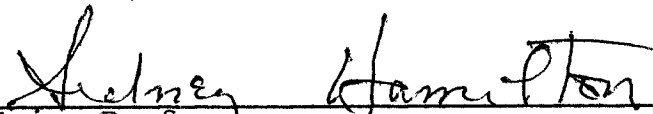
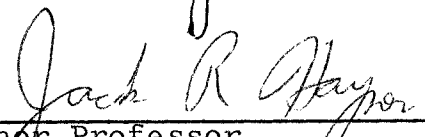



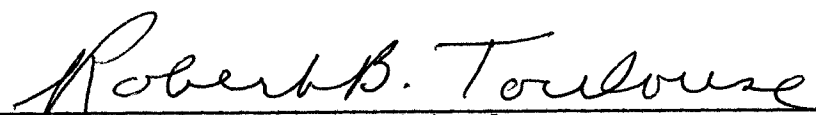
THE USE OF A SENTENCE COMPLETION SURVEY AS A
PROGNOSTIC INDICATOR OF RESPONSE TO
MARRIAGE COUNSELING

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MARRIAGE COUNSELING

THESIS

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CHAPTER I

INTRODUCTION

In the area of marital counseling, as with other areas of psychological assessment, tests and surveys are often used to gain information about the nature and sources of a couple's difficulties. Although the latest edition of Buros' Mental Measurements Yearbook lists several inventories, tests, and scales for use in pre-marital and marriage counseling, most of these are designed to aid in the prediction of marital success. Buros (5) lists only seven tests which have been developed for use in diagnosing problems of marital difficulty. Only in the past fifty or sixty years has the problem of marital disharmony been researched. Psychological research has relied greatly on the use of personality tests which were not developed until the post-war years of the 1920's (10, p. 16). These personality tests have remained essentially unchanged since 1930 (6, p. 159).

The first reported attempt to discover predictive factors associated with marital happiness was a study in 1926 exploring the relation of age at marriage to happiness in marriage (11). As Freudian concepts, with their emphasis on sex as a dominant factor in man's behavior, became more popular, psychologists and sociologists began to attempt an

assessment of sexual factors in marital happiness (1, 7). By 1939, enough research was being conducted on marital adjustment to warrant a detailed overview of published studies (19). A review of this research shows that most significant studies of marital adjustment prior to 1939 employed either the anonymous questionnaire or the evaluative interview technique (19).

In the years immediately following 1939, most studies dealing with the use of psychological testing in the marital situation were aimed at the prediction of marital success or happiness. Numerous tests and scales were developed for this purpose, some of the more notable ones being the Locke Marital Adjustment Test (14), the Burgess-Cottrell Marital-Adjustment Test (3), and the Burgess-Wallin Marital-Success Schedule (4). These tests found extensive application in research, where they met with considerable controversy. While some researchers proclaimed these tests of marital prediction to be of unquestionable usefulness to the counselor (20, 2), others rejected them because of their "unscientific basis" (8, p. 718), insisting that they only be used "as minor supplements to counseling interviews" (8, p. 718).

Most of these studies produced data useful in pre-marital counseling with only incidental benefit to counselors dealing with the problems of married clients. Their primary contributions to the marriage counselor were that they helped

define various factors as related to marital disharmony, and they stimulated the development and use of psychological tests in marriage research.

It was inevitable that as the attention of more psychologists turned toward marriage counseling, more extensive research projects would be aimed at the nature of marital difficulties. However, relatively little research can be found concerning the problem of prognosis in marriage counseling. None of the 177 entries in a recent bibliography dealing with the prognostic problem in psychotherapy directly pertained to the marital counseling situation (18). According to Windle "Although prognostic information is of great practical as well as theoretical value, investigative work in the field appears discouragingly unorganized" (21, p. 451).

The importance of prognostic research may be seen when one considers the results of outcome studies, such as the one conducted by Eysneck (9), which typically report improvement in only approximately seventy per cent of cases. It is most unfortunate that such prognostic studies have not been done, because they would possibly yield information which would enable counselors to spend their time where the chances of therapeutic gain are the greatest.

As the situation currently stands, counselors are faced with the knowledge that they will not be able to benefit a significant proportion of their clients, yet they are left

with few if any ways to determine which patients will respond. A thorough discussion of this matter is presented by Steinzor in a description of what he refers to as "intractable cases" (17, p. 210). Steinzor defines such cases as those

. . . unsuitable for any kind of known treatment because of constitutional factors, organic damage or personal tragedy which has embittered the individual to such an extent that his only wish is for a lingering life this side of the grave (17, p. 210).

Steinzor goes on to say that he believes such cases account for about ten per cent of all patients who seek counseling, and he recommends that the remaining ninety per cent should be considered as suitable clients (17, p. 211).

