COMPARATIVE RESULTS OF THE SIX MAJOR FORMS
OF MARRIAGE COUNSELING

DISSERTATION

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF EDUCATION

By

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This study compares results of the six major forms of marriage counseling: individual interview, individual group, concurrent interview, concurrent group, conjoint interview, and conjoint group. Data are from five different approaches in research methodology. The first, termed the Pilot Study, reviewed the outcome records of 773 former marriage counseling clients. The second, termed the Experimental Study, assigned 63 couples on a random basis, although balanced for severity, to the three most popular forms of marriage counseling: concurrent interview, conjoint interview, or conjoint group. It included a pre- to post-counseling test comparison involving the MMPI, CPI, Polyfactor Test for Marital Difficulties, and the Marital Adjustment Inventory. The third approach, the Quasi-Experimental Study, compared test results from two groups of couples with serious marital problems: the first group comprised seven couples who had been in three forms of counseling, while the second group included twenty-one couples who had been in only one form. The fourth approach, the Survey Study, used a questionnaire to measure reactions of 200 subjects who had just completed various forms of marriage
counseling sessions. The fifth approach, the Poll Study, involved a mail survey of 209 former marriage counseling clients who had been terminated from varying forms of marriage counseling for from one to three years.

Throughout the investigation emphasis was given to three divergent theories (1) that marital difficulties are caused by personal problems and thus are treated best by individual sessions, (2) marital difficulties are caused by social-interpersonal problems and are thus treated best by group sessions, and (3) marital problems are unique and are thus best treated by conjoint methods.

This study is presented in five chapters: introduction, review of literature, methodology, results, and summary, conclusions, and recommendations.

In the Pilot Study, a chi-square technique showed that the six forms of counseling produced significantly independent outcomes. Rated in either married or divorced categories as poor, moderate, or good, their rough order of effectiveness was (1) conjoint interview, (2) conjoint group, (3) concurrent group, (4) individual interview, (5) individual group, and (6) concurrent interview. The Experimental Study's analyses of variance showed the conjoint forms significantly more effective in reducing marital maladjustment. Particular subscales of the MMPI and CPI showed significant improvement in certain forms of marriage counseling. Measurements concerning age, sex, and problem severity were nonsignificant.
The results of the Quasi-Experimental study were nonsignificant. The Survey Study showed that, regardless of their form of counseling, subjects tended to respond that they were helped most in marital adjustment, second most in personal adjustment, and third most in social adjustment. Integrating these findings yielded thirty-five additional results which were more specific.

Basically, this study concludes that conjoint forms are superior to concurrent and individual forms in reducing marital maladjustment, except in certain special circumstances which require other forms. The findings justify the further conclusion that marital adjustment is primarily a separate entity only occasionally dependent on personal or social maladjustment.
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CHAPTER I

INTRODUCTION

General Commentary

The multidisciplinary practice of counseling is experiencing a phenomenally rapid growth. This growth is due at least in part to the problems caused by our increasingly dynamic, complex culture and our explosively growing population. This in turn has created an ever expanding need for more and more counseling services of all types (2). One of the types most in demand is marriage counseling. Several authorities think the problem of providing enough counselors with at least basic knowledge in the field of marriage counseling is not being met (20). There are two major reasons for this occurrence. First, there are not enough people in the "helping professions" being trained in the methodology of marriage counseling, and second, there is a dearth of controlled, thorough research coupled with an overabundance of unsupported, "narrow-minded," doctrinal thinking taking the place of research in the literature of marriage counseling (2, 28).

The problem of providing basic data through research is an unusually difficult one in the field of marriage counseling. Generally, most of the people in the field are doing all they can to keep up with their clients' pressing needs, thus leaving little time for rigorous investigation of their
methods (28). The American Association of Marriage and Family Counselors admits into its membership professionals trained and experienced in law, the ministry, social work, medicine, psychiatry, education, sociology, guidance counseling, psychology, and other related fields. Only a few of these professionals have received extensive training in conducting exacting research. This problem may further be complicated by the American Association of Marriage and Family Counselors' former requirement that those elected to membership need to have been in the actual practice of marriage counseling for three to five years (21). Thus, even if trained in research methodology, few such practitioners may be prone to have kept their research talents alive during such a period. In addition to these factors, there are very few schools which teach the same students courses in both marriage counseling and behavioral research (11).

Vincent (28) points to a severe lack of longitudinal follow-up studies and evaluative research data in marriage counseling. During the last decade (1960-1969) dissertation abstracts list only twenty-three dissertations in any way concerned with marriage counseling, and none of these makes a comparison of individual, conjoint, concurrent, and group forms of marriage counseling, although three are concerned with conjoint counseling and two with group marriage counseling (5, 7, 13, 15, 16). In general, one finds that, excluding case studies and sociological demographic data, there exists
very little controlled research in the field of marriage counseling and almost no studies where a comparison of forms or techniques is carried out.

There is evidence to suggest that the whole variety of people in the professions that utilize counseling are in need of some basic knowledge in marital therapeutic techniques. Rutledge, in studying what is likely to be the future of marriage counseling, concludes that current developments indicate that the bulk of marriage counseling in the foreseeable future will be carried on as an activity by people from various disciplines with or without specialized training--from psychology, social work, medicine, the ministry, family life education and guidance. Many of these professional people do satisfactory marriage counseling while others not only fail to help, but are destructive forces in the lives of their clients (20, p. 5).

It is easy to see that counselors of all types may be called on to perform marriage counseling from time to time. In many such instances the possibility of referral to a qualified marriage counselor is nonexistent due to distance, time, and other factors. In many communities the number of trained marriage counselors available is infinitesimal compared to the need. As yet few counseling specialists have the training to do this type of work. This is especially true of the newer counseling professionals who are often faced with marital problems, professionals such as the rehabilitation counselor, the vocational guidance counselor, and the workers in college counseling or university crisis centers. Typically, they have neither specific knowledge nor training in marriage
counseling even though they may have increasing need for it. It is interesting to note that so many counseling courses, theories, and texts emphasize treating the whole person yet leave out any significant discussion of marital maladjustment and its alleviation. Of course, one of the difficulties is that there exist so few research studies giving a dependable background in the field of counseling people with marital problems.

Traditionally, marriage counseling was done with both partners being seen separately, sometimes by two different counselors. This is commonly called concurrent marriage counseling. In more recent times marriage counseling has come to be done in conjoint sessions in which both married partners are seen together during the same session. Lately, with the growth of the group movement, couples have been placed in various types of marriage counseling groups. Of course, seeing only one spouse when one of the two marital partners could not or would not enter marriage counseling has also been done for quite a while. Thus, there are a number of forms in which marriage counseling can be conducted.

Most counseling and psychotherapy can be seen as being conducted in only two forms: that of the individual consultation interview session and that of the group session. There are other forms such as bibliotherapy, writing therapy, among others, but the modalities of individual interview and group sessions obviously predominate. It is through these two that
most of the techniques and systems of counseling are delivered. Marriage counseling can be seen as having several more forms or modalities through which treatment approaches, techniques, and counseling systems can be delivered. This is due to there being two rather than one person at the focus of counseling.

In this investigation, marriage counseling is seen as having six major forms falling into three sets of two each. In the first set there are individual interview sessions and individuals in group sessions. In the second set are concurrent interview sessions and concurrent group sessions. In the third set are found conjoint interview sessions and conjoint group sessions. Thus, we have individual, concurrent, and conjoint categories of delivering or conducting almost any kind of counseling, be it psychoanalytical, Rogerian, gestalt, or what have you. Although there may be other combinations, these three sets and six forms are the approaches which represent the most common arrangements in which clients are seen. Yet there are no studies in which these forms, or a combination of the forms, are systematically compared.

Little is known about the different effects these various conditions of marriage counseling may produce, although there are many speculations on this matter. Many, although not all authorities, think that treating only one individual in a marriage counseling situation is all too often a waste of time. Others, however, see individual treatment as effective and at least better than nothing when dealing with a disturbed
marriage. Some think that concurrent counseling is most helpful in alleviating individual problems since it is a method of individual treatment. They often argue that it is the individual who must be helped in order to help the marriage, since a marriage is made up of individuals and is not itself a tangible entity (26). Others say that conjoint forms of counseling are what helps most because they treat the marriage directly. The main thesis of this approach is that unless the couple are counseled together, the real client, which is the marriage, is not being dealt with specifically (30). Still others think that a group approach is the most effective because it supposedly is the most effective in improving one's interpersonal or social interrelationship abilities. These people further argue that such interpersonal, rather than personal, abilities are the basis of a good marriage, and therefore, a group technique is to be preferred (3). Since all these ideas are important conjectures around which the theories of the treatment conditions are based, this study focused on these three areas of personal, social, and marital adjustment.

