for females in Waring's study, but these scores were
not statistically significantly lower \((t (122 = .87, p > .05)\). This group was then divided into subgroups of non-clinical and clinical females. There was no statistically significant difference between scores for the non-clinical women and the WIQ norms \((t (99) = 0.86, p > .05)\). However, women in the clinical sample had mean scores that were lower than the WIQ norms, and these scores were statistically significant \((t (97) = 2.53, p < .05)\).

The findings for nonclinical women in this sample do not support earlier findings in the literature (Rubin, 1979; Baruch, et al., 1983) which stated that women are struggling with identity issues. Since the average age for the females in this subgroup was 45, one possible explanation is that some of these women have worked through their "crisis". (However, the findings for clinical women do suggest that these women may be struggling with identity issues.) Comments on the qualitative questions by some of the nonclinical women would appear to support the idea that they have worked through or are in the process of working through their identity issues.

One woman wrote: "Ten years ago at age 32 I would have said answer #2 (my sense of identity is based more on my relationship with my spouse and/or family). Now I realize that for me, if I'm identified only as a wife and mother that I feel a sense of not being complete. I need my own goals and achievements to go along with those that we have
as a family. I like having my own identity."

Another woman commented: "Just recently (in the past 3 years) I have started to regain my sense of identity and self-worth. I believe I unknowingly let those slip away while concentrating on being a good wife and mother."

Still another said: "I have come to realize that these are the things that will ultimately lead to my fulfillment rather than being fulfilled through someone else. Also I have come to value myself and my individual goals. I have found my spouse has been surprisingly supportive."

Another wrote: "By seeking and finding my identity (going back to school and becoming licensed), I feel good about myself, and this has enhanced my relationships with my spouse/family." Her comment supports Sheehy's (1976) observation that once individuals have worked through this identity phase, relationships can be strengthened.

As mentioned earlier, the women in the clinical sample scored significantly lower on the identity scale than those women in Waring's (1983) study. Their comments on the qualitative questions were not as positive as those of the nonclinical women.

One woman seemed pleased with her sense of identity but felt unsupported by her husband. She wrote: "My personal achievements have been accomplished with little support from my spouse because he didn't think what I did was important although now that I have achieved it he (spouse) would
like credit.

Another woman in clinical sample wrote: "My children have gone off to college and my husband has returned to graduate school. I have found myself with a great deal of time on my hands. I have tried to fill it by getting a job and by returning to school - all things centered around me as an individual."

Still another women commented: "I am very codependent on my husband and daughter, thus often I have to stop and say, 'I am me'. I try to make things right and happy for them and I often neglect myself."

These women appear to be trying to make a decision about what to do with their lives now that they are not as focused on family. As Sheehy (1976) observed, they are working toward transcending dependency through self-declaration.

In summary, when examining identity issues for midlife men and women, this researcher found:

(1) men and women in the nonclinical subgroup did not appear to be experiencing an identity crisis.

(2) men and women in the clinical subgroup were in the process of reworking identity issues. These women appear to be working toward defining their identity more through work and school than through their relationships with their spouse and/or children. The issues for men
were less clearly defined. Most men still viewed work as the main source of their identity. In general they did not seem to have made the transitions that Levinson et al. (1978) predicted for midlife men, i.e., work becomes secondary to family relationships. Perhaps this is where they are "stuck". Some of these men appeared to be working toward being more emotionally available/involved with their spouse.

**Research Question 2**

Are husbands and wives experiencing intimacy issues during midlife? If yes, are they similar or different ones?

Independent t-tests comparing intimacy scores for males and females in this sample and those in Waring's sample were run. These intimacy scores were obtained by totaling positive responses to certain items in each subscale that best denotes intimacy and then subtracting the positive social desirability item (per the WID Scoring Manual). There is a possible total score of 40; Waring (1983) recommended a score of 25 as an average intimacy score. (See Table 4 p. 42 for results for men; Table 5 p. 43 for results for women.) Intimacy scores between these two samples for both men and women, except for nonclinical females, were statistically significant.

The intimacy score for men in the nonclinical subgroup
was 22.27 and 22.76 for the clinical males. These scores are lower than the norm of 25 that Waring had recommended. Independent t-tests showed a statistically significant difference for both subgroups when scores were compared to those on the WIQ normative group, (t (99) = 3.06, p < .05) for the nonclinical males and (t (99) = 3.07, p < .05) for the clinical males.\)

Intimacy scores for nonclinical women were 24.08. This score is close to 25, the norm recommended by Waring. Results of the independent t-tests for these women were not statistically significant different from those scores in the WIQ norms (t (99) = 1.06, p > .05). Intimacy scores for clinical women were 20.91. Results of independent t-tests for these women comparing these intimacy scores to those of the WIQ norms were statistically significant (t (97) = 4.54, p < .05). Both nonclinical and clinical men and clinical women in this midlife sample appear to think that the intimacy in their relationships is not as satisfying as it is for men and women in the WIQ normative groups. This would suggest that these midlife men and women may feel emotionally disconnected from their spouses at this particular point in their relationship. Women in the clinical sample had a mean score of 20.91 bordering on what Waring and Reddon (1983) referred to as deficient intimacy. These women appear vulnerable, to anxiety, depression and marital discord, not only in terms of unresolved identity
issues, but also in terms of their perception of the
closeness they feel towards their spouses. It is
interesting to note, however, that the nonclinical women do
not indicate problems with intimacy in their relationships.
One would wonder how this dilemma is played out when these
women are relating to their spouses who do indicate problems
with intimacy in their relationships.

RESEARCH QUESTION 3

Are intimacy issues different for nonclinical and
clinical couples?

Waring, Patton, and Linker (1986) operationally defined
four types of intimacy based on (1) total intimacy scores,
(2) the pattern of the 8 subscales (quality of intimacy),
and (3) social desirability. These four types are: optimal
intimacy (spouses have scores between 25 - 40 and low SD
scores); pseudo intimacy (spouses score above 20 but also
score excessively high on social desirability, suggesting
their scores are inflated in an attempt to describe their
relationship as they think it should be rather than the way
it is); average intimacy (scores between 20 - 24 and
variability of subscale scores). These are usually couples
who seek outpatient therapy; and absent or deficient
intimacy (scores under 20 and subscales are uniformly low.)

Waring's levels/types of intimacy were used to
examine this question. Table 6 shows a summary of levels
## TABLE 6

**Frequency of Four Types of Intimacy For Couples**

<table>
<thead>
<tr>
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<th>NONCLINICAL</th>
<th>CLINICAL</th>
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<tbody>
<tr>
<td>*Optimal Level</td>
<td>6 (24%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td><strong>Pseudo</strong></td>
<td>7 (28%)</td>
<td>3 (13%)</td>
</tr>
<tr>
<td>***Average</td>
<td>3 (12%)</td>
<td>10 (43%)</td>
</tr>
<tr>
<td>****Deficient/Absent</td>
<td>4 (16%)</td>
<td>4 (17%)</td>
</tr>
<tr>
<td>*****Unable to Classify In Categories</td>
<td>5 (20%)</td>
<td>5 (21%)</td>
</tr>
</tbody>
</table>

*Optimal Intimacy - scores range from 25 - 40 with low social desirability scores

**Pseudo Intimacy - scores are above 20 with high social desirability scores

***Average Intimacy - scores range between 20 - 24 and variability on subscale scores

****Deficient/Absent Intimacy - scores are below 20 and subscales are uniformly low

*****Unable to Classify In Categories - scores by spouses are so varied that they will not fit into another category
for nonclinical and clinical couples.