However, in actual clinical practice, there appears to be a variation in the choice of patients on the basis of the type of counseling employed. Thus, when Meehl states that "only about twenty-five per cent of patients are appropriate for psychotherapy as currently practiced" (16, p. 156), he is referring to those patients whom he considers capable of benefiting from psychoanalytically oriented therapy. Likewise, Wolpe indicates that it is often best to omit all psychotic and psychopathic patients from his desensitization therapy, implying that the percentage of clients represented by these diagnostic categories might not profit from his mode of treatment (22, p. 155). Whether the actual percentage of untreatable patients is ten per cent as Steinzor suggests or seventy-five per cent as suggested by Meehl, it is significant that

clinicians are becoming aware that all patients will not benefit from the counseling process.

To be sure, all counselors are not using objective means to determine which patients will be omitted from the counseling process. While no precise figure can be given, it is likely that in most cases this issue is decided on the basis of a pre-therapy interview. In many situations, as with the behavior therapists, psychological testing may provide a useful adjunct to the pre-counseling interview by yielding diagnostic data pertinent to prognosis. It is in this manner that this study will endeavor to show that the "Polyfactor Sentence Completion Survey of Marital Difficulties" (Polyfactor) may be used in the marriage counseling setting.

Statement of the Problem

The purpose of the present study was to explore the usefulness of an objectively scored self-rating sentence completion test in the development of objective prognostic statements regarding marital counseling.

Description of the Instrument

The test used was the "Polyfactor Sentence Completion Survey of Marital Difficulties." This unpublished test consists of incomplete sentence stems which are completed by the client and rated as to the degree of difficulty each completed sentence represents in his marriage. This test was chosen

because it is readily profiled into a format which allows the objective quantification of differential perception of marital problems, a factor which has been shown by several studies to be directly related to severity of marital difficulties (12, 13, 15).

Hypothesis

It was hypothesized that couples with greater disparity in perception of marital difficulties prior to counseling will have a significantly better prognosis in counseling.

Definition of Terms

Disparity of perception: a couple's total difference score on the "Polyfactor."

Change score: a "Polyfactor" score arrived at by subtracting post-counseling difference scores from pre-counseling difference scores.

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CHAPTER II

RELATED RESEARCH

According to Corsini (3), evidence is accumulating that marital happiness is primarily a function of similarity of personality traits between spouses. The suggestion that the "Polyfactor" be used as a prognostic device in marriage counseling is based on the related assumption that a divergence of a husband's and a wife's perceptions of marital difficulties is an indication of a deteriorated marital relationship.

According to Luckey (17), "it is perception on which the expectations of self and the other are based and on which understanding and communication are largely based" (17, p. 136). This position has been supported by several other studies of marital satisfaction, among the more carefully conducted of which are those of Mangus (18) and Dymond (4).

Hurvitz (11) used a marital adjustment scale to study this problem. He found that decreasing marital adjustment scores were accompanied by a greater difference in husband's and wife's ratings of happiness, marital attitudes, and marital interaction. Hurvitz explained this as an indication of poor empathy and communication between marriage partners who are unhappy. Thus, approaching the problem from the

opposite side, he was able to show that maladjustment in marriage is accompanied by a disparity in the maladjusted couple's perception of the marital situation.

In another study, Luckey (16) found a significant relationship between marital satisfaction and the congruence of the wife's perceptions of the husband with his self-perception. This implicitly suggests that more flexibility and adjustability is required on the part of the wife to maintain the perceptual congruency of the adjusted marriage. Luckey interpreted these findings as an indication that

In marriages where congruence of perception is high, there is more appropriate response to the other, expectations of the other are more accurate, and each partner is better able to anticipate the other's feelings and gear his expectations to the other. Such a marriage will reflect a higher degree of satisfaction for both spouses (16, p. 153).

In this study, Luckey also noted that greater discrepancies of perception are related to less satisfaction with marriage. The results of this study were supported by Kotlar (15) who found that unadjusted couples had more disparate perceptions of one another than did adjusted couples. Likewise, it was found by Kogan and Jackson (14) that perceived similarity of self and spouse was related to one's self-perception. Thus, this study implies that if anything interferes with one's self-perception, it will also interfere with the marital relationship by weakening the balance of congruent perceptions in the marriage.

A similar study by Katz (12) approached the problem by analyzing semantic discrepancies in the connotations couples ascribe to the concepts of marital happiness or discord. This study discovered troubled partners to be "more discrepant in the connotative meanings they ascribe to semantic structures" than are untroubled partners (12, p. 1074).

These studies have direct implications both for assessing marital difficulties and for the pursuit and practice of marriage counseling. In conclusion to one of her studies, Luckey states

It is these important perceptions which should engage the counselor's effort and concern rather than the problem situations within the marriage. Counselors working with marital problems . . . might well deal with perceptions of interpersonal relationships as well as with points of friction (17, p. 144).