Counselors have little comparative evidence to answer the questions that arise concerning when these conditions of individual, concurrent, conjoint, and group marriage counseling should and should not be used. Since this void of research exists, these and many similar questions can presently only be answered in an "arm chair" fashion. This study attempts
to provide at least some of the evidence which can lead to a basis for answering such questions in a more substantial and scientific manner. Thus, it is hoped that the many professionals who practice marriage counseling would have at least one comparative demonstration of how these three conditions of marriage counseling affect people.

Statement of the Problem

The problem of this study was to compare the results of the six major forms of marriage counseling with a special emphasis being given to comparing the forms of concurrent interview, conjoint interview, and conjoint group using a variety of five differing approaches in research methodology. The first approach was termed the Pilot Study and consisted of reviewing the recorded outcome results of all former marriage counseling clients at the center where this investigation was conducted. This was done to establish a rough but large sample basis for comparing the results of data obtained from the more exacting research approaches which by necessity involved smaller samples. The second research effort was called the Experimental Study. It was conducted to provide empirical observations and measurements under controlled conditions in which a random sample of the varying of the relevant variables could be accomplished. Third, there is a division of this investigation titled Quasi-Experimental Study, and it involves a comparison of test results from subjects considered to have serious marital problems who have been in
three forms of marriage counseling with subjects also considered to have serious marital problems but who had been in only one form of marriage counseling. Fourth, there was an approach called the Survey Study in which couples who were being seen in multiple conditions of marriage counseling were surveyed to discover their opinion reactions to each form they experienced. Finally, there was a fifth approach termed the Poll Study in which a fairly large number of clients who had completed marriage counseling in one or more of the forms being studied were polled for their reactions about the outcome of their counseling. This section is included so that the results of the Experimental Study could be related to the "finished product," as it were, of normal marriage counseling as it is commonly practiced outside of experimental conditions.

The theoretical justification and rationale for making more than an experimental approach is as follows. Not infrequently, it is stated that experimental findings are for various reasons not applicable to regular practice. Also, it is not uncommon for practitioners in the applied behavioral sciences to say that experimental results often do not "hold up" in the field of actual practice. Campbell and Stanley (4) note that the disillusionment with behavioral science experimentation, especially in education, is extensive. They cite that even staunch advocates of the experimental method have said the contributions of controlled experimentation have been disappointing. They further remark that defections from
experimentation in social science fields have "frequently occurred in persons well trained in the experimental tradition" (4, p. 2). Furthermore, it is likely that what was done in the experimental section of this study, or in studies like it, is seldom if ever done in actual practice. For instance, in the Experimental Study there were a fixed number of sessions, meaning that some subjects were probably held in counseling longer than was actually necessary for the resolution of their difficulties. This would almost never happen to any great degree in marriage counseling as it is usually practiced. Also, many counselors mix individual, concurrent, conjoint, and group forms of marriage counseling whenever they feel the need arises. For many counselors, holding the subjects rigidly in one form of counseling would not fit their natural form of practice.

Therefore, it was reasoned that if studying marriage counseling in its natural setting, as it is normally practiced, showed essentially the same results as the Experimental Study, it could be supposed that the experimental findings would have greater relevance to marriage counseling as it is actually conducted. If this were not the case, there would be reason not to trust the experimental findings as being relevant to the usual practice of marriage counseling until further research cleaned up the discrepancies. Thus, the Pilot, Quasi-Experimental, Poll, and Survey Studies provide at least a cursory check to determine if the experimental findings are applicable to actual practice situations.
Another reason for adding the Pilot, Quasi-Experimental, Survey, and Poll Studies was to yield a wider range of more practical suggestions for further research than would otherwise be possible. This seems especially advantageous since this study was aimed at some very pragmatic aspects of marriage counseling as it is presently practiced.

The problem of this research was, therefore, seen as one of studying the forms of marriage counseling in both intensive and extensive ways. By relating "field" research as it was shown in the Pilot, Poll, and Survey Studies to the Experimental and Quasi-Experimental Studies, it was hoped that greater relevance would, therefore, be established.

Purpose of the Investigation

The overall purpose of this investigation was to discover which forms of marriage counseling produced the best results.

A secondary purpose was to discover which of the three major theoretical positions involved in marriage counseling (the personal adjustment position, the interpersonal adjustment position, or the marital adjustment position) would be best supported by the data.

Hypotheses

To carry out the purpose of this investigation, the following hypothetical statements were formulated. The general proposition of this investigation was that each of the different forms of marriage counseling being investigated
would be shown to have significantly different effects in the areas of personal, marital, and social adjustment. More specifically, the following hypotheses were tested to determine whether or not the general proposition was to be supported or rejected.

**Hypotheses Relating to the Pilot Study**

It was hypothesized that

A. the marital outcomes of the subjects treated predominantly by any one of the six basic forms of marriage counseling would be significantly independent from the outcomes of subjects treated by the other five basic forms of marriage counseling;

B. the independence of the six basic forms, one from another, would allow the rank ordering of the six marriage counseling forms from "most effective" to "least effective" according to outcome ratings.

**Hypotheses Relating to the Experimental Study**

It was hypothesized that

A. subjects in concurrent interview marriage counseling would show a significantly greater mean reduction in personal psychopathology as measured by the Minnesota Multiphasic Personality Inventory (MMPI) clinical scales than would subjects in conjoint interview or conjoint group marriage counseling;

B. subjects in concurrent marriage counseling would show a significantly greater mean gain in personal adjustment
as measured by the *California Psychological Inventory* (CPI) scales defined as measuring personal adjustment than would subjects in conjoint interview or conjoint group marriage counseling;

C. subjects in conjoint interview marriage counseling would show a significantly greater mean gain in marital adjustment as measured by the *Marital Adjustment Inventory* (MAI) than would subjects in concurrent interview or conjoint group marriage counseling;

D. subjects in conjoint interview marriage counseling would show a significantly greater mean reduction in marital maladjustment as measured by the *Polyfactor Test for Marital Difficulties* (Polyfactor) than would subjects in concurrent interview or conjoint group marriage counseling;

E. subjects in conjoint group marriage counseling would show a significantly greater mean gain in social adjustment as measured by the CPI scales defined as measuring social adjustment than would subjects in conjoint interview or concurrent interview marriage counseling;

F. subjects in conjoint group marriage counseling would show a significantly greater mean reduction in social maladjustment as measured by the Social Introversion Scale of the MMPI than would subjects in conjoint interview or concurrent interview marriage counseling;

G. measurements relating to personal adjustment would show that
1. the greatest mean gain and most significant improvements in personal adjustment would be measured as occurring in concurrent interview marriage counseling;

2. the next greatest mean gain and next most significant improvement in personal adjustment would be measured as occurring in conjoint interview marriage counseling;

3. the third greatest mean gain and third most significant improvement in personal adjustment would be measured as occurring in conjoint group marriage counseling;

H. measurements relating to social adjustment would show that

1. the greatest mean gain and most significant improvement in social adjustment would be measured as occurring in conjoint group marriage counseling;

2. the next greatest mean gain and next most significant improvement in social adjustment would be measured as occurring in conjoint interview marriage counseling;

3. the third greatest mean gain and third most significant improvement in social adjustment would be measured as occurring in concurrent interview marriage counseling.

I. measurements relating to marital adjustment would show that
1. the greatest mean gain and most significant improvement in marital adjustment would be measured as occurring in conjoint interview marriage counseling;

2. the next greatest mean gain and next most significant improvement in marital adjustment would be measured as occurring in conjoint group marriage counseling;

3. the third greatest mean gain and third most significant improvement in marital adjustment would be measured as occurring in concurrent interview marriage counseling.

**Hypotheses for the Quasi-Experimental Study**

It was hypothesized that

A. subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in personal adjustment as measured by the MMPI clinical scales than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study;

B. subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in marital adjustment as measured by the Polyfactor than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study;
C. subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in social adjustment as measured by the Social Introversion Scale of the MMPI than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study.

**Hypotheses Relating to the Survey Study**

It was hypothesized that

A. subjects who had just completed a concurrent interview marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of personal adjustment than in the areas of marital or social adjustment;

B. subjects who had just completed a conjoint interview marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of marital adjustment than in the areas of personal or social adjustment;

C. subjects who had just completed a conjoint group marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of social adjustment than in the areas of personal or marital adjustment.
Hypotheses Relating to the Poll Section

It was hypothesized that

A. there would be significant differences among the categories of subjects used in this section with regard to personal, social, and marital adjustment when measured by Questionnaire A;

B. there would be significant differences among the categories of subjects used in this section with regard to personal, social, and marital adjustment when measured by Questionnaire C.