According to Waring (1986), one in every 10 couples (10%) will develop optimal intimacy. Typically these couples come from families characterized by open communication and intimacy and have had close relationships with parents, siblings, and peers. These couples have similar values, goals, and attitudes. In this study, six nonclinical couples (24%) reported optimal intimacy in their relationship. In sharp contrast, only one couple (4%) in clinical sample reported optimal intimacy. (A proportion test was done, and scores between these two groups were not statistically different.)

On the questionnaire, respondents were asked to comment on the level of intimacy in their marriages. Some of the comments from couples in the optimal level were as follows:

**Couple #1**

**Wife:** "The longer we live and share a life together, the more intuitive I am to his feelings and needs."

**Husband:** "My feelings for my spouse have always been to the utmost... whether socially, emotionally, or sexually, her support is unbelievable. I now feel that there are many ways of reciprocating because of my personal success due mainly to her support. This is now my major goal in life."
Couple #2
Wife rated level of intimacy as more intimate but made no comment.
Husband stated: "When I think about my spouse and have the urge to say things to her that are emotional, supportive, and feeling comfortable, I say it now. Ten years ago, I didn't."

Couple #3
Wife: "We are now in the process of rebuilding our marriage . . . getting to know each other and trying not to change each other."
Husband: "Since I left my job, I am more comfortable with my wife."

Couple #4
Wife: "We have both grown more in the past 10 years and worked out problems together."
Husband: "Although we have both had problems at times expressing our feelings - much, much improved now on my part, and I believe also my spouse's."

According to Waring (1988), two of every 10 couples (20%) who marry develop a pattern of pseudo intimacy. These couples have more areas of weaknesses than strengths in their intimate relationship; but for many reasons, they attempt to make a good impression. The most common pattern
of pseudo intimacy is one where one spouse (usually the wife) perceives the relationship as lacking in compatibility and affection and does not have a close, confiding relationship with her husband. The wife will remain in the relationship for the children, social acceptability, or fear of insecurities but will seek medical help for anxiety or depression. In this study, 7 of the 25 couples (28%) in the nonclinical sample reported pseudo intimacy, whereas only 3 of the 23 couples (13%) in the clinical sample reported pseudo intimacy. (These scores were not statistically different.)

Some of the responses by couples in pseudo intimate relationships are as follows:

**Couple #1**

Wife: "I feel our marriage is more intimate because even though we may not agree on certain matters in our life, we can still express to each other the way we feel and still be close."

Husband: "Grown closer together."

**Couple #2**

Wife: "The time we have spent together sharing our feelings has made us more intimate."

Husband: "We enjoy each other more than 10 years ago."

**Couple #3**

Wife: "As we have gotten older, we have become more
open. I feel we have "grown up" a lot together. Some of my earlier worries about expressing my feelings hindered us being closer."

Husband: "We tend not to hold back our wishes in sex - enjoy more touching and holding."

The responses on the qualitative questions for these couples labeled as pseudo intimate (based on Waring's scoring) do not support his definition. Both spouses, especially the wives, view their relationship as close and their communication as open. Their responses suggest that they enjoy each other. Several questions are raised by this disparity:

What does the label "pseudo intimacy" mean, particularly for these midlife couples?

Is this just a different "style" for them? Perhaps these responses are "symptomatic" of era they were socialized in.

Is the scoring too sensitive, not appropriate for these couples?

Are they fooling themselves and each other?

Two of every ten couples develop adequate marital intimacy (Waring, 1988). This type of intimacy involves areas of strength and areas of weakness in the relationship, but weaknesses such as lack of compatibility or difficulties in sexuality are perceived accurately and
are acknowledged by both spouses. In addition, strengths outweigh weaknesses. Three of the 25 couples (12%) in the nonclinical sample reported average intimacy; in contrast, ten of the 23 couples in the clinical sample (43%) reported average intimacy, supporting Waring's theory that these couples are the ones most often to seek counseling. One would wonder if, as a result of counseling, these clinical couples are more open to their perceptions regarding their relationship and/or do not feel the need to try to portray their relationship differently than it really is. (Results of the proportions test with nonclinical and clinical couples in this level of intimacy were statistically significant. \( z = 2.45 \).)

Comments by couples in this category are as follows:

**Couple #1**

**Wife:** "We have grown away from each other. The love and intimacy were not there to any great degree."

**Husband:** "Counseling has allowed me to open up to my wife on a more intimate level than I have thought I was capable of. I only wish we had done it 20 years ago."

**Couple #2**

**Wife:** "Through risking more than I was willing to during the first 12 years of our marriage, I have come to find that I am not only accepted
more but I am able to give more by being more intimate."

**Husband:** Did not comment but rated the relationship as more intimate.

**Couple #3**

**Wife:** "Children are older, less stressed, appreciate spouse more."

**Husband:** "Like fine wine, it gets better with time."

**Couple #4**

**Wife:** "We have both grown individually and even though we have experienced many financial and emotional frustrations, we have worked to preserve the commitment we made to each other."

**Husband:** "I feel more comfortable expressing my feelings than I did 10 years ago."

Two out of every 10 couples (20%) who marry stay together despite overt lack of closeness between the spouses. These marriages are characterized by open discord, physical abuse, alcoholism, affairs, and chaotic family life. In spite of these problems, these couples are surprisingly committed to one another (Waring, 1986). In the present study four couples in the nonclinical sample (16%) and four couples in the clinical sample (17%) reported absent/deficient intimacy. (Results of proportions test indicated these scores were not statistically different.)

Comments by couples in this category are as follows:
Couple #1

Wife: "Physically we are close, emotionally I'm not sure. True feelings are not shared."

Husband: "Until recently our intimacy had improved and was terrific. Discovering my wife's affair and listening to her lies during discussions, I doubt we'll ever enjoy intimacy again."

Couple #2

Wife: "Both of us were carrying a lot of past emotional garbage, and alcohol and work were the most important parts of my spouse's life. I am codependent."

Husband: Made no comment.

Couple #3

Wife: "Perhaps the frequency of sex has not increased but my feelings toward intimacy has changed."

She labeled the relationship as more intimate.

Husband: "We are both too heavy - can't seem to lose weight - don't try too hard. Has a definite effect on our relationship." He labeled the relationship as less intimate.

After looking at couples in the two subgroups in this study, it could be concluded that the nonclinical couples appear to feel more optimistic than the clinical couples about the level of intimacy in their relationship. Perhaps
those in the pseudo-intimate category are presenting a more conventional picture of their marriage - that is, attempting to present it as being better than it actually is. The clinical couples appear to recognize that problems exist and are in counseling in an attempt to work on these problems.