Griffin supports the importance of this approach in a study designed to determine changes resulting from counseling (9). In this study he found that wives had a positive change in perceptions of both self and spouse after marriage counseling. While Griffin made no attempt to assess husbands' changes of perception with counseling, it might be inferred that they would also show similar changes. However, Luckey's study previously cited (16) leaves the possibility that only changes in the wife's perception of the marital relationship are necessary to effect improvement in the adjustment of the marriage.

These studies have shown the importance of the role of perceptions in the marital interaction. Specifically, they have supported the contention that a disparity of perceptions is related to marital difficulties; and, conversely, a congruency of perceptions is related to greater marital harmony and adjustment. They have also revealed the importance of the individual's self-perceptions in affecting the accuracy of perceptions in the relationship. On the basis of these findings it might be assumed that if marital conflict produces a devaluation of the self-perception of either partner, that partner may begin to perceive even greater differences between himself and his spouse. Partial support for this position was presented by Ryle (22) who found that husbands and wives experiencing marital discord were less able to agree on issues concerning their marriage.

The "Polyfactor Sentence Completion Survey of Marital Difficulties" was developed specifically to assess such divergence in the attitudes and perceptions of married couples. A sentence completion format has previously been applied to the problem of assessment of marital adjustment (19). However, it may be contended that the "Polyfactor" offers advantages in diagnosing patterns of conflict related to the disparity of perceptions of marital partners. Using this concept as a basic premise in the test's development and application, this study will attempt to show that an analysis

of perceptual disparity of difficulties can be used to establish the prognosis of conflicted marriages.

Attention may now be turned to the research regarding prognosis. While this research is rather extensive, as previously indicated, very little has been conducted in the area of marriage counseling. The studies of primary pertinence are those utilizing various psychological tests. While many of these deal with aspecific counseling settings, they reflect the current status of psychological tests in establishing prognostic statements.

The disorganization of this research was reflected by Auld and Myers (1)

There is no general agreement on what test results ought to persuade a therapist to accept a patient, and what results ought to induce him to reject a patient. Obviously, then, research on the use of psychological tests in selection of patients is much needed (1, p. 56).

Since the report by Auld and Myers in 1954, considerable research on this problem has been conducted, a representative sampling of which is presented below. However, it appears that the above statement by Auld and Myers is nowhere more applicable than to the area represented by contemporary marriage counseling.

Several studies have used projective techniques in prognostic research. Such studies are especially important to this paper because of the projective nature of the "Polyfactor".

The bulk of research concerning the prognostic use of projective techniques have utilized the Rorschach. Rosenberg (20), using the Rorschach with other tests, found that prognosis could be predicted for neurotic patients by measuring certain personality variables. Rosenberg reports, "the patient most likely to improve has the ability to produce associations easily. He is not rigid, has a high energy level, and is relatively free from concern with bodily symptoms" (20, p. 344). In a similar study, Rioch and Lubin (21) found poor performance on Rorschach to be a poor prognostic indicator, while good performance did not lead to prognostic significance. Barron (2) used the Rorschach to correlate with "most-improved" neurotic patients after six months of counseling and found the level of pathology to correlate highly with improvement. Klopfer (13) used the Rorschach in developing the Prognostic Rating Scale, which he reported to be successful in establishing prognostic statements.

Some studies, however, have found Rorschach to be either useless or of questionable benefit in establishing prognosis. In one such study (7), the Rorschach was reported as of no use prognostically "when used alone," and Fiske (8) found Rorschach to be totally unsuccessful as a prognostic device.

While Fiske reports the Rorschach to be of no prognostic value (8), he indicates that the Thematic Apperception Test is the only projective test in his battery which shows

prognostic usefulness. Using human figure drawings, Fiedler and Siegel (6) were successful in predicting non-improvement with a group of neurotic patients. Specifically, they reported poor performance in drawing the face to be of primary prognostic significance.

The two studies found which used sentence completion techniques both reported positive findings. Rosenberg (20) used rated improvement as his criterion and found that sentence completion blanks could be used to predict this significantly. Hiler (10) used sentence completion blanks to predict early terminators in therapy. He found patients remaining in therapy to be less evasive, more driven by achievement needs, and more aware of emotional needs.

Some studies have used intelligence tests to make prognostic predictions, the Wechsler Adult Intelligence Scale being the most widely used test for this purpose (8, 20, 21, 23). These studies typically report that low intelligence is related to a poor prognosis. Windle (23), however, found that even specific WAIS subtest scores could have significant prognostic implications.

Some research has been conducted concerning non-test correlates with prognosis. One such study reported that "social position of the patient influences his response to psychotherapy" with the middle-class being most responsive to therapy (1, p. 59). Also, Eskey (5) reported finding no

significant relationship between verbal recognition by the patient of existing psychological difficulties and prognosis.

In general, studies reported in the literature seem to indicate the usefulness of psychological tests in establishing prognosis. In terms of personality tests, it is evident that the Rorschach is the most widely used, and projective tests appear to be the most popular personality tests used in prognostic research. The evidence presented here supports the general contention that a projective test, and especially a sentence completion device, can be used to determine prognosis significantly.