Background and Significance of the Investigation

Being able to accurately prescribe which form of marriage counseling would be of the most help to a troubled couple is a goal with which few would argue. It is also one which few have sought after with the utilization of controlled research. There is, however, a good deal of theory and speculation in the literature concerning the various forms of marriage counseling available.

This review of the background and significance of this particular investigation confines itself to, first, an explanation of the various forms of marriage counseling studied, second, the differing opinions concerning the marriage counseling arrangements under consideration, third, a brief review of what effects the three most popular arrangements are thought to produce and what little research
there is in this area, and fourth, a review of the types of instruments which can be used in this type of study.

Generally, it seems, three of the six major forms of marriage counseling are becoming increasingly more popular and three are less popular among those who conduct marriage counseling. The more popular forms are concurrent interview, conjoint interview, and conjoint group or, as it is sometimes called, couples' group marriage counseling. The less popular are individual interview, individual group, and concurrent group. The less popular are largely so, it seems, because they deal with marital partners apart from one another, an approach which more and more is unfavored. Concurrent interviews also separate the couple for counseling, but this form has a longer history and thereby a sizable following of proponents and perpetuators. Throughout most of the history of marriage counseling, seeing only one of the two individuals making up a marriage has been thought second best to seeing both of them. Many authorities, in fact, consider seeing only one spouse a very unproductive approach with an almost always poor prognosis. Furthermore, it seems logical that what would apply to concurrent sessions would also be rather applicable to individual sessions since both see only one of a couple in a single session, be it interview or group. The growth of the group movement has coincided with the increasing popularity of conjoint approaches to both marital and family counseling. Probably for this reason the individual and
concurrent group forms have been over-shadowed by that of conjoint group in which several couples meet together for the purpose of resolving their marital difficulties. Due to the above mentioned factors, this investigation focused primarily on the three more popular forms of marriage counseling. However, some measurements of the less popular three forms were also included.

In the history of marriage counseling three major and most popular arrangements (concurrent interview, conjoint interview, and conjoint or couples' group) for seeing clients have come to predominate. The oldest is concurrent marriage counseling in which the clients are seen separately. In more recent times a conjoint arrangement where both partners are seen together has come into prominence, and lately the practice of group marriage counseling and especially couples' or conjoint group has emerged (28). Presently there exists not one single study where these three forms have been subjected to controlled comparison (10, 19, 28).

Marriage counseling theorists have been at great variance over the basic arrangements in which marriage counseling clients are generally dealt. Consider the following quotes: "It is therapeutically inadvisable for the same analyst to work with more than one partner" (23, p. 297); "Joint conferences with both partners can be helpful but are difficult and extremely dangerous and should be resorted to only after careful consideration and planning" (12, p. 181); "If the
client is the marriage, unless both partners are there to represent the marriage, the client isn't there" (23, p. 299);

Talking to a husband and wife individually is probably the most effective way to help the marriage . . ." (24, p. 314);

Group couples' marriage counseling makes for wanting to help others; spouse is one of the others. Group throws new light, more objective light, on spouse. . . . There is no 'hiding place' for spouses in a group. . . . Spouses see other couples have difficulties too. . . . Group sees spouse in a way unexpected by the other spouse. Group is opportunity to try out new adjustments to each other that were not made at home (18, pp. 459-460).

From these quotations it can be seen that marriage counseling theorists have rather strikingly disagreed with one another.

Ard and Ard note that "during its early years marriage counseling placed considerable emphasis on seeing individual spouses separately. . . ." (2, p. 169). Indeed, classical psychoanalysts went so far as to say spouses with marriage problems shouldn't even have the same therapist let alone be seen together (23).

This concept has been opposed by an ever growing number of counselors who hold to the view that only in conjoint interviews is the real client, in other words the marriage, present. Laidlow puts it succinctly when he states that "it is the marriage which is the patient rather than either partner to that marriage" (23, p. 298).

Neubeck, in his study of group therapy with married couples, found that
all of the advantages that group psychotherapy has are maintained. They the members seem not to be ill-effected by the joint therapy. The group is a healer, even if both husband and wife are present (18, p. 461).

From this brief review it can be seen that there are arguments for all three of the more popular arrangements of marriage counseling. Neubeck, when he started his study of group therapy with couples in 1954, stated, "No worker has attempted to examine the process in this type of group psychotherapy, however. The question arises why such an examination has not been made" (18, p. 456). This lack of examination seems to be the general rule rather than the exception in most areas of marriage counseling.

In 1968, Peterson, writing on theory in marriage counseling, stated, "One reason why there is little theory is because there is little research in the methodology or outcomes of marriage counseling" (19, p. 148).

Vincent discusses why there is so little research in marriage counseling methodology and states that the primary reason is their client's pressing and sometimes urgent needs, which leave little time for research and evaluation of methods. In addition, individuals conducting marriage counseling in some professions may have received little training in evaluating and applying research data. . . . The 'social problems' orientation also contributes to the paucity of follow-up studies and evaluative research data in marriage counseling (28, p. 423).

Thus, it can be seen that much has yet to be done in providing a background of research for the practice of marriage counseling.
Peterson sums up his criticism of this data vacuum in marriage counseling methodology by saying,

It is not reasonable to believe that a society that grows increasingly affluent and healthy and increases in longevity due to scientific methodology will accept disciplines that account for their justification on the basis of intuition (19, p. 148).

Only a few studies concerning marriage counseling even approach a comparison on concurrent and conjoint marriage counseling. Peterson (19) cites Michaelson in a longitudinal study which found concurrent marriage counseling to be slowly on the decrease in three widely separated clinics, going from 89.2 percent of the sessions studied in 1940 to 88.4 percent in 1950 to 82.7 percent in 1960. Furthermore, conjoint counseling was found to be used more frequently, going from 5.4 percent of the total marriage counseling in 1940 to 8.8 percent in 1950 to 14.8 percent in 1960. Peterson, in reviewing the Michaelson findings, concludes that "while the trend towards conjoint therapy is clear, conjoint therapy was still a minority treatment technique in these three clinics in 1960" (19, p. 136).

Peterson (19) also cites Alexander, who in a more recent study, found that by 1965 members of the American Association of Marriage and Family Counselors saw their clients only 28 percent of the time in individual or concurrent sessions. Further analysis of this data yielded the finding that those who identify themselves as marriage counselors as their primary orientation have almost unanimously rejected the individual approach of the older therapies. Only 10 per cent use this technique, while about half
of those dealing with marital problems but primarily associated with traditional psychotherapy hold to the more traditional approaches (19, pp. 136-137).

Peterson, in reviewing these findings, concludes that there has been a discernible and statistically significant trend away from individual treatment of marital problems to conjoint therapy. It is interesting that this trend characterizes those who think of themselves as marriage counselors to a far greater degree than those related to disciplines more or less associated with individual psychotherapy (19, p. 137).

These studies are typical of the sparse research done in the area of comparing different marriage counseling arrangements. There seems to be a lot of "arm chair" theorizing and some surveys but no controlled comparison studies. The studies which do exist tend to confine themselves to the after effects of each type of marriage counseling with no mention of control or comparison groups. Occasionally there are studies with a pre- and post-test methodology, but these are rare.

Typical of the research on concurrent therapy, Solomon and Greene (26) found that their concurrent treatment of the married partners helped the two individuals most toward "working through" their individual problems, and this in turn helped the marriage. This leads to one of the questions this investigation has attempted to answer. Do concurrent marriage counseling forms help the individual more than the other forms under consideration?

Typical of the literature concerning conjoint marital therapy is Satir's conclusion that "any behavior that occurs
between any two people is the product of both of them" (22, p. 121), and therefore, they should be treated together at the same time by the same therapist for maximum reduction of marital disharmony. This leads to another of the questions this study attempts to answer. Does, as many marriage counselors assert, the conjoint interview form of marriage counseling help the couple to resolve their marriage more than individual, concurrent, or group counseling forms (28)?

Typical of the research concerning group marriage counseling is Blinder and Kirschenbaum's findings that show a group member increases many of his abilities at interacting with others in general (3). This leads to still another of the questions asked by this study. Do group marriage counseling forms help a person improve his interpersonal interaction or social adjustment more than concurrent or conjoint marriage counseling forms?