Five couples (20%) in the nonclinical sample and five couples in the clinical sample (21%) did not fit into any of the four levels of intimacy because of the sharp contrast in their scores. (Results of the proportions test indicated no significant difference.) In the nonclinical sample, three of the five husbands reported absent/deficient intimacy whereas the wives reported average or optimal intimacy. In the clinical sample, the opposite situation existed. Four of the five husbands reported optimal intimacy whereas the wives reported absent/deficient intimacy, showing the extremes of variability within some couples which make it difficult to classify them.

Some of the comments reported by these couples are as follows:

Couple #1

Wife: "We have had many problems and much counseling. We are getting better each day - and more intimate with feelings."

Husband: "I am an alcoholic and until 3 years ago I had to hide many things. This made me feel guilty. Things are not
perfect now, but we are getting closer."

Couple #2

Wife: "We have learned how to respect one another and realize how important it is to accept one another for what we are, not what we think they should be. It has made us closer."

Husband: "Now that the kids are gone and married, me and the wife are starting to build a new world for us. I have been promoted from a second class citizen in this phase by my wife actually choosing me over the kids rather than the kids over me, as in earlier phases."

Couple #3

Wife: "Sharing feelings has become increasingly more difficult; there is more stress and tension than before. Intimacy has dropped to an alarmingly low level."

Husband: "Years of companionship have provided a comfort level that gives or allows me to be at peace with myself. I thoroughly enjoy just being home where my wife is, even if we don't do anything in particular together. Although my wife has days she doesn't want me around, the good days are often enough that no matter how she's
acting, I still look forward to coming home
and want her company when it's available."

Sheehy (1976) had suggested that men and women may be at different "stages" when going through the midlife developmental stage and that they are particularly vulnerable to misunderstandings and marital discord. The couples in this group appear to fit this description because their perceptions of what is happening in their relationships are so different.

Some of the husbands in this study commented on their willingness to be more open with their feelings, to allow themselves to be more emotionally vulnerable with their wives. This supports findings by Neugarten (1976), Levinson et al. (1978), and Farrell and Rosenberg (1981) who reported that men begin to focus more on relationships during midlife are more emotionally available to their wives/families. Some of the wives commented on being responsive to their spouses' changes. However, many of them seemed more focused on changes they were experiencing as individuals and how this has allowed them to be more assertive with their needs/expectations in the marriage. This supports the theories of Rubin (1979) and Baruch, et al. (1983) that as women begin to deal with midlife issues they reevaluate their relationships and are more willing to ask for what they want and/or need from their spouses.
RESEARCH QUESTION 4

Is marital satisfaction for midlife couples related to identity and intimacy issues? Are there other factors that can better explain the variable of marital satisfaction?

Dependent t-tests and Stepwise Multiple regression were used to test these questions.

Respondents were asked to complete the Marital Satisfaction Scale - Form C in an attempt to determine their level of marital satisfaction. The range of scores for this sample was from 80 to 120 with a mean score of 101.16 and standard deviation of 9.28. (The possible score range was from 24 to 120. Roach had obtained a mean score of 100.08, standard deviation of 16.38 when scoring results of his sample of 463 subjects.) This would suggest that respondents in this study scored about average in marital satisfaction.

Dependent t-tests were done for both nonclinical and clinical couples to compare level of marital satisfaction. Results of these tests were not significant (t-value for nonclinical couples \( t(24) = 0.19, p > .05 \); for clinical couples \( t(22) = -0.07, p > .05 \)). See Table 7 for results. The couples in each subgroup appear to be experiencing approximately the same level of marital satisfaction. These findings suggest that the midlife couples in this sample are moderately satisfied in their marriages.
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</tbody>
</table>

* Significant p < .05
A Stepwise Multiple regression was run, using identity and intimacy as independent variables and marital satisfaction as the dependent variable to determine which variable(s) was (were) significant in explaining marital satisfaction. Neither dependent variable was significant ($R = .157$). These results suggested that these midlife couples do not perceive that unresolved identity issues and low levels of intimacy in their relationships affect their marital satisfaction. Since these two factors were not ones that predicted marital satisfaction, a decision was made to include all subscales that Waring used to make up the broad intimacy score in order to try to determine if any of these factors would be ones that these couples identified as important in explaining their level of marital satisfaction.

A Stepwise Multiple regression was again run, this time using mean pair scores from all nine subscales of the WIQ and mean scores for intimacy. The factor that was most predictive of marital satisfaction for these respondents was social desirability ($r = .71$, $p < .000$). In order to determine if any of the other subscales were predicting marital satisfaction, regression was done again, this time deleting social desirability. The other factor that was predictive of marital satisfaction was compatibility ($r = .60$, $p < .000$). Waring (1986) defined social desirability as the extent to which people respond "desirably" - an
attempt to look good regardless of item content; compatibility was defined as the degree to which couples are able to work and play together. Couples in this study apparently felt that it was important for them to "look good" - to appear that they are satisfied in their marriage. Waring et al. (1986) stated that couples with high social desirability scores are much less likely to report any psychological distress such as anxiety or depression. Also, these couples seemed to feel that working and/or playing together were important aspects of their relationship.

Fry, Harshman, and Waring (1988) conducted a study designed to be used to produce a guide to the WIQ in research. They suggested that the nine subscales measure three dimensions of spouses' perception of marital relationship (1) marital intimacy as explained by conflict resolution, affection, cohesion, compatibility, expressiveness, and social desirability, (2) identity, and (3) sexuality. Couples in this study identified only two of these seven subscales as measuring their marital satisfaction, and these two factors were social desirability and compatibility. Fry et al. (1988) also suggested that identity and sexuality do not make a strong contribution to general intimacy, and these factors seem to exist as separate psychological phenomena. In other words, one's perception of self and one's sexuality are not inextricably bound to one's ability to form intimate bonds.
with another person. This is in contrast to Erikson's theory which stated that an individual needs to develop a strong sense of identity in order to be able to form a truly intimate relationship with another person. Couples in this study to not appear to think that a strong sense of identity is important to marital satisfaction.

Responses on the qualitative questions regarding marital satisfaction were varied and seemed to fall into different categories, i.e., maturity, improvement in communication, respect for individuality, closeness, and ambivalence. Some of the responses are as follows:

Maturity

"Goals and day-to-day activity changed with maturity. . . ." (Male)

"I think we both have matured more and have more confidence in each other. We seem to enjoy being together and sharing the same goals for our family."