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CHAPTER III

METHOD AND PROCEDURE

Subjects

The subjects for this study were eighty individuals, forty married couples, all of whom were being seen in marriage counseling by a psychologist or a psychiatrist. Both the psychologist and the psychiatrist worked in private practice in a southwestern metropolitan city.

Thirty of the couples were seen by the psychologist in a private out-patient clinic, and a previous study has indicated that this clinic serves a socio-economic clientele which closely approximates a socio-economic cross-section of the metropolitan area served (2). Therefore, this portion of the sample may be considered as representative of those persons in this geographic area who may seek marital counseling. The thirty male subjects in this segment of the sample ranged in age from twenty-two to forty-eight with a mean age of 35.2 years. The ages of the thirty females in this portion of the sample ranged from twenty-one to forty-five with a mean age of 32.9 years.

The remaining ten couples were seen privately by a psychiatrist. An evaluation of the socio-economic data concerning this segment of the sample indicated that it also

reflected the socio-economic characteristics of the metropolitan area served. Ages for the ten males ranged from twenty-two to forty with the mean age being 31.1 years. The females ranged in age from twenty to thirty-seven with the mean age being 28.3 years. Thus, this portion of the sample averaged slightly over four years younger than did the subjects seen by the psychologist.

All couples who enrolled for marriage counseling with the psychologist or the psychiatrist within the past calendar year were administered the "Polyfactor" prior to the beginning of counseling.

Procedure

All subjects were given the "Polyfactor Sentence Completion Survey of Marital Difficulties" prior to the beginning of counseling (see Appendix A). Standardized testing procedures were followed. These tests were then scored and profiled on standard Polyfactor Profile Sheets (see Appendix B). All subjects were then engaged in a minimum of five marital counseling sessions, with the type of counseling varying according to the needs and problems of individual couples. The various counseling approaches included "concurrent," "conjoint," and "group" therapy, similar to the respective forms described by Sager (3). These represent the commonly accepted forms of marital counseling.

At the conclusion of the counseling process, regardless of whether termination was initiated by subjects or counselors, the counselors were asked to rate the couple on a five-point scale from "no change" to "great change." A standardized rating form was used for this purpose (see Appendix C). This method of evaluating counseling was reported and discussed in the literature by Farnsworth (1). A short, undefined length of time was allowed to elapse prior to the evaluation by the counselor. This delay was intended to minimize any positive or negative halo effect on the counselor's judgements immediately after the termination of counseling.

On the basis of initial Polyfactor scores, the couples were divided into quartiles, defined as four levels of disparate perception. The criteria for perceptual differences was the couple's Polyfactor difference score. This difference score was found by subtracting the total score of one spouse from that of the other.

A single classification analysis of variance was run on the clinicians' ratings of change in the marriage and the four levels of disparate perception (4). This was computed to determine if there was a difference in amount of change for the different levels of perception of difficulties. This statistic was designed to test the hypothesis of the study.

In an attempt to obtain additional pertinent data, the couples were written using a standardized letter (see

Appendix D) and asked to take follow-up "Polyfactors" which were enclosed with the letters. Also enclosed were self-rating sheets (see Appendix E) requiring each partner to rate the amount of change occurring in himself, his spouse, and his marriage, and the current amount of difficulty in his marriage. These ratings were on a five-point scale from "no change" to "great change." Fifteen couples responded to the follow-up inquiry.

Clinician's ratings of change were correlated with changes on the "Polyfactor" as measured by change scores, changes in disparity of perception from the pre-counseling to the post-counseling administration. A Pearson's product-moment correlation coefficient was used for this statistical operation (4).

Couple's ratings of change were also correlated with change on the "Polyfactor," again using Pearson's product-moment correlation coefficient.

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CHAPTER IV

RESULTS

To test the hypothesis of this study--that couples with greater disparity of perception at the beginning of counseling will be characterized by a poorer prognosis in marital counseling--a single classification analysis of variance was conducted on the clinician's ratings of change in the marriage and the means of four groups defined by quartile groupings based on initial "Polyfactor" difference scores. These data are presented in Table I.

TABLE I
SUMMARY OF ANALYSIS OF VARIANCE OF CLINICIAN'S
RATINGS OF FOUR LEVELS OF
DISPARATE PERCEPTION

Source of Variation	SS	df	MS	F
Between groups	4.875	3	1.625	1.38*
Within groups	42.1	36	1.17	
Total	46.975	39		

*Non-significant at the .05 level of confidence

Differences in ratings of change in the marital situation of the four groups were not significant at the .05 level of

confidence. Therefore, the experimental hypothesis could not be accepted.

Although the hypothesis was rejected, the data did suggest the presence of a trend in the hypothesized direction. This data is presented graphically in Figure 1 and Figure 2. Figure 1 presents the mean pre-counseling "Polyfactor" difference scores for the four groups.