From these studies it is seen that there are three basic areas of adjustment that are often dealt with in marriage counseling. Some think that marriage counseling is mostly a matter of improving the partners' individual adjustment. There are others who look at the marriage itself as the area in which adjustment is to be achieved. Still others consider increasing the partners' general interpersonal interaction, socialization, and communication skills to be that which will help solve the marriage problem. The following quotes give some idea of the thinking on these three areas.
First, there is the view that those who seek marriage counseling are people having rather deep personal maladjustments, and that they are there because they are in need of psychotherapy rather than less intense types of counseling. This view is typified by Ellis who states:

> ... on the basis of recently published cases of marital counseling, as well as on the basis of the writer's own counseling experience, ... a great many of the individuals who come for counseling are more or less emotionally disturbed individuals ... some form of psychotherapy ... is necessary for even a partially satisfactory resolution of their problems (8, p. 25).

Perhaps viewing the marital maladjustment as a problem needing psychotherapy can be seen as a view more commonly held by psychoanalysts, psychiatrists, and older clinical psychologists, for other views are certainly abundant. This may be seen in the following quotation which views the marriage itself as the subject of the counselor's work: "When a husband, or wife, or both come in with a marital problem, it isn't necessarily a sick person one is dealing with, but a sick marriage (23, p. 300).

The third and more recent view stressing socialization skills is epitomized by the following statements: "Marriage counselors came to view marital interaction as constituting a social system" (14, p. 172); "A ... characteristic of marriage counseling is the shift away from history-taking to greater focus on present interactional situations" (19, p. 137);

Counseling with married couples ... has led many people in the various helping professions to the general conclusion that lack of effective communication lies at the root of many a family's problems (2, p. 213).
These theoretical positions contributed to the emphasis that this research project placed on measuring personal adjustment, marital adjustment, and social adjustment.

One problem in conducting a study of this nature is that there are very few good instruments that one can use to measure these three major factors which are related to marital problems. Perhaps because there has been so little research in marriage counseling methodology, it is quite difficult to find valid and reliable instruments to review in relation to marriage counseling, although a number exist in the field. Various authorities have found that the tests relating to marriage adjustment which are presently available are, at best, of dubious value (1, 6, 9, 17, 25, 27). There are only two projective tests available for use in analyzing marital difficulties, and only one of these is scorable (6, 29). It was, therefore, concluded that a variety of instruments should probably be used in attempting measurements in this study.

In summary, this background survey has led to several conclusions relating to the significance of this study.

1. There are six major conditions in which marriage counseling is practiced: those of individual interview, individual group, concurrent interview, concurrent group, conjoint interview, and conjoint group.

2. There are three popular conditions in which marriage counseling is coming to be commonly practiced, those of concurrent interview, conjoint interview, and conjoint group marriage counseling.
3. There is widespread disagreement concerning the merits and demerits of these three more popular systems.
4. There are no known controlled research projects reported in the literature in which the three more popular approaches have been systematically compared.
5. The literature suggests three major focuses for the work of the marriage counselor, those of personal adjustment, social or interpersonal interactional adjustment, and marital adjustment itself.
6. There are some suggestions that each of the forms or conditions of marriage counseling being considered have a differing effect on these three areas of adjustment.
7. There exists a poverty of valid and reliable instruments and a poverty of instrument research on which to rely in conducting a study on marriage counseling.

Definition of Terms

**Individual interview marriage counseling.**--Individual interview marriage counseling is a counseling form or treatment modality in which only one marital partner of a couple is seen by him or her self in counseling for the alleviation and resolution of marital difficulties.

**Individuals' group marriage counseling.**--Individuals' group marriage counseling is a counseling form or treatment modality in which a single marital partner without his or her spouse being present meets in group counseling with a
similar group of marital partners who also do not have their spouses present for the purpose of alleviation and resolution of marital difficulties.

**Concurrent interview marriage counseling.** -- Concurrent interview marriage counseling is a counseling form or treatment modality in which both marital partners are seen separately in counseling for the purpose of alleviating and resolving their marital difficulties.

**Concurrent group marriage counseling.** -- Concurrent group marriage counseling is a counseling form or treatment modality in which both marital partners are in separate counseling groups for the purpose of alleviating and resolving their marital difficulties.

**Conjoint interview marriage counseling.** -- Conjoint interview marriage counseling is a counseling form or treatment modality in which both marital partners are seen together at the same time in a counseling interview for the purpose of alleviating and resolving their marital difficulties.

**Conjoint group marriage counseling.** -- Conjoint group marriage counseling is a counseling form or treatment modality in which a group of married couples meet together in group counseling for the purpose of alleviating and resolving their marital difficulties.
Improvement in personal adjustment.--Improvement in personal adjustment refers to a situation in which subjects have made statistically significant increases on measuring instruments in healthy, internal, psychological states and healthy, external, behavioral patterns. To some extent, this also includes such concepts as the report of improved achieving, actualizing, and success behavior; improved coping, defending, and adequacy behavior; improved psychological strength, health, and adjustment; decreased psychological illness or maladjustment where indications of such illness or maladjustment previously existed.

Improvement in personal adjustment is operationally defined as one or more of the following: (1) a statistically significant increase in the direction judged healthy and desirable on the MMPI clinical scales, (2) a statistically significant increase in the direction judged desirable on the CPI scales defined as measuring personal adjustment, (3) an individual's score of 9 or higher on post-treatment Questionnaire A, personal adjustment section, (4) an individual's score of 5 or higher on post-session evaluation Questionnaire B, personal adjustment section.

Improvement in marital adjustment.--Improvement in marital adjustment refers to a situation in which subjects have been measured as having statistically significant increases in attitudinal, behavioral interaction and situational advancements over previous states of marital disharmony. To some extent
this also includes such concepts as the report of improved feelings of emotional closeness, love, unity, understanding, satisfaction, and similar positive values; improved ability to work mutually toward achieving and actualizing successful behavior; improved ability in mutually coping, defending, and adequately dealing with difficulties; and healthful resolution of marital conflicts.

Improvement in marital adjustment is operationally defined as one or more of the following: (1) a statistically significant increase in the direction judged desirable on the MAI, (2) a statistically significant increase in the direction judged desirable on the Polyfactor, (3) an individual's score of 9 or higher on post-treatment Questionnaire A's marital adjustment section, (4) an individual's score of 5 or higher on post-session evaluation Questionnaire B's marital adjustment section.

Improvement in social or interpersonal interaction adjustment.--Improvement in social or interpersonal interaction adjustment refers to a situation in which subjects have been measured as having statistically significant increases in interpersonal interaction abilities, socialization skills, attitudes concerning interacting with others, and their ability to be more successful in their general societal success. To some extent this also includes such concepts as the report of improvement in developing and maintaining emotionally significant interactions with others; improvement in managing
superficial perfunctory and antagonistic relationships; incidations of advancement in societal position or status; indications of improved coping, defending, and adequcy behavior when faced with societal stress.

Improvement in social or interpersonal interaction adjustment is operationally defined as one or more of the following: (1) a statistically significant increase in the direction judged desirable on the Social Introversion Scale of the MMPI, (2) a statistically significant increase in the direction judged desirable on the CPI scales defined as measuring social adjustment, (3) an individual's score of 9 or higher on post-treatment Questionnaire A's social adjustment section, (4) an individual's score of 5 or higher on post-session evaluation Questionnaire B's social adjustment section.

Limitations of the Investigation

The conclusions of this study are limited to clients volunteering for, or in a few cases those volunteering to continue, marriage counseling at the Fort Worth Neuropsychiatric Hospital and its Counseling Center Division. These are clients primarily coming from caucasian, suburban, middle-class back-frounds who are referred mostly by physicians, ministers, and former clients of the center. It does not include couples assigned to marriage counseling by domestic relations courts, people of other than the caucasian ethnic type, or people from the extreme upper and extreme lower socio-economic status.
levels. These limitations are necessary due to the type of clientele frequenting the center involved.

Basic Assumptions

It was assumed that personalities and individual skills of the various counselors involved affected all of the variables being examined to a similar degree in the Experimental Study. This was assumed because the counselors used in the experimental part of the study worked with all three conditions of marriage counseling.