(Female)

"Getting through the hard times and still being in love and . . . able to enjoy things together make life with my spouse more satisfactory." (Female)

"We are older and far wiser." (Male)

"I think we understand each other at a
deeper level." (Female)

Communication

"After 23 years of marriage, we have had many ups and downs. I consider the last 5 years to be the best . . . We have gone through marriage counseling to learn to communicate and how to deal with problems that come along. This has made us closer and made me feel more satisfied." (Female)

"We learned to communicate better and to compromise." (Male)

"I am a lot less selfish and am able to communicate more honestly." (Male)

Respect for Individuality

"I am more secure about who I am" (More satisfied in marriage) (Female)

"Different outlook on life - family first." (Male)

"It's like it used to be." (Male)

"We have worked on areas that have been a problem between us - I have been more supportive with her wish to continue with school - I have taken on more duties with our boys - I have made less demands
that we have to be together all the time." (Male)
"Because I have become more satisfied with myself, I am able to pass off things that used to hurt or bother me. My self-esteem is better - that effects my satisfaction in my marriage." (Female)
"I have had reasonable freedom and liberties ... My spouse has worked with me on most issues ... We respect each other and give each other space. This has promoted a lot of satisfaction for me." (Male)
"We talk with each other more, share more, yet allow each other to be individuals." (Female)

Closeness

"Since we have started counseling I feel closer to my wife ... and we are more honest with each other than we have been in a long time. I love every day with her." (Male)

Ambivalence

"I think we understand each other better now and are able to show our feelings more." (Female)
"We have accomplished a lot - the marriage is satisfactory to a point. However, I do believe I married the man whose personality and character pleased my parents. This causes me more and more concern now than ever before." (Female)

"I married for life - I accept whatever comes my way and try to adjust to it." (Male)

"We seem to have different values. I feel the children are more important to me than anything else. Lately I do feel he would like to improve the marriage, and I need to sort out my feelings on that." (Female)

"We have always had problems and I frequently contemplate getting out of the marriage. We go through periods that are good and periods that aren't so good." (Female)

Couples in this study reported being moderately satisfied in their marriages. Comments made by them on the qualitative question supports this finding. The premise of the study that identity and intimacy would be factors that had an impact on marital satisfaction did not hold true. The two factors that were most predictive of marital satisfaction for these couples were social desirability and compatibility.
CHAPTER V

SUMMARY AND CONCLUSIONS

There have been few studies that have examined identity, intimacy, and marital satisfaction with intact midlife couples. Subjects for this study were 48 married couples between the ages of 40 − 55 who had been married for an average of 22 years. (Additional demographic data for the sample is presented in Table 1.) These couples were then divided into two sub-groups; 25 couples were classified as nonclinical (not in therapy), and 23 couples were classified as clinical (in therapy).

Each spouse was asked to complete a questionnaire that included the Waring Intimacy Questionnaire (WIQ), Roach's Marital Satisfaction Scale (MSS), and a section for demographic data. Information from the WIQ was used to analyze identity and intimacy issues and to examine factors that influenced marital satisfaction. Data from the MSS was used to assess the level of marital satisfaction for both nonclinical and clinical couples. Also, couples were asked to respond to qualitative questions about identity, intimacy, and marital satisfaction. Ninety-five percent of the women responded to the qualitative questions, however, only 60% of the men furnished data.

In examining midlife relationships, it is important to
recognize that couples' issues are multifaceted. In this study, the issues that were examined were identity, intimacy, and marital satisfaction. The premise of this study was that midlife men and women experience identity crises which have an impact upon intimacy in their relationships. As a result, the level of marital satisfaction will be affected. Results from the study support some of these ideas but not all of them.

_Identity Issues_ - Women in the nonclinical sample reported feeling very positive about themselves. Men in this subgroup did identify some areas of concern but did not seem overwhelmed. However, both men and women in the clinical sample reported concerns about their identity.

_Intimacy Issues for Men and Women_ - Men in both subgroups (nonclinical and clinical) and women in the clinical subgroup reported feeling dissatisfied with the levels of intimacy in their relationships.
Intimacy Issues for Nonclinical and Clinical Couples - In general, couples in the nonclinical subgroup reported higher levels of intimacy - 24% reported optimal intimacy. They also reported higher levels of pseudo intimacy (28%). Pseudo intimacy would appear to denote negative intimacy, yet couples' responses on the qualitative data did not support this negative connotation. More couples in the clinical sample (43% vs. 12%) reported average intimacy. Nearly equal numbers of couples reported deficient intimacy (16% nonclinical; 17% clinical).

Marital Satisfaction - Couples in the nonclinical and clinical subgroups reported average marital satisfaction. The factors that appeared to have the most impact on their perceptions of marital satisfaction
were social desirability and compatibility. Identity issues and intimacy issues were not significant factors in their marital satisfaction score totals.

Implications

Results of this study suggest that individuals/couples in counseling are in the process of examining their identity issues. Women appear to be reassessing their roles as wives/mothers and are beginning to concentrate on their individuality — looking at their selfconcepts and trying to determine how to have more of a sense of self. In her longitudinal study of women from approximately age 21 - 33, Josselson (1987) observed that relationships dominated the psychological world of these young women. Careers were important but remained largely in the background, at least through their early thirties. Women in the present study who range in age from 40 to 55, in both the nonclinical and clinical subgroups still stressed the importance of being involved with their spouses and/or children, but their primary focus appeared to be finding a special place for themselves, usually through school, work, or friendships. These women commented that their identities had been rooted in their relationships with others, but now they recognize the importance of feeling good about individual

In discussing identity issues for young men, Josselson (1987) observed that the vicissitudes of career dominated their psychological world; relationships were present but were more clearly in the background. The issues for men in this study were less clearly defined. Most continued to view work as a very important component for their sense of identity. Yet, many of them spoke of the importance of their relationships with their wives and children. Some of them commented on their ability to be more emotionally available and to be able to express their feelings more openly. However, these men did not seem to have made that transition that Levinson et al. (1975) predicted for midlife men, i.e., work becomes secondary to family relationships.

It would be important for counselors working with midlife individuals to know that these changes are taking place, to help spouses recognize what each other's issues are, and to make individuals aware that these changes may complicate the marital relationship. As Sheehy (1976) noted, spouses need to recognize that each of them is reassessing himself/herself and try to be supportive of one another. Otherwise, they may emotionally pull away from one another.
Present results also seem to suggest that men and women do not think that they have an intimate relationship with their husband/wife, with the exception of nonclinical women. Men in both the clinical and nonclinical samples scored below the norm on the intimacy scale. Women in the clinical sample scored in the low range of average intimacy, in fact, bordering on deficient intimacy. These men and women are likely to feel emotionally isolated from their spouses. People appear to want intimacy in their relationships as evidenced by comments from the respondents in this study and by the enthusiastic attendance at workshops focusing on intimacy. However, moving from the "wanting" stage to the "having" stage may be difficult.

When examining couples' scores on the intimacy scale, the couples in the clinical sample ranged predominantly in the average to deficient intimacy categories. Since they are already in counseling, this speaks to their awareness that "something is wrong" in the relationship. Lerner (1989) cautioned, however, that even though people ask for help, they are usually ambivalent about making changes. She stated, "What will never change is the will to change and the fear of it" (p. 10). Historically, individuals have assumed set roles in the marital relationship with little impetus to move toward a more intimate relationship. Society has expected men to be emotionally self sufficient and women to get their emotional needs met through family
and friends (Kerston & Kerston, 1986). The Women's Movement in the 1960's paved the way for individuals and couples to take more emotional risks and work toward having more intimacy in their relationships. However, these midlife couples may have already been "role defined" in their marriages and may feel overwhelmed when trying to make changes in the intimacy level in their marriage. Counselors should be cognizant of and appreciative of this dilemma. They should proceed slowly in therapy with the understanding that moves forward will be accompanied by inevitable frustrations and derailments. Proceeding slowly allows counselors and clients to observe and check out the impact of each new behavior on the relationship system.