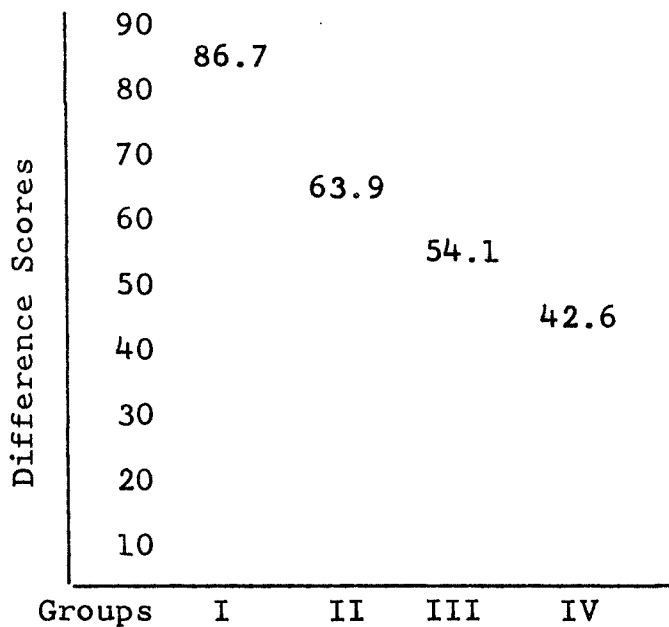


Fig. 1--Mean difference scores for four groups

As can be seen, Group I was characterized by the highest mean score. According to the hypothesis, this group would be expected to receive the lowest ratings of change from clinicians.

Figure 2 shows the means for clinician's ratings.

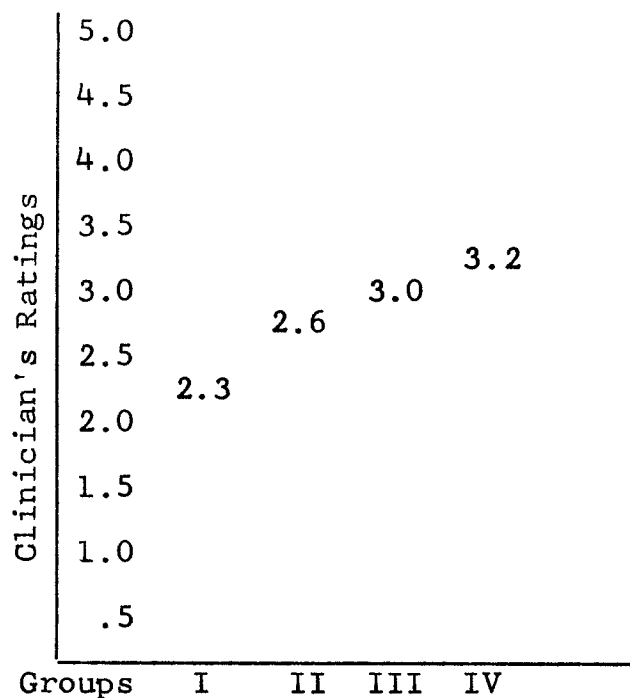


Fig. 2--Mean clinician's ratings of change for four groups.

A comparison of Figures 1 and 2 indicates that the group characterized by the greatest disparity of perception of difficulties received the lowest ratings of change by clinicians. This trend was evident throughout the four groups.

Using additional data accumulated through follow-up inquiries, a Pearson product-moment correlation coefficient was computed correlating "Polyfactor" change scores with clinician's ratings. This statistic was computed even though it was recognized that the response to follow-up attempts had been insufficient for accurate, definitive statistical analysis. It was believed that this limited data might reveal evidence

of a trend indicating a relationship between the magnitude of change scores and the ratings of change in the marital situation, thus suggesting that these measures are sensitive to similar variables. The data for this operation are presented in tabular form in Table II.

TABLE II
THE RELATIONSHIP BETWEEN CLINICIAN'S RATINGS
OF CHANGE AND "POLYFACTOR"
CHANGE SCORES

XChange Score	XClinician's Rating	S.D.Cs	S.D.Cr	<u>r</u>	<u>P</u>
17.87	3.33	25.28	1.42	.31	N.S.

"Polyfactor" change scores and clinician's ratings were not found to correlate significantly at the .05 level of confidence. While it was recognized that the size of this sample restricted definitive conclusions, the findings did not support the existence of a relationship between change scores and clinician's ratings of change. In addition, the raw data indicated that change scores for four couples were in the direction of greater discrepancy of perception after counseling. The mean rating for these four couples was 3.0 as compared with a mean rating of 3.33 for the total group. This is contrary to the suggestion that change scores are sensitive

to factors similar to those influencing clinician's ratings of change.

Couple's ratings of change in the marital situation following counseling were gathered in the follow-up questionnaire. Again recognizing the statistical limitations of this sample, a Pearson's product-moment correlation coefficient was computed correlating these ratings with "Polyfactor" change scores. These data are presented in Table III.