It was assumed that the subjects in all conditions of this study were equally affected by situations and personalities which might have influenced them extraneous to the effects of their marriage counseling. This assumption was made because of the difficulty involved in maintaining the exact sense of the word, since both control and experimental groups, as well as other comparison groups used in this investigation, may have experienced varying amounts of therapeutic or anti-therapeutic situations and personalities outside of their marriage counseling or control experiences.
CHAPTER BIBLIOGRAPHY


CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The arduous task of testing the relative efficacy of various systems of marriage counseling is apparently just beginning. The older forms of individual and concurrent marriage counseling are being accosted by the newer conjoint and the still newer forms of group marriage counseling. Much conjecture and little quantifiable evidence appears in the literature of marriage counseling. This seems to be even more true when one considers the comparison of individual, concurrent, conjoint, and group forms of marriage counseling. For that reason, this review starts with a general survey of the current state of marriage counseling research from which a new and more systematic investigation could be launched in this field. Intermixed with the apparent lack of verifiable evidence there are also the complicating changes occurring in the institution of marriage itself in contemporary society, the next area this review touches on. Commentary on contemporary marriage problems follows. The review then continues on to cover three major sets of theories which purport to explain the causes of marital difficulty and result in the six forms, or delivery systems, of marriage counseling being studied in this
paper. Some comment is given concerning the measurement of marital difficulties. Then the review proceeds into the practice of modern marriage counseling with special emphasis on the three forms upon which this study is focused. Finally, a summary concludes the chapter.

The State of Theory and Research in Marriage Counseling

It is commonly asserted that good research relies on good theory. This may be the reason why so little real research has been done in marriage counseling. Again and again in reviewing the marriage counseling literature, there are found statements like the following: "There has been much speculation about the relationship between marital stability, marital satisfaction, and mental health. An extensive search of the literature failed to reveal reports on well-controlled, definitive research in these areas" (81, p. 342). This is the sort of comment one routinely finds whether one is reviewing publications in counseling, social work, psychiatry, pastoral counseling, psychology, or marriage counseling itself.

Concerning the theoretical framework upon which research is often based, the following kinds of remarks are common, as Olson notes.

In 1957, referring to known and unknowns in marital therapy, Emily Mudd stated that: 'we have not verified or refuted many of our constantly applied assertions and theories.' In 1966 Gerald Manus described marital therapy as a technique in search of a theory and concluded from his review that: 'there is a clear
picture of inconsistency, contradiction, and a lack of a coherent theory.' In 1967 David Mace remarked, 'It can be said without fear of contradiction that marriage counseling is a field in which practice has far outrun theory' (76, p. 516).

Olson, in his 1970 decade review of marriage counseling, concludes that neither the theories in marriage counseling or the related field of family counseling have been in any real way operationally tested or theoretically developed to a significant degree (76).

One of the apparent reasons for both the lack of research and theory upon which to base research is the fact that marriage counseling is a field dominated by practitioners. Sherif's observation, therefore, seems applicable:

Professional meetings and professional journals can almost convince a person that those engaged in basic research and those in applied fields appear to be in different camps that wage cold war, when they are not ignoring each other completely. At times, it appears that the twain shall never meet (85).

Some commentators on the gaps between research, theory, and practice call for therapists to clarify and specify their goals and be more open to researchers, giving them more opportunities to observe marriage counseling sessions. Researchers could also help by focusing on counselors' problems a great deal more than they do (76).

In spite of the lack of objective research and organized theory, the number of publications in marriage counseling is rapidly increasing. Most of the relevant material seems to have been published after 1960. Only about twenty-five articles having to do with marriage counseling appear before
1950. However, in the 1950's there were about fifty papers published. Over one hundred journal articles appeared from 1960 to 1970 (76). Perhaps as it has been with many fields, marriage counseling is now in that early embryonic stage where the exchange of professional writings is really only an exchange of predispositions, prejudices, and ponderments.

The writings of the 1960's did contain reports, although they may be vague, of a variety of theories being applied to marriage counseling. Compositions on learning theory, the client centered approach, communications counseling, self concept methods, role theory, relationship typology, and a great many more counseling systems are more and more commonly seen in marriage counseling publications. Critics have seen these, however, not as a successful integration of psychological, sociological, and other concepts as might be hoped, but rather as merely scattered, inadequate attempts to rather conceptualize and categorize the broad, usually dynamic, new transactional system of marital counseling (76). Of all these, Olson sees "the most relevant to marriage counseling and highly developed conceptual framework is symbolic interaction. . . .

Unfortunately, most of the concepts and theoretical formulations have not been applied or evaluated in real-life settings" (76, p. 529). Olson, in his decade review, goes on to say that he found only twenty studies to be research oriented in the marriage counseling field during the 1960's. Of these, he criticizes most as being conceptually and methodologically
weak, relying only on a follow-up method of investigation. Of all the studies he reviewed, he found only two which he considered to be sufficiently rigorous and systematic in their research approach to the evaluation of marriage counseling (76).

These statements easily lead to the conclusion that marriage counseling research is worse than meager and the theoretical formulations quite weak. For that reason, the work of this investigation attempted to be both as broadly and rigorously operational as possible and to keep the research operations tied to unified, theoretical positions.

Contemporary Marriage and Its Problems

If, on the one hand, marriage counseling seems theoretically and especially experimentally weak, consider on the other hand the rapidly altering state of marriage in contemporary society. It seems that many of the "facts" of marriage are now starting to change (16). Once, it was a fact that marriage was an event between two people in our society. Presently, however, the Constantines have an ongoing coast-to-coast study of more than fifty group marriages, each involving three to eleven people (17). However, multiple-person marriages are not entirely limited to the liberal or "hippy long-hair" end of the social continuum: As recently as October of 1971, Time magazine reported that there were then at least 20,000 traditionally quite conservative Mormons in just Utah alone living in polygamous families. There are also some signs that
the practice is growing (92). Once, it was considered a "fact" that married people were people of the opposite sex. Currently, there are priests and ministers officiating at homosexual and lesbian marriages (17). Once, it was rather generally believed that divorce was bad and was, indeed, a fairly good index of the general state of our nation. Listen, however, to Wardell Pomeroy in a 1970 "President's Message" to the American Association of Marriage and Family Counselors:

I content that a higher divorce rate is an indication that the institution of marriage is improving. In the past, couples suffered for years together because of the stigma of divorce. Now, couples are cutting their ties early and going on to greener pastures. As marriage counselors, I feel that part of our job when a marriage is hopeless, is to help them with a compatible divorce (79, p. 1).

The above contradictions of what are termed "facts," of course, do not represent or affect the majority, at least not yet. Contemporary effects that may, indeed, be affecting most marriages today and especially those seen in marriage counseling are, according to a paraphrasing of Lederer and Jackson, as follows:

a. Today people are seeking self-expression far beyond their traditions.

b. Extramarital intercourse is now becoming considered common among the middle class.

c. People no longer enter marriage today for physical survival but for psychological and emotional survival or enrichment.
d. Many people view the traditional institution of marriage as insufficient for current life style opportunities and requirements. This leads to great troubles in reconciling their traditional role images with current role realities and potentialities (60). Schneiders' (84) research of changing roles in marriage concluded that today's patterns are leading to deep-seated alterations and confusions in the ideas of the correct and proper role modern men and women are supposed to play in and out of marriage. Herz (51) takes this idea a step further in her study of changing family patterns and their effect on marital stability. She traces marriage in early America from a patriarchal institution to one which is increasingly democratic, having room for multiple value systems. This new marital life style is much pressured by the different relative value system positions people may occupy when they are married to spouses further along or behind them on a paternalistic to democratic continuum. Changing economics, the increasing independence of women, and the stress of romantic and sexual fulfillment concepts also are adding to this pressure. Herz draws inferences of marital relationships in America today undergoing a severe crisis. She notes, however, that many social scientists make the interpretation that there is arising out of the current transition period an integration of men's and women's needs at a new and more significant level than has ever before occurred in American society.
Not all are so positive in their outlook. Those who concern themselves primarily with studying marital problems can, as "problem" investigators, of course, be expected to have some negative bias. Nevertheless, the problems of marriage and, therefore, of marriage counselors appear to be becoming more formidable according to many though not all. Edwards (24) cites that although many think that increasing mobility, the ascendency of materialistic values, and the like mean increasing marital problems, he does not think so. He believes that the preponderance of evidence about marriage and family life does not point to a breakdown in society or a revolution as some predict but rather just alterations and variations which are merely new to us.

Statistically independent research has found that a growing percentage of American marriages culminate in legal divorce (5, 51). Nonstatistically, some investigators believe that as many as half the legal marriages exist in a state of emotional divorce (38). Life Magazine reported recently that forty percent of U. S. marriages now end in divorce. In Southern California, the national trend barometer, the rate is over fifty percent. A federal study found that since last year the divorce rate for marriages of 20 years and over has shot up 38% (91, p. 51).

Mudd and Goodwin (72) found that the largest number of divorces occur in the first year of marriage, and the next largest in the third and fifty year. This, combined with the
one out of four shows that many marriages are of short duration. Indeed, it may be that the average length of marriage is getting shorter. One of Ellis' (31) studies shows that of 100 couples coming for counseling, ninety-four reported some sex problem, and there were approximately two sex difficulties per couple. This suggests an extreme commonness of just this one problem.