When looking at if/how identity issues have an impact upon intimacy in relationships, Harvey (1983) found that the attainment of ego identity was positively and significantly related to an individual's perception of perceived intimacy. Fry, Harshman, & Waring (1988) on the other hand, found that identity as well as sexuality were not important factors in determining individuals level of intimacy. Some of the respondents in this study reported feeling good about themselves; others reported problems with identity; however, with the exception of nonclinical females, these respondents reported inadequate intimacy in their marital relationships.

In addition, results of this study showed that identity and intimacy as measured by the WIQ did not significantly
affect these couples' marital satisfaction. Respondents in both the nonclinical and clinical subgroups reported average marital satisfaction as measured by the Marital Satisfaction Scale. The factors that most determined marital satisfaction were social desirability - the extent to which people respond desirably irrespective of the content of the question and compatibility - the ability to work and play together (Waring, 1983). These couples did not appear to link their individual issues and their emotional distance from one another to their level of satisfaction in their marriage. Waring, et al. (1986) found that satisfaction with marriage and family are major factors that contribute to general life satisfaction; on the other hand, couples who report poor marital quality (marriages lacking in intimacy) are not as stable. However, in this sample, many of the couples reported inadequate intimacy in their marriages, yet they reported at least average marital satisfaction. Is this their attempt to appear conventional? Could it be that they want to present a more idealized version of their marriage for fear of having to make a decision about possible changes in their relationships? Perhaps they are so focused on their individual issues that they cannot really address the marriage at this point. Counselors working with midlife couples should be aware of this disparity and attempt to filter through what this means for these couples.
The other factor that may come into play is that these scales may not address midlife issues. Social desirability and compatibility explained only 32% of the variance in marital satisfaction. The other subscales, i.e., identity, affection, cohesion, conflict resolution, sexuality, autonomy, and expressiveness did not contribute to this variability. One must wonder what are the missing factors. Since this is a fairly new area of research, perhaps scales need to be developed that would filter through "conventionality" issues. Also combining quantitative methods with in depth interviews in order to "qualify" some of the misperceptions may prove very useful. The interview would also afford the researcher the opportunity to monitor whether this type of research could put couples at risk. This did not seem to be an issue with this sample. In fact, several couples commented that even though they completed the questionnaire separately, they did discuss some of their responses and actually opened up communication between them.

**Limitations**

Several limitations of this study must be noted.

1. The group under study was primarily white, middle class, and well educated.

2. Results reported may not be generalizable to other social classes or ethnic groups.

3. The sample size was relatively small and not randomly selected.
4. Still another factor that may need to be considered is the broad age range of this group.

Future research needs include studies that concentrate on transitional periods for midlife couples which try to determine if men and women rework identity issues at different ages. It would be important to explore further how midlife couples define intimacy, and it would be interesting to determine what other factors affect the marital satisfaction of these couples.
REFERENCES


APPENDIX A

Letter to Nonclinical Couples

You and your spouse are being asked to participate in a study which will help us learn more about midlife marital satisfaction. Since this is a group that we have relatively little research on, the information you provide will prove invaluable. Thank you for your assistance in this Midlife Marriage study.

We request that you complete and return the enclosed questionnaire by . Your participation in this study is completely voluntary. You may be assured of complete confidentiality. The questionnaire has a code number marked on it; the only reason for this is so that we can indicate that your set of materials has been returned. If you find some questions that you do not wish to respond to ignore them; however, we request that you complete the rest of the questionnaire and return it to us.

Mrs. Allder will be happy to answer any questions you may have. Please feel free to call or write. Her telephone number in Roanoke is 989-3122, and you are most likely to reach her from 7:00 - 9:00 in the evenings. Also, she will be glad to send you a summary of the results. Simply include your name and address on the back cover of the questionnaire with the following statement, "Copy of results requested."

Thank you for your assistance. Your help in this study is greatly appreciated.

Sincerely,

Anita P. Allder

Anita P. Allder
Doctoral Candidate

Michael J. Sporakowski
Professor, Family & Child Development

Encs.

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APPENDIX B

Letter to Clinical Couples

You and your spouse are being asked to participate in a study which will help us learn more about midlife marital satisfaction. Since this is a group that we have relatively little research on, the information you provide will prove invaluable. Thank you for your assistance in this Midlife Marriage study.

We request that you complete and return the enclosed questionnaire by . Your participation in this study is completely voluntary, and your treatment will not be influenced by your choice to participate or not. You may be assured of complete confidentiality. The questionnaire has a code number marked on it; the only reason for this is so that we can indicate that your set of materials has been returned. If you find some questions that you do not wish to respond to ignore them; however, we request that you complete the rest of the questionnaire and return it to us.

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Thank you for your assistance. Your help in this study is greatly appreciated.

Sincerely,

Anita P. Allder
Doctoral Candidate
Michael J. Sporakowski
Professor, Family & Child Development

Encs.
1. Differences of opinion never lead to verbal abuse in our relationship. .......... TRUE FALSE
2. I am at my best when we are together. ............... TRUE FALSE
3. Without my marriage my life would lack meaning. .......... TRUE FALSE
4. I ask my spouse for the things that really turn me on. .......... TRUE FALSE
5. I often feel insecure in social situations. ............... TRUE FALSE
6. I wish my spouse enjoyed more the activities that I enjoy. .......... TRUE FALSE
7. I enjoy spending time with my in-laws. ............... TRUE FALSE
8. If there is one thing that my spouse and I are good at, it's talking about our feelings to each other. .......... TRUE FALSE
9. I don't think any couple live together with greater harmony than my mate and I. ............... TRUE FALSE
10. Our differences of opinion lead to shouting matches. ........ TRUE FALSE
11. I always kiss my spouse good-bye. ............... TRUE FALSE
12. Our marital satisfaction is more important than career decisions. ............... TRUE FALSE
13. Sometimes sex seems more like work than play to me. ........ TRUE FALSE
14. Compared to other people that I know I lack self-esteem. .......... TRUE FALSE
15. We seem to work out how to share the chores at our house. .......... TRUE FALSE
16. Whenever we visit my spouse's parents, I feel awkward because I have nothing to talk about. .......... TRUE FALSE
17. Often I only pretend to listen when my spouse talks. .......... TRUE FALSE
18. I have some needs that are not being met by my marriage. .......... TRUE FALSE
19. Discussing problems with my spouse seldom leads to arguments. .......... TRUE FALSE
20. I feel that there is a distance between my spouse and I. .......... TRUE FALSE
21. I value our marital relationship above all else. .......... TRUE FALSE
22. I think that the importance of sex is highly over-rated in marriage. .......... TRUE FALSE
23. I have a strong sense of who I am. .......... TRUE FALSE