TABLE III
THE RELATIONSHIP BETWEEN COUPLE'S RATINGS
OF CHANGE AND "POLYFACTOR"
CHANGE SCORES

XChange Scores	XCouple's Ratings	S.D. Cs	S.D. Cr	\underline{r}	\underline{P}
17.87	3.27	25.28	1.42	.04	N.S.

The factors were not found to be significantly related at the .05 level of confidence. It was noted that the magnitude of the correlation coefficient was even smaller for client's ratings than for clinician's ratings. The conclusion was that, based on this data, little relationship exists between the changes measured by "Polyfactor" change scores and couples' evaluations of the changes occurring in their marriages.

CHAPTER V

DISCUSSION, CONCLUSIONS AND SUMMARY

The results of the present study indicate that the "Polyfactor," under the conditions presented here, cannot be used successfully to develop prognostic statements about couples in marital counseling. However, the data indicates the tendency for high-disparity couples to receive lower ratings of change by clinicians than couples characterized by lesser levels of disparity; and the highest clinician's ratings were ascribed to couples with the lowest level of disparity (see Figures 1 and 2). This finding lends some support to the use of the "Polyfactor" in the marital counseling situation. Also, there is the possibility that the "Polyfactor" would make a contribution to the establishment of prognosis if it were used in a battery of tests rather than alone, as it is presented in this study.

There were several factors inherent in this study which may have impeded statistical significance. One such variable was the sample population. While the size of the sample was considered large enough to allow fruitful statistical analysis, it is possible that a larger sample would have provided more between-group differences, a crucial element in the analysis of variance design. The raw data revealed the presence of

one extreme difference score, and the rating associated with this score was in the opposite direction of the hypothesis. Since there were only ten sets of scores in each group, it is obvious that extreme scores could have a greater effect than they might have had in a larger sample.

Another possibly impeding variable was the five-point scale used for clinician's ratings of change. It is likely that a seven-point or nine-point scale would have allowed increased variability of ratings, leading to more well-defined differences between the groups. Related to this problem of counselor ratings, Farnsworth (1) has reported that the use of a single rater creates difficulties with the effects of the time dimension. O'Dea and Zeran extended this by noting that multiple criterion measures would be advantageous "to overcome the unreliability and the biasing effects of a single criterion" (3, p. 242). Thus, it may be seen that these variables could have been influential in the results of this study.

The theoretical assumption underlying the hypothesis was that couples characterized by a greater disparity in perception of marital difficulties would also be characterized by ineffective communications. This, in turn, was expected to be a primary factor contributing to poor prognosis in marital counseling. However, this assumption failed to consider the role of motivation in the course of the counseling process.

Thus, couples with extremely disparate perceptions of their marital difficulties might be able to overcome effectively their communications problems if they are characterized by a high level of motivation to improve their marriage. This was apparently the case with the extreme score mentioned above. Although this couple presented the greatest disparity prior to counseling, they received the highest rating for change following counseling. Conversely, couples with only slight disparity of perception might show little or no improvement with counseling because of poor motivation to resolve their difficulties. The possibility also exists that some extreme scores are the result of an exaggeration on the part of one spouse as a plea for counseling help. In such cases, motivation would likely be high although difference scores would be extreme.

Another uncontrolled variable was counselor effectiveness in resolving problems of communications. In this context, effective counseling would be expected to overcome problems of communications between spouses. In a sample of the size presented here, it would require relatively few counseling successes in cases of high disparity of perception to diminish between-groups differences in ratings. The same would hold for ineffective counseling in low-disparity cases.

Johnson (2) has shown that response to conventional counseling may be strongly influenced by the number of

counseling sessions involved. While all couples in this study attended at least five counseling sessions, no additional attempt was made to control for number of sessions. Thus, variations in the number of sessions may have had an effect on either the actual response to counseling or the clinician's impressions of change as reflected in ratings.

While all of the control variables may have had some influence on the outcome of this study, the one biggest factor may have been the instrument employed. The "Polyfactor" is a relatively new and unpublished test. Because no reliability or validity data are available on it, there is no certainty that the "Polyfactor" has adequate stability for use in a study of this nature. Although this study assumed the presence of such stability, the results indicate that reliability and validity of the "Polyfactor" should be questioned prior to its further use as a research instrument.

The results of two correlations, between clinician's ratings and "Polyfactor" change scores and between couple's ratings and "Polyfactor" change scores, as presented in Tables II and III, indicated no statistically significant relationships. Had either of these sets of variables been significantly related, it would have indicated that these change scores would serve as an objective index for improvement in marriage counseling. The limited data available to this study indicated that these scores could not be used for

this purpose. Because of the sample size, it is evident that extreme scores or isolated, atypical scores could have an unusually great effect on the statistical results. However, as previously noted, four cases of change scores in the direction of greater disparity after counseling were found to receive ratings of change of almost the same magnitude as the mean ratings for the total sample. It appears, in these four cases at least, that change scores were not predictably related to ratings of change.