Some have come to think that marriage, or at least legal marriage, should pass from existence. The O'Neill's state that

those who doubt the necessity of marriage do have some powerful arguments on their side. Married bliss now seems a mirage in the distance, ever more elusive, receding further and further beyond our grasp. Nearly one in three marriages ends in divorce, and some researchers contend that at least 75 percent of our marriages are ailing. Many people, faced with such statistics, begin to wonder why they should take a chance themselves. Why, in a world of instant and carefree sex, liberalized moral codes and situational ethics, get married at all? Why not just live together, or—as some suggest—together with many? (77, p. 16)

Even with such confounding facts and concepts the vast majority are not ready to see the institution of marriage, as we know it, become extinct.

The results of surveying the many statistics like these can lead to the pessimistic generalization that of all marriages it appears that at least one fourth end in legal divorce, another one fourth move to separation, emotional divorce, or at best, mutual misery, a third fourth advance to mediocrity and the final fourth can truly be called "happy
marriages." Hopefully, this pessimistic quartile categorization is fallacious. If a compendium of the marital problems which may exist were to be made, they might include virtually all married couples as having some marital problem. However, some researchers think the largest cause of serious marital problems is divergent value systems stemming from divergent backgrounds and maturity levels, thus bringing widely divergent expectations of behavior into marriage (72).

This is a day of societal conceptualizations formulating the dangers of "future shock" and the "generation war." This includes, at a minimum, the growing mutual antagonisms of several masses, such as Reick's "Consciousness I, II, and III groups" (80). It is, therefore, evident that the term "divergent backgrounds" can take on much wider meanings than simply those of geography, ethnicity, religion, or socio-economic status.

Consider for a moment just one of the subgroup or subculture categories presently used by Morton Hunt (54). He states that in most of the techno-societies of today a distinct new social grouping has emerged--those who are no longer married or who are between marriages. Hunt uses the phrase "the world of the formerly married" and describes it as a distinct sub-culture having its own social mechanisms, patterns of adjustment, opportunities, social enclaves, attitudes, sexual codes and even separate communications media. Toffler (93) expects this group to swell, split into several subculture
groupings, and become one of the factors in causing many to suffer the "future shock" syndrome which he believes will and is becoming much more serious than the similar phenomena of "culture shock."

Three Basic Theoretical Positions on What Causes Marital Maladjustment

It is into this modern cultural setting of group marriages, divorce rates seen as indicators of marital improvement, increased female independence, or "women's lib" if you will, along with changing sex codes and future shock that contemporary marriage counseling must find its relevance. One step toward relevance that most sciences make is the development of a body of parsimonious theory. As has already been noted, the body of theory in marriage counseling is seen as dismembered. However, this review demonstrates a new disagreement with that view and holds that for the first time there is a way to connect the heretofore unconnected body of marriage counseling theory. The various, supposedly scattered and tangled, theoretical formulations occurring in the field of marriage counseling are seen as being subject to systematic grouping in this survey of the literature. Basically, it appears one needs only three major theoretical position statements to parsimoniously accommodate most, if not all, of what has been said about the causes of marital dysfunction. From each of these comes a logical series of approaches to marriage counseling consistent with its respective theory statement.
In grossly simple terms these groupings can be summarized as follows:

1. Personal maladjustments are the cause of marital maladjustments. Therefore, the maladjusted person or persons and their maladjustments must be treated to treat the marital problem. Thus, individual or concurrent sessions with the maladjusted person or persons is the dominant treatment of choice with all other forms of treatment being generally subordinate or in auxiliary to an individual treatment approach. An exception is made only with those certain forms of individual maladjustment which are deemed more amenable to group therapy. In this case individual group as opposed to couples group is seen as more desirable.

2. Maladaptive and insufficient social or interpersonal interaction learning, systems, and patterns are the cause of marital problems. Therefore, the person having a poor or insufficient interaction system needs to be treated with an approach which is highly conducive to the restructuring of his or her interaction patterns. Thus, a group marriage counseling modality is the desired treatment of choice, since it offers the greatest opportunities for observing and participating in improved interaction systems. Secondly, conjoint group marriage counseling would be preferred due to its offering an opportunity to work on interaction patterns with one's spouse and with people in general.

3. Marital maladjustment is an entity unto itself having its own dynamics and etiology apart from individual
maladjustment, social interaction difficulties, and all other forms of difficulty. Therefore, the marital maladjustments themselves must be treated, and the only way to accomplish this is through treating the marriage itself. Thus, conjoint interview marriage counseling is the preferred treatment modality, since the marriage is present in counseling only when both partners are present in counseling. A secondary choice, largely for economy reasons, would be conjoint group marriage counseling, but the time spent in social interaction improvement would be a distraction to the main purpose of treating the marriage.

It is around these three basic postulates that the following theoretical comments and research findings are grouped.

First to be considered is personal maladjustment as a cause of marital problems.

Miller, a psychoanalyst who does marriage counseling, put his opinion quite succinctly. In discussing whether or not treatment of marital couples should be by one or two therapists, he says

Therefore, the use of the analytic technique to help resolve marital conflicts, irrespective of whether the partners are being treated by a single or separate therapists starts under a handicap unless the individuals are repeatedly and patiently taught from the onset that, while the disturbed marriage is the presenting complaint, essentially each partner is visiting the therapist for the treatment of his own specific and individual neurosis as it operates within the framework of the disturbed marriage (71, p. 138).
Here one sees the simple concept of a marital problem being an expression of an individual difficulty, and the resulting treatment is unquestionably conducted in individual sessions. Unfortunately, Miller, like so many psychoanalytic writers, offers no evidence other than his own opinion and a few case examples which, of course, are heavily dosed with more of his opinions. The consideration that his opinions might hold true in only a limited percentage of cases is not even approached. The sole question is whether or not the same therapist ought to treat both marital partners, and the pros and cons of this are discussed. It is also implied that if a marital problem exists, both partners will be found neurotic and that their mutual interacting, but still separate neuroses, are what led them to marry each other. Thus, in this viewpoint, concurrent treatment is necessary for both partners (71).

Ellis takes only a slightly less totalitarian view when he indicates that "disturbed marital interaction arises when a marital partner is neurotic or psychotic in his own right and when he consequently has unrealistic expectations of what his mate's behavior should be" (32, p. 76). However, in another article Ellis modifies his concepts a bit when he says "Most marriage counselors are, whether they know it or not, seeing clients who are often basically childish, inadequate, emotionally disturbed individuals" (29, p. 29). Evidently some marriage counselors must be seeing some people who are not "basically childish," inadequate, and so forth. At least this is the implication.
One of the many areas of marriage difficulty which most often causes therapists to consider the marital problem one due to an individual difficulty is that of sex. In the pre-Masters and Johnson era, and often even today, this caused a great many counselors to view concurrent treatment as best due to the delicacy and privacy of such matters. One cannot help but wonder whose privacy, feelings, and delicacy were at stake, the counselor's or the counselee's (72). Nevertheless, many respected names in marriage counseling have seen sex problems as a major or sometimes the sole cause of marriage problems necessitating individual or concurrent forms of counseling (72). Usually, these sex difficulties are viewed as problems the individual carried with him into the marriage. Mudd and Goodwin state that outside sexual interests have their "roots," not in mature capacity for sexuality, but in the areas of unmet childhood needs for love, receptivity and dependency (72, p. 42). This kind of thinking has led many therapists to overlook all but childhood as a cause of sex problems. It has also helped foster concepts of placing the "blame" and a continuance of the "Is it her problem or his problem?" type of thinking. Masters and Johnson have been particularly adamant in their rebuttal to this "it's his" or "it's her problem" type of diagnosing. This is exemplified by remarks reportedly made by Masters as he was interviewing a couple starting sex therapy. According to Ghertler and Palca, Masters stated
You think you know a lot about sex. Well, I'm asking you right now to forget all you know and start from scratch with your husband. We're going to fix things for both of you, which is why we have you both here. And that's one way, incidentally, in which we differ from psychiatrists. They treat individuals. We treat relationships. To us the relationship is the patient. So we're going to treat you, your husband, and the relationship—three for the price of one (41, p. 74).

These remarks are also seen as negating the theoretical position that marriage problems are due to individual problems.