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24. My spouse and I share the same philosophy of life .......... TRUE
25. My in-law's advice is often appreciated and welcome. .......... TRUE
26. I prefer to keep my personal thoughts to myself. .......... TRUE
27. My mate has all of the qualities I have always wanted in a mate. .......... TRUE
28. Old wounds are always reopened when we have differences of opinion. .......... TRUE
29. Despite being married I often feel lonely. .......... TRUE
30. Even in marriage everyone has to look out for themselves. .......... TRUE
31. Sex with my spouse has never been as exciting as in my fantasies. .......... TRUE
32. I really don't think that I am very good at most things. .......... TRUE
33. My spouse frequently helps when I am doing an unpleasant chore. .......... TRUE
34. When all the relatives get together, I feel awkward and uncomfortable. .......... TRUE
35. I enjoy sharing my feelings with my spouse. .......... TRUE
36. My marriage is not a perfect success. .......... TRUE
37. Yelling and screaming play no part in our attempts to resolve our conflict. .......... TRUE
38. I often tell my spouse I love him/her. .......... TRUE
39. When one gets married, it's forever. .......... TRUE
40. Our personal closeness is the major determinant of how satisfactory our sexual relationship is. .......... TRUE
41. I feel that I am the person I would like to be. .......... TRUE
42. My spouse and I share the same goals in life. .......... TRUE
43. We are lucky to have relatives to whom we can go for help. .......... TRUE
44. I always try to give my spouse my full attention when he/she is talking to me. .......... TRUE
45. My marriage could be happier than it is. .......... TRUE
46. When there is a difference of opinion, we tend to negotiate a resolution rather than fight. .......... TRUE
47. We always do something special on our anniversary. .......... TRUE
48. In our marriage we try to live by the principle "all for one and one for all". ................. TRUE  FALSE
49. Our sexual relationship decreases my frustrations. ........ TRUE  FALSE
50. I am embarrassed when I am the center of attention. .......... TRUE  FALSE
51. My spouse and I like to do things for self-improvement together. .................................. TRUE  FALSE
52. It is a real effort for me to try and get along with my spouse's parents. ......................... TRUE  FALSE
53. I often read the newspaper or watch T.V. when my spouse is trying to talk to me. .......... TRUE  FALSE
54. I have never regretted my marriage, not even for a moment.. TRUE  FALSE
55. I never hit below the belt when we argue. ..................... TRUE  FALSE
56. I will never use my love for my spouse as a way to hurt him/her.................................. TRUE  FALSE
57. I am not prepared to put up with my spouse's annoying habits.. TRUE  FALSE
58. My marriage could not possibly be happy without a satisfactory sexual life.................................. TRUE  FALSE
59. When I compare myself to most other people, I like myself.... TRUE  FALSE
60. My spouse and I have worked out the male-female household roles to both our satisfaction. .. TRUE  FALSE
61. I feel that my parents interfere in our relationship............. TRUE  FALSE
62. I would lie to my spouse if I thought it would keep the peace. .................................. TRUE  FALSE
63. I don't think that anyone could possibly be happier than my mate and I when we are with one another. .... TRUE  FALSE
64. When we have differences of opinion, my spouse never walks out of the house................ TRUE  FALSE
65. I am often unfriendly towards my spouse....................... TRUE  FALSE
66. I don't really care whether my spouse supports me or not; just as long as he/she lets me lead my own life. .. TRUE  FALSE
67. I always seem to be in the mood for sex when my spouse is... TRUE  FALSE
68. I am sometimes afraid that people will see a part of me that I am not aware of........................ TRUE  FALSE
69. My spouse did not try to make me change after we got married.. TRUE  FALSE
70. Family reunions are one highlight of our social life........ TRUE  FALSE
<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>My personal secrets would hurt my spouse.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>72</td>
<td>There are times when I do not feel a great deal of love and affection for my mate.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>73</td>
<td>During our arguments I never try to depreciate my spouse's point of view.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>74</td>
<td>Love is being able to say you're sorry.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>75</td>
<td>I would be willing to compromise my beliefs to make our marriage better.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>76</td>
<td>My spouse rarely turns away from my sexual advances.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>77</td>
<td>There are many aspects of my personality that I do not like.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>78</td>
<td>I found it difficult to make changes in my lifestyle after we were married.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>79</td>
<td>Our children interfere with the time we have together.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>80</td>
<td>I can say anything I want to my spouse.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>81</td>
<td>There are some things about my mate that I do not like.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>82</td>
<td>Sometimes I think all we ever do is argue.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>83</td>
<td>Buying gifts shows my affection for my spouse.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>84</td>
<td>Most of the time at home I feel like I am just killing time.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>85</td>
<td>Our sexual relationship influences our level of closeness.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>86</td>
<td>Other people usually have more to offer in a conversation than I do.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>87</td>
<td>My spouse's sociability adds a positive aspect to our relationship.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>88</td>
<td>Our marriage would be better if our parents didn't meddle in our problems.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>89</td>
<td>I always take time to listen to my spouse.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
<tr>
<td>90</td>
<td>Every new thing I have learned about my mate has pleased me.</td>
<td>TRUE</td>
<td>FALSE</td>
</tr>
</tbody>
</table>
91. As compared to 10 years ago, do you think that your identity (your sense of who you are) is based more on:

(Please circle the appropriate #.)

1. Your perception of yourself as an individual as expressed through your work, your goals, your dreams for yourself
2. Your relationship with your spouse and/or family

Please explain:

92. As compared to 10 years ago, how would you describe the level of intimacy (your ability to share your feelings with your spouse, to be emotionally supportive of your spouse, to feel comfortable holding and touching your spouse) in your marriage at the present time.

(Please circle the appropriate #.)