Summary

The present study was conducted to determine whether couples characterized by high levels of disparity of perception of marital problems would have a poorer prognosis in marriage counseling. Forty couples being seen in marriage counseling were selected for the sample. These couples were administered the "Polyfactor Sentence Completion Survey of Marital Difficulties", and "Polyfactor" difference scores obtained from this testing were used to divide the couples into four groups based on their level of disparate perception. At the conclusion of marriage counseling, counselors rated the change which had occurred in the marriage on a five-point scale. The hypothesis formulated was that: Couples with a greater disparity of perception of marital difficulties prior to counseling will have a poorer diagnosis in counseling.

A single classification analysis of variance was used to test this hypothesis, and the results indicated that the hypothesis could not be confirmed. However, a trend was evidenced in the hypothesized direction. Possible reasons for the failure to obtain statistical significance were discussed.

Additional information was gathered through a post-counseling inquiry. "Polyfactor" change scores obtained by comparing difference scores on pre-counseling and post-counseling "Polyfactor" administrations were correlated with clinician's ratings of change in the marriage and with couple's ratings of change in the marriage. No statistically significant relationship was found between the factors.

This study indicated the presence of a trend toward the successful use of the "Polyfactor" in establishing prognostic statements about couples in marriage counseling. Further research is recommended to determine if other aspects of this relatively new test have merit. Specifically, it is suggested that reliability and validity studies be conducted on the instrument to determine its psychometric properties.

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APPENDIX A

THE POLYFACTOR SENTENCE COMPLETION
SURVEY OF MARITAL DIFFICULTIES

FULL NAME: Mr., Mrs., _____ Age _____
LENGTH OF MARRIAGE: _____ CURRENT MARITAL STATUS: _____
NO. OF MARRIAGES: _____ AGE AND SEX OF CHILDREN _____

INSTRUCTIONS

All items must be completed

- Step 1 - Finish each sentence that has been started with whatever you wish to say. Do not leave any of the sentence stems incomplete or blank. Leaving any of the sentence stems incomplete or blank invalidates sections of the survey and this makes other sentences which you have completed much less useful.
- Step 2 - Answer item 86 with a brief paragraph or list.
- Step 3 - Read what you have written for each sentence, one sentence at a time. As you do this, make a judgement of how much difficulty this sentence represents in your marriage.

You will make this judgement by circling one of the 4 capital letters found in front of each sentence (M, S, L, N). The letters and the amount of difficulty they stand for are as follows:

M - much difficulty
S - some difficulty
L - little difficulty
N - no difficulty

Again, every sentence must receive a judgement. No sentence should be left unjudged, since any sentence without one of the 4 preceding letters circled invalidates an entire section of this survey. Therefore, you must make some judgement for each sentence.

- M S L N 1. Our honeymoon was
- M S L N 2. The place we live in is
- M S L N 3. My spouse's education
- M S L N 4. Our hobbies are
- M S L N 5. Our health
- M S L N 6. Our marriage is
- M S L N 7. A marriage should not be
- M S L N 8. The best thing about marriage is
- M S L N 9. The worst thing about marriage is
- M S L N 10. In marriage
- M S L N 11. Marital love is
- M S L N 12. My spouse loves
- M S L N 13. My love
- M S L N 14. Our love is really
- M S L N 15. Can love
- M S L N 16. I like my spouse to
- M S L N 17. We both share
- M S L N 18. We fight about
- M S L N 19. My spouse wants me
- M S L N 20. Getting along
- M S L N 21. Our sex life
- M S L N 22. Sexually I
- M S L N 23. Sex with my spouse
- M S L N 24. With sex one should
- M S L N 25. About sex I wonder
- M S L N 26. My spouse is

- M S L N 27. My spouse really makes me feel
- M S L N 28. My spouse and I
- M S L N 29. My spouse treats me
- M S L N 30. Why can't my spouse
- M S L N 31. To my spouse I
- M S L N 32. With my spouse I can
- M S L N 33. With my spouse I can't
- M S L N 34. I am really
- M S L N 35. I wonder if I
- M S L N 36. To feel a personal freedom
- M S L N 37. In marriage our best
- M S L N 38. I contribute
- M S L N 39. The rewards of marriage
- M S L N 40. Can fulfillment
- M S L N 41. Children are
- M S L N 42. A child needs
- M S L N 43. My spouse feels toward children
- M S L N 44. My feelings toward children
- M S L N 45. Can children
- M S L N 46. Money is
- M S L N 47. Our finances are
- M S L N 48. Our debts
- M S L N 49. Managing money
- M S L N 50. When we have money troubles
- M S L N 51. God
- M S L N 52. The Church