There are views which suggest some concurrent counseling to be often necessary but not the sole form, or even the major form, of good marriage counseling. Two theoretical views emerge from and summarize those who think this. One is that the original cause and the sustaining cause of a difficulty may be entirely different. The other is that the original problem may cause a second problem, which in turn contributes to the maintenance of the first problem. Thus, an individual problem may cause or contribute to a marital difficulty, which in turn helps keep the individual problem active and feeding the marital problem. Thus, we have a "neurotic" cycle in a marriage. In such cases individual treatment for the personal problem and some other kind of approach for the marital difficulty may be suggested. For example, alcoholism is very commonly thought of as being a personal problem which can destroy a marriage and in which a bad marriage can be a chief contributor to the difficulty itself. Often marriage counseling in combination with other treatment is recommended.
in these cases. Here, also, there is debate on whether or not the treatment should be individual, concurrent, conjoint, or group centered (35).

These ecological relationships of human behavior affect a surprising number of areas that one might not ordinarily think of. Easley (23) discusses the cyclic interrelationship between gynecological illnesses and marital problems. Hinman (52) reviews the difficulties of cause-effect and single or dual husband and wife treatment of interrelating pediatric and marital problems. Wittkower and Lester (99) discuss the triadic relationship of psychosomatic illnesses in combination with personal maladjustments and marriage problems involving various repeated "stress" situations. In each of these areas the traditional approach has been, and still is, to have individual sessions with the woman. Recently, however, supplementary concurrent sessions with the husband have come to be somewhat popular. Also, some experimenting with conjoint and even group sessions has appeared in the above mentioned medical connected areas.

People concerned with systems analysis and feedback flow systems sometimes state that even though the marital relationship may be the problem, it is important to locate and treat the most crucial parts of that problem. This usually means isolating one or two elements in one of the marital partner's behavior and concentrating on that while doing only some general work with the other marital partner. Hence, individual
and concurrent therapy may be the dominant approaches. Systems theory and feedback analysis, however, stress that there is always a set of interrelating interaction factors which must be dealt with. People like Goldberg (42) take such a view. He discusses how many, or perhaps most, psychiatric patients will have or develop marital problems. In such cases he thinks some concurrent counseling involving the nonpatient spouse is to be found useful. Speers, speaking of the marital problems confronting the general practitioner in medicine, states that only one of the marital partners is to be designated as the patient. He further says "The difficulties in the person designated as the patient may be psychotic, neurotic, characterological, or organic disease producing personality disturbance" (90, p. 6). Once again we see the view that a marital problem is due to a personal maladjustment and that this lays a groundwork for considering individual or concurrent sessions as the treatment of choice.

Unfortunately, there is precious little evidence reported in the literature verifying any of these opinions. Goodwin (45), in a study of applications for marriage counseling in Philadelphia, found that thirty-five percent of the applications were from individuals who were currently or previously involved in psychiatric treatment. Of course, the confounding variables in such a study are so immense as to make such a figure rather uninterpretable. Perhaps such a finding can be said to hint
at a possibility of a relationship, but that is about all. Goodwin does, however, think that a significant portion, although by no means all or even fifty percent, of the clients seeking marriage counseling have an individual disturbance and thus merit special treatment. She states

Today a greatly increased number of individuals and/or marital partners, one or both of whom may be described as 'borderline,' 'suffering with severe ego defects,' 'severe personality disorders' or 'prepsychotic' come seeking help. Although many terms are used to describe the psychological disturbances of persons with poor capacity to function socially in interpersonal relationships and environmentally, their chief characteristic may be considered as a severe ego defect involving areas of their functioning (45, p. 447).

Notice here the introduction of the idea that a "poor capacity to function socially in interpersonal relationships" is not a thing of itself but due to "ego defect." It can be inferred from this that to treat such "poor relationships," the supposedly internal individual difficulty of "ego defect" must be treated, and hence, group treatment for treating such "social" malfunctions directly is not thought to be worth primary consideration. This sort of idea, sadly backed with very little quantifiable evidence, typifies those who hold individual and concurrent treatment form to be best.

Murstein (74) in studying the relationship between mental health and marital choice, did a study which does have some bearing on the issue of individual problems causing marital difficulties. He examined ninety-nine couples who were engaged or going steady. They were given an MMPI and six months later
a follow-up questionnaire. He hypothesized that persons of comparable mental health tend to choose each other as marital partners. The 198 subjects were divided into considerably disturbed, slightly disturbed, and not disturbed categories. Both members of a couple were thus paired in the same category 58.6 percent of the time. The t test for significance was measured at beyond the .03 level. Further tests for anxiety, ego strength, neurotic triad scores on the MMPI, and repression all were slightly in the predicted direction, but none reached the .05 level of significance. He concluded that modest support existed for the hypothesis. This mild sort of support is highly typical of the best evidence available for objectively verifying the concept that individuals with similar mental health problems marry each other. Whether or not such people have any direct relationship to involvement in marriage counseling is not known. In fact, Mudd (72) discusses people of high dependency needs marrying each other and having successful marriages. Thus, some mutually comparable or compatible mental or emotional health problems might conceivably be good for a marriage.

Some evidence exists to refute the idea that individual maladjustments cause marital problems. Edwards (25) in comparing forty couples who had been through marriage counseling, twenty who divorced and twenty who stayed married and living together, found virtually no correlation between her criterion measurements of mental health and of marital problems. This
study is discussed in greater detail in a later section of this chapter.

One other factor may greatly contribute to a marriage counselor’s selecting concurrent counseling. It is that the counselor may feel too inadequate for the job of handling couples in conjoint interview or group sessions. Such an inadequacy could stem from training, personality deficit, or self concept. Ehrenkranz (27) found that female social workers doing marriage counseling almost always arranged to see the wife when the husband came in first but sometimes did not even make an attempt to see the husband when the wife was interviewed first. She conjectured that most of these female social workers felt more uncertain of themselves in interviewing husbands. These and similar findings are discussed in greater detail later in the chapter in relation to other factors.

Training and tradition may bias a marriage counselor considerably. For example, the classical psychoanalysts almost to a man reject seeing more than one person at a time. This, of course, is consistent with their heritage.

This review of the literature concerning the background theory for doing individual and concurrent marriage counseling shows reasons varying from Miller’s authoritarian dictum that the couple must be taught that their marital problems are a symptom of their individual neuroses, to the idea that it may be the therapist’s own problem that causes him to choose individual or concurrent sessions over other forms of marriage
counseling. However, the major idea that runs through the proponents of individual and concurrent systems is that an individual difficulty is what is causing the marital problem, or at least contributing to it, and that must be treated. Unhappily, there is little objective, quantifiable evidence to support or negate this theoretical position.

A point of view not frequently mentioned in the literature is that perhaps a certain portion, certainly not all, of marital difficulties are due to some personal individual difficulty in one of the marital partners. If unbiased diagnosis shows this to be true, such difficulty should probably be ferreted out and treated by the best means possible. Resulting and related difficulties should also be diagnosed and likewise treated. Unfortunately, it seems that no research is available to confirm, deny, or even deal with this concept.

Next to be considered are social or interpersonal interaction difficulties as a cause of marital problems. The focus here is on deficiencies which can exist between persons rather than within a person. This view holds that a person may develop unsuccessful ways of dealing with others that are in no significant way attributable to any personality deficit. He simply may have developed habit patterns in dealing with others that are less than successful. Too, he may carry these maladaptive interaction patterns into marriage. This view also holds that two people who have interaction patterns that
successfully work for them but which are different from each other may marry each other and find that their respective systems do not successfully mesh or compliment each other. When this happens marital disharmony occurs, and marriage counseling to alter the interaction is in order. With these dynamics it is thought that the spouses might and might not have similar problems with a large variety of other people. An example would be two psychologically healthy individuals who both possess a remarkably high talent for leadership, neither of whom has learned much about followership or a sufficient amount about compromising with another strong leader.

In a broad sense, the theoretical framework and extensive accumulated research in group dynamics and its related fields and subspecialties can be seen as underlying this position. The tremendous potential reliance of these fields to marriage counseling is evident when considering the main confluence of just one of the related areas, that of sociometry. In this highly measurement-prone field the major concentration is on the dynamic attractions and repulsions going on between individuals in a group. If a focus on the groups commonly called marriages and also those termed families is made, it becomes obvious that sociometric theory and research might have a sizable relevance for marriage and family counselors. Indeed, sociometry, unlike marriage counseling, has a fairly large body of well systemitized theory backed by considerable
empirical research. This research is both significantly revealing and pragmatically applicable to improving human interaction networks. Sadly enough, the interaction network patterns of marriage have not yet been a focal point of much attention by sociometrists, although families are to some extent beginning to be studied sociometrically. Unfortunately, it seems the fields of marriage counseling and sociometry have not yet really made each other's acquaintance (9, 10).

Another idea forms additional background for the theoretical position being considered here. It is that personality and behavioral assets are a thing apart from the presence or absence of personality liabilities. Recently this idea has come to be at least partially supported by certain research findings (11). Unfortunately, the bodies of knowledge mentioned above are not yet much applied to understanding marriage or marriage counseling.