1. Less Intimate
2. Same
3. More Intimate

Please explain:
## APPENDIX D

### Marital Satisfaction Scale

and Qualitative Questions on Marital Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.</td>
<td>I regard my marriage as a success.</td>
<td>SD</td>
</tr>
<tr>
<td>94.</td>
<td>I worry a lot about my marriage.</td>
<td>SD</td>
</tr>
<tr>
<td>95.</td>
<td>If I were to start over again, I would marry someone other than my present spouse.</td>
<td>SD</td>
</tr>
<tr>
<td>96.</td>
<td>I feel competent and able to handle my marriage.</td>
<td>SD</td>
</tr>
<tr>
<td>97.</td>
<td>My marriage is too confining to suit me.</td>
<td>SD</td>
</tr>
<tr>
<td>98.</td>
<td>I feel that I am &quot;in a rut&quot; in my marriage.</td>
<td>SD</td>
</tr>
<tr>
<td>99.</td>
<td>I know where I stand with my spouse.</td>
<td>SD</td>
</tr>
<tr>
<td>100.</td>
<td>My marriage has a bad effect on my health.</td>
<td>SD</td>
</tr>
<tr>
<td>101.</td>
<td>I get discouraged trying to make my marriage work out.</td>
<td>SD</td>
</tr>
<tr>
<td>102.</td>
<td>My marital situation is pleasant enough for me.</td>
<td>SD</td>
</tr>
<tr>
<td>103.</td>
<td>My marriage gives me more real personal satisfaction than anything else I do.</td>
<td>SD</td>
</tr>
<tr>
<td>104.</td>
<td>My marriage is becoming more and more difficult for me.</td>
<td>SD</td>
</tr>
<tr>
<td>105.</td>
<td>I become badly flustered and jittery when my spouse does certain things.</td>
<td>SD</td>
</tr>
<tr>
<td>106.</td>
<td>I get along well with my spouse.</td>
<td>SD</td>
</tr>
<tr>
<td>107.</td>
<td>I must look outside my marriage for those things that make my life worthwhile and interesting.</td>
<td>SD</td>
</tr>
<tr>
<td>108.</td>
<td>The future of my marriage looks promising to me.</td>
<td>SD</td>
</tr>
<tr>
<td>109.</td>
<td>I am really interested in my spouse.</td>
<td>SD</td>
</tr>
<tr>
<td>110.</td>
<td>Lately, I wish I had not married my present spouse.</td>
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<td>111. My marriage helps me toward the goals I have set for myself.</td>
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<td>112. My spouse is willing to work at improving our relationship.</td>
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<td>113. My spouse lacks respect for me.</td>
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<td>114. I have definite difficulty confiding in my spouse.</td>
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<td>115. My spouse usually understands the way I feel.</td>
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<td>116. I am definitely satisfied with my marriage.</td>
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<td>117. As compared to 10 years ago, how would you rate your marital satisfaction at the present time? (Please circle the appropriate #.)</td>
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Please Explain:
If there is any additional information you would like to share, please use the space below to do so.

Your time and effort in contributing to this project are greatly appreciated. If you would like a summary of the results, please write your name and address below.
APPENDIX E

Demographic questions

118. What is your gender?
   1 Male
   2 Female

119. How old are you?
   (Years)

120. How many years have you and your present spouse been married?
   (Years)

121. How old were you when you and your spouse were married?
   (Years)

122. Is your present marriage your first marriage?
   1 Yes
   2 No
   If no, how many previous marriages have you had?
   ____

   Why did each of these marriages end?

   Marriage #1
   A Divorce
   B Death

   Marriage #2
   A Divorce
   B Death

   Marriage #3
   A Divorcé
   B Death
123. How many children do you have in each age group?

From Present Marriage

- Under 5 Years of Age
- 5 to 13
- 14 to 18
- 19 to 24
- 25 and Over

From Previous Marriages

- Under 5 Years of Age
- 5 to 13
- 14 to 18
- 19 to 24
- 25 and Over

124. How many of these children are living at home now?

- 

125. Which of the following best describes your racial or ethnic identification? (Circle Number)

1. Black, Negro, African-American
2. Native American/American Indian
3. White/Caucasian
4. Chicano/Mexican-American
5. Other (Specify) ____________________________

126. In your present marriage how many years have you been:

1. Employed full-time outside the home ___ of Years
2. Employed part-time outside the home ___ of Years
3. Full-time homemaker ___ of Years

127. Please describe your usual occupation (if employed outside the home).

Title _____________________________________________

Kind of Work You Do ________________________________

Kind of Company or Business ________________________
128. How do you view your employment?
   1  As a Career
   2  As a Job

129. What was the approximate gross family income from all sources, before taxes, in 1989? (Circle Number)
   1  Less than $10,000
   2  $10,000 to $19,999
   3  $20,000 to $29,999
   4  $30,000 to $39,999
   5  $40,000 to $49,999
   6  $50,000 to $59,999
   7  $60,000 to $69,999
   8  $70,000 to $79,999
   9  Over $80,000

130. What is the highest level of education that you have completed? (Circle Number)
   1  Completed Grade School
   2  Some High School
   3  Completed High School
   4  Some College
   5  Completed 4 Year College
      (Specify Major) __________________________
   6  Some Graduate Work
   7  A Graduate Degree
      (Specify Degree and Major) ________________________

131. Have you ever been in marital counseling/Therapy?
   1  No
   2  Yes

132. Are you in marital counseling/therapy in your present marriage?
   1  No
   2  Yes
      If yes, for how long?
      ____________________
133. Are you affiliated with a religious denomination?

1. No

2. Yes
   
   If so, which denomination?

134. How often do you attend your church?

1. Weekly

2. Monthly

3. Several Times a Year

4. Once Per Year or Less
### APPENDIX F

**Respondents' Scores on HIQ and Marital Satisfaction Scale**

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APPENDIX G

WIQ SUBSCALE ON IDENTITY

* 5. I often feel insecure in social situations.

*14. Compared with other people that I know, I lack self-esteem.

*23. I have a strong sense of who I am.

*32. I really don't think that I am very good at most things.

*41. I feel that I am the person I would like to be.

*50. I am embarrassed when I am the center of attention.

*59. When I compare myself to most people, I like myself.

*68. I am sometimes afraid that people will see a part of me that I am not aware of.

77. There are many aspects of my personality that I do not like.

86. Other people usually have more to offer in a conversation than I do.

* Denotes intimacy items in this subscale.
APPENDIX H

WID SUBSCALE ON CONFLICT RESOLUTION

* 1. Differences of opinion never lead to verbal abuse in our relationship.

*10. Our differences of opinion lead to shouting matches.

*19. Discussing problems with my spouse seldom leads to arguments.

*28. Old wounds are always reopened when we have differences of opinion.

*37. Yelling and screaming play no part in our attempts to resolve our conflict.

*46. When there is a difference of opinion, we tend to negotiate a resolution rather than fight.

*55. I never hit below the belt when we argue.

*64. When we have differences of opinion, my spouse never walks out of the house.

73. During our arguments I never try to depreciate my spouse's point of view.

82. Sometimes I think all we ever do is argue.

* Denotes intimacy items on this subscale.
APPENDIX I

WID SUBSCALE ON AFFECTION

* 2. I am at my best when we're together.

*11. I always kiss my spouse goodbye.

20. I feel that there is a distance between my spouse and I.

29. Despite being married I often feel lonely.

38. I often tell my spouse I love him/her.

47. We always do something special on our anniversary.

56. I will never use my love for my spouse as a way to hurt him/her.

65. I am often unfriendly towards my spouse.

74. Love is being able to say you're sorry.

83. Buying gifts shows my affection for my spouse.

* Denotes intimacy items on this subscale.
APPENDIX J

WIQ SUBSCALE ON COHESION

* 3. Without my marriage, my life would lack meaning.

* 12. Our marital satisfaction is more important than career decisions.

* 21. I value our marital relationship above all else.

  30. Even in marriage everyone has to look out for themselves.

  39. When one gets married, it's forever.

  48. In our marriage we try to live by the principle, "all for one, and one for all".

  57. I am not prepared to put up with my spouse's annoying habits.

  66. I don't really care whether my spouse supports me or not, just as long as he/she lets me lead my own life.

  75. I would be willing to compromise my beliefs to make our marriage better.

  84. Most of the time at home I feel like I am just killing time.

* Denotes intimacy items on this subscale.
APPENDIX K

WID SUBSCALE ON SEXUALITY

*4. I ask my spouse for things that really turn me on.

*13. Sometimes sex seems more like work than play to me.

*22. I think that the importance of sex is highly over-rated in marriage.