- M S L N 53. To me religion
- M S L N 54. To my spouse religion
- M S L N 55. In religion I wonder
- M S L N 56. I need
- M S L N 57. My spouse needs
- M S L N 58. The marriage requires
- M S L N 59. Our needs are
- M S L N 60. We both seem to need
- M S L N 61. When my spouse and I talk
- M S L N 62. Our communications are
- M S L N 63. I feel I can say
- M S L N 64. Talking is
- M S L N 65. To really communicate
- M S L N 66. Others
- M S L N 67. Relatives
- M S L N 68. Another person
- M S L N 69. Some people
- M S L N 70. One person
- M S L N 71. If it were not for
- M S L N 72. My spouse's job
- M S L N 73. My job
- M S L N 74. Outside the home
- M S L N 75. Pressures come from
- M S L N 76. I really want
- M S L N 77. The reason we can't

- M S L N 78. My hopes are
- M S L N 79. My persistence
- M S L N 80. I don't want
- M S L N 81. Divorce
- M S L N 82. We will always
- M S L N 83. In the future
- M S L N 84. I expect we are going to
- M S L N 85. Sooner or later
- M S L N 86. Please use the rest of this page to write an analysis of what you think are the best factors in your marriage. You may say anything you wish. Finish this question before you judge the sentence you have completed already.

APPENDIX B

THE POLYFACTORS-GRAPH- OF MARITAL DIFFICULTIES

CLIENT'S NAME _____ COUNSELOR _____ DATE _____

Husband x----x

Wife o-----o

Areas of Difficulty	0	Little Difficulty					Some Difficulty					Much Difficulty					AT	DF
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
Validity (1-5) 1.																		
General Marriage (6-10) 2.																		
Love (11-15) 3.																		
Compatibility (16-20) 4.																		
Sex (21-25) 5.																		
Spouse (26-30) 6.																		
Self (31-35) 7.																		
Actualization (36-40) 8.																		
Children (41-45) 9.																		
Money (46-50) 10.																		
Religion (51-55) 11.																		
Need Fulfillment (56-60) 12.																		
Communication (61-65) 13.																		
Others (66-70) 14.																		
External Pressure (71-75) 15.																		
Motivation (76-80) 16.																		
Future (81-85) 17.																		
HC Sc																		
WC Sc																		
TC Sc																		

Scoring

- M = 3 points, much difficulty
- S = 2 points, some difficulty
- L = 1 point, little difficulty
- N = 0 points, no difficulty

- AT Sc = area total score
- DF Sc = difference score
- HC Sc = husband's column scores
- WC Sc = wife's column scores
- TC Sc = total column scores

APPENDIX C

You have previously seen the following couple in marriage counseling. At this time please rate the couple as to the amount of change that occurred in their marriage during the counseling process. This rating will be made on a five-point scale from "no change" to "great change". It is recognized that some couples may have deteriorated during the course of counseling. In such cases the couples should be rated in the "no change" category. Judgements of change should be made in terms of improvement in communications, increased ability to recognize and deal with problems, etc. Please be as objective and accurate as possible in these ratings. Indicate ratings by circling the appropriate point on the scale.

Couple's name _____

1 _____ 2 _____ 3 _____ 4 _____ 5
"no change" "little" "some" "much" "great change"

APPENDIX D

Dear Mr. and Mrs. _____.

Research is currently being conducted in the area of marriage counseling. It is hoped that this research will lead to more effective marriage counseling. I would like to enlist your cooperation in this research. Enclosed are two copies of the "Polyfactor Sentence Completion Survey of Marital Difficulties," a test which you have previously taken for _____ (counselor's name) _____. At this time I ask that each of you take this test again, providing me with essential follow-up information. The tests may be completed as before by carefully following the instructions on the front page. An additional page has been attached which is also provided with instructions. Because this research is dependent on your cooperation, I ask that this be filled out in entirety and returned as soon as possible. All information will be kept completely confidential, and it is essential that the "Polyfactors" be completed individually without your consulting one another.

Thank you,

Bob Huwieler

APPENDIX E

Name _____

Read the following statements, and rate the amount of change associated with each statement according to the following criteria: 1 - "no change"; 2 - "little change"; 3 - "some change"; 4 - "much change"; 5 - "very much change." Ratings are to be made by circling the appropriate step. Please do not discuss these scales with your spouse.

Rate the amount of change that has occurred in your marriage since you began counseling.

1 _____ 2 _____ 3 _____ 4 _____ 5
"none" "little" "some" "much" "very much"

Rate the amount of change that has occurred in your spouse since the beginning of marriage counseling.

1 _____ 2 _____ 3 _____ 4 _____ 5
"none" "little" "some" "much" "very much"

Rate the amount of change that has occurred in yourself since you began counseling.

1 _____ 2 _____ 3 _____ 4 _____ 5
"none" "little" "some" "much" "very much"

How much difficulty is involved in your marriage at this time?

1 _____ 2 _____ 3 _____ 4 _____ 5
"none" "little" "some" "much" "very much"

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