31. Sex with my spouse has never been as exciting as in my fantasies.

40. Our personal closeness is the major determinant of how satisfactory our sexual relationship is.

49. Our sexual relationship decreases my frustration.

58. My marriage could not possibly be happy without a satisfactory sexual life.

67. I always seem to be in the mood for sex when my spouse is.

76. My spouse rarely turns away from my sexual advances.

85. Our sexual relationship influences our level of closeness.

* Denotes intimacy items on this subscale.
APPENDIX L

WID SUBSCALE ON COMPATIBILITY

* 6. I wish my spouse enjoyed more the activities I enjoy.

* 15. We seem to work out how to share the chores at our house.

* 24. My spouse and I share the same philosophy of life.

* 33. My spouse frequently helps me when I am doing unpleasant chores.

* 42. My spouse and I share the same goals in life.

  51. My spouse and I like to do things for self-improvement together.

  60. My spouse and I have worked out the male-female household roles to both our satisfaction.

  69. My spouse did not try to make me change in my lifestyle after we got married.

  78. I found it difficult to make changes in my lifestyle after we got married.

  87. My spouse's socialbility adds a positive aspect to our relationship.

* Denotes intimacy items on this subscale.
APPENDIX M

WHO SUBSCALE ON AUTONOMY

* 7. I enjoy spending time with my in-laws.

*16. Whenever we visit my spouse's parents, I feel awkward because I have nothing to talk about.

*25. My in-law's advice is often appreciated and welcome.

*34. When all the relatives get together, I feel awkward and uncomfortable.

43. We are lucky to have relatives to whom we can go for help.

52. It is a real effort for me to try and get along with my spouse's parents.

61. I feel that my parents interfere in our relationship.

70. Family reunions are one highlight of our social life.

79. Our children interfere with the time we have together.

88. Our marriage would be better if our parents didn't meddle in our problems.

* Denotes intimacy items on this subscale.
APPENDIX N

WID SUBSCALE ON EXPRESSIVENESS

* 8. If there's one thing that my spouse and I are good at, it's talking about our feelings to each other.

*17. Often, I only pretend to listen when my spouse talks.

*26. I prefer to keep my personal thoughts to myself.

*35. I enjoy sharing my feelings with my spouse.

*44. I always try to give my spouse my full attention when he/she is talking to me.

*53. I often read the newspaper or watch t.v. when my spouse is trying to talk to me.

62. I would lie to my spouse if I thought it would keep the peace.

71. My personal secrets would hurt my spouse.

80. I can say anything I want to my spouse.

89. I always take time to listen to my spouse.

__________________________________________________________

* Denotes intimacy items on this subscale.
APPENDIX D

WID SUBSCALE ON SOCIAL DESIRABILITY

9. I don't think any couple live together with greater harmony than my mate and I.

18. I have some needs that are not being met by my marriage.

27. My mate has all of the qualities I have always wanted in a mate.

36. My marriage is not a perfect success.

45. My marriage could be happier than it is.

54. I have never regretted my marriage, not even for a moment.

63. I don't think anyone could possibly be happier than my mate and I when we are with one another.

72. There are times when I do not feel a great deal of love and affection for my mate.

81. There are some things about my mate that I do not like.

90. Every new thing I have learned about my mate has pleased me.
EDUCATION:

Virginia Polytechnic Institute and State University
Blacksburg, Virginia
1984-Present

Currently enrolled in a Doctorate program in Family and Child Development - Dissertation pending.

Family Therapy Supervision and Training
March, 1983-1987

Dr. Steven Greenstein, Ph.D., Consultant

Virginia Commonwealth University
Richmond, Virginia
Graduated May, 1983

MSW. Emphasis in casework and group services

Northeast Louisiana University
Monroe, Louisiana
Graduated 1963

B. A.; English Education
Minor: Library Science

INTERNSHIPS:

Roanoke Valley Psychiatric Center
September, 1982-May, 1983

Direct practice with adults and adolescents. Other responsibilities included:
Co-leadership of group therapy, marital and family counseling, and member of several treatment teams. Position entailed work with alcoholic patients and patients with a variety of psychiatric disorders as depression, borderline personality, anxiety neurosis, adolescent adjustment reaction, and psychosis. Participated in training for treatment of sexually abused children and family therapy during this year.

Roanoke Memorial Hospital
Social Services Department
September, 1981 - May, 1982

Provided individual services to patients in various units in the hospital including the renal unit, neurological unit, cancer unit, psychiatric unit, and extensive work in the obstetric-gynecological unit, working closely with high risk pregnant patients. Gained experience in compiling case histories, referral to local community resources, and discharge planning. Participated in psychiatric teaching rounds with staff psychiatrists and medical students.
PROFESSIONAL/EMPLOYMENT EXPERIENCE:

Associates in Psychiatry and Counseling
Roanoke, Virginia
January, 1989 - Present
Position: Licensed Clinical Social Worker

Responsibilities include outpatient counseling for individuals, couples, and families. Inpatient consultation and counseling services at Roanoke Valley Psychiatric Center. Have conducted seminars on building intimacy in relationships, using recreation as a means of coping with stress, and mid-life issues for individuals and couples.

Roanoke Valley Psychiatric Center
Roanoke, Virginia
October, 1983 - January, 1989
Position: Licensed Clinical Social Worker

Responsibilities included counseling individuals, couples, and families. Co-leader of process group and a support group for families of inpatients. Provided supervision for Mental Health Counselors. Taught a Primary Therapy Course which is offered to new employees at Roanoke Valley Psychiatric Center. Routinely participated in inservices that were offered to staff. Member of a multidisciplinary team which met weekly.

Louisiana Department of Public Welfare
Natchitoches, Louisiana
January, 1965 - December, 1972
Position: Service Worker to Families Receiving Aid to Dependent Children

The scope of this position was wide and varied. Carried a caseload of approximately 100 families. Provided direct casework to family members. Made quarterly home visits; and, on occasion, did in-depth court studies because of child neglect and/or abuse. At one point, traveled over much of the State doing case audits.

Forest High School
West Carroll Parish School Board
Forest, Louisiana
September, 1963 - December, 1964
Position: High School English Teacher and School Librarian

Taught tenth and twelfth grade English Grammar and literature. Was school librarian and responsible for ordering, cataloging and running the school library that serviced grades 1 - 12. Was a senior sponsor and served on various other school committees; one being the school annual staff.

VOLUNTEER WORK:

Co-ordinator/Children's Services
First Baptist Church
Roanoke, Virginia
1976 - 1981

Responsibilities consisted of co-ordinating volunteers to work in eight different children's departments (infants to Age 5) during Sunday services. This entailed soliciting volunteers, scheduling these volunteers on a quarterly basis, working closely with the Children's Minister and the Education Minister to insure that adequate child care was provided for children in these departments.

PROFESSIONAL RELATED ACTIVITIES:

Graduate: Member: National Association of Social Workers
Virginia Council on Social Work
National Council for Family Relations

Undergraduate: Sigma Tau Delta-National Honor Society

REFERENCES AVAILABLE UPON REQUEST