Another body of theory and its accompanying research which is being applied to marriage counseling and which fits well with the "social interaction" view of marriage counseling is that of communications analysis. Lederer and Jackson, discussing modern marriage against a background of history, say that "scientists have estimated that fifty to a hundred bits of nonverbal information are exchanged each second between individuals communicating actively" (60, p. 98).

They further discuss the concepts that people are always communicating, even when they are silent. The messages sent
are not always the messages received, and bad communications are commonly thought to be one of the major causes of breakdowns in marriage throughout today's world and history and, also, across cultures (60).

Communication interchanges in marriage counseling are just now beginning to be studied in an objective fashion. Typical of this research is Ehrenkranz's (27) finding that husbands communicate more frequently in the first session but less frequently in subsequent sessions when compared to their wives. Also, they are more oriented to the past and concentrate more words on the behavior of their spouse than on themselves.

As in the rest of marriage counseling, the primary thing one finds regarding communication is either opinion or references to one's own clinical practice. Often this is highly pragmatic and thus somewhat subject to copying but still is none too scientific, even if highly useful. Typical of this pragmatism is Williams' discussion of using feedback techniques in marriage counseling group and conjoint sessions. He states

I frequently use (as have many other therapists) a special form of communications practice with a couple, which I call the 'feedback' technique or 'stop-repeat-go' talking. I have found that, although the process is fairly laborious, when I get couples to practice using it in my office and also to use it as homework during the week, some fairly dramatic results can be obtained quickly (98, p. 349).

In this one can see the transmission of "craft" knowledge, but, again, little about it smacks of modern day verified and replicable research.
Another approach that has a great deal of potential value to the marital therapist and is applicable to the "social interaction" concept comes from the family interaction studies. These are concerned with observing and measuring the "genuine" ongoing interaction of family members. Since the early sixties, a valuable contribution to this approach has been the concentration on quantified interaction data rather than on observer's report data. Olson (76) relates that some work of this sort is beginning with normal couples and families, and a start is being made at applying interaction approaches diagnostically. Little data is yet available from these attempts at actually measuring marital and family processes, but the first reports of methodology look promising.

Some people theorize that certain basic interaction mechanisms tend to exist in most maladaptive "close" relationships and, therefore, in marriage. Caldén's observations led him to conclude:

The following three basic themes have been observed in most disturbed marital relationships: (a) the mutual frustration of each other's feelings of self-esteem, resulting in a vicious circle of destructive fight-flight interactions; (b) the frustration of effective communications; and (c) the frustration of each other's marriage expectations (14, p. 396).

Similar to this, but more general, is Speer's idea that no matter what else is wrong with individuals, the real problem in a marriage is the interaction. He says that "the basic 'pathology' is in the interaction of the patient and his spouse; i.e., the marriage" (90, p. 6).
This, to a degree, contradicts the proponents of individual difficulties as a prime treatment focus of marriage problems. Speers, discussing the general practitioner physician as a marriage counselor, further states:

It may be a result of personality difficulties in the person designated as the patient, or in personality difficulties in the patient's spouse, but always there are difficulties in the interaction of these two people (90, p. 6).

Some evidence of mutuality in interactions has been found. Luckey (64), in studying eighty married couples, rated their marital satisfaction on the Interpersonal Check List and Locke's Marital Adjustment Scale. Their scores were correlated, and it was found that dissatisfied persons perceived their spouses as being extremely skeptical, distrustful, blunt, and aggressive, while satisfied persons saw their spouses as being less extreme persons and warmly affectionate. From this, one can draw the assumption that the perceptions of these spouses may largely govern their interaction with their spouses. Then one can see how these interactions, coupled with perceptions, could lock a couple into a mutually nurturing or destroying relationship. If this were destructive, one could then suppose that in a couples' group counseling situation the varying perceptions of the other group members might have sway over those of the couple locked into their own respective viewpoints. This, along with seeing and trying alternate forms of interaction in a group situation, could then help to correct the marital maladaptive interaction.
pattern. Also, a spouse might see his or her mate relate to other group members in ways that are not in accord with his or her own perceptions. This, too, could lead to new and improved interaction systems. In this way phenomenology can be seen as supportive to the social interactive approach to marriage counseling (15). Oen also sees how the social or interpersonal interaction approach logically can lead to viewing group therapy as the treatment of choice.

The third view of marital adjustment involves marriage being an entity unto itself. It, therefore, has its own kind of maladjustments, not to be confused with general interpersonal interaction problems or with personality deficiencies or dysfunctions. This theoretical position would hold that a couple or a person may be quite emotionally ill, socially inept, even sociometric rejects or isolets, but still possess a good marriage. Admittedly, these difficulties would cause some problems to the marriage but not necessarily be crippling or fatal to the marriage. Conversely, this position holds that although a person or couple have excellent mental or emotional health, are socially popular, have deep, close intimate friends, and in all ways have the essence of being sociometric stars in all groups, they can still have a rotten marriage. Indeed, this view holds that they may even be good friends with each other but still have a failing marriage.

Interestingly, in the beliefs of the laity, this view is probably the most popular, but professionally, the least is
written about it. Perhaps this is because it has been so commonly accepted. It is, of course, our religious tradition which speaks most strongly for marriage being a thing apart from all other psycho-social institutions and operations both sacred and secular. Bainton, in his theological and historical analysis of marriage in the Judaeo-Christian tradition says "The Christian churches have taken an undeviating and undivided stand with regard to the fundamentals of marriage, however much they have diverged on points less crucial" (4, p. 9).

He goes on to say that although the interpretations vary, the basic Christian position has been unitary. It includes, even during the midst of Christianity's greatest dissention and divisionary fragmentation, ideas such as marriage was invented by God and is ordained by God to be sacred rather than secular. Thus, marriage is seen as a unique entity having a mystical quality relating together man, woman, and God. Thereby, marriage is elevated to the status of having sacramental rank, and thus such rank makes divorce thoroughly deplorable (4).

The concept that marriage is of sacramental rank has come to be questioned lately by many theologians and church historians. The Epistle to the Ephesians which compares the relation of the husband and the wife to that of Christ and the Church contains a description of this state traditionally translated in Latin as "sacramentum." It has been this
passage that has been used as a keystone in the doctrine of marriage being sacred. Now, however, most biblical historians and translators agree that "sacramentum" is a mistranslation of a Greek word, which is more correctly rendered "mysterion." Even so, most theologians hold to marriage being sacramental in a broad sense, if not the older specific one which defines a sacrament as a visible sign of an invisible state of God's special grace (4).

These views, which have pervaded much of the thinking on marriage for over a thousand years, have led to the previously popular, and still in many areas, common belief that marital problems are a reflection of spiritual problems. Thus, the tradition of seeking marital help from priests and ministers strongly pervades in the Christian world. To this date it is not uncommon to hear of fundamentalist ministers and old world priests saying things like "Get right with God, and you won't have any marriage problems."

Two other fields which tend to support the idea that marriage is an entity unto itself and that, therefore, marital problems are largely incomparable to other types of problems, are the fields of anthropology and sociology.

Beals and Hoijer (6) in reviewing the anthropological studies concerning marriage in various cultures and societies conclude that every human society ever known contains marriage as a major part of its cultural organization. Furthermore, marriage is almost universally conceived of as a lifelong tie,
although few, if any, societies do not provide some means, easy or difficult, of dissolving unsuccessful marriages. Also, no society to date is known to approve or encourage divorce. Whatever marriage is to various societies, although it varies from monogamy to polygamy or polyandry, or even to serial and group marriage, it is among all peoples a way of living together in a union recognized and publicly approved of for sexual satisfaction, rearing of children, and continuation of kinship groupings. Its importance naturally makes its problems of much consequence among all peoples. In these comments it can be seen that most of anthropology regards marriage as a unique and basic part of any ongoing society's major cultural mechanisms. Likewise, the problems which beset it can be viewed as different and apart from, although of course, related to, all other cultural mechanisms and phenomena.

Sociology tends to support the view that marriage is an entity unto itself and, therefore, has its own problems with their own special nature. Most of sociology also tends to support the dominate conclusions of anthropology regarding marriage. There are additional statements regarding the alterations in marriage due to the accelerations in change and the increasing mobility of modern society. From these factors many of the things most people have considered as basic to marriage may be changing or disappearing. Many sociologists have theorized that biological reasons causing a lack of a defined mating season and the male's physical superior
musculature underlie the basis of marriage. However, in today's world, some are wondering if modern alterations like birth control and child care centers may set women free from the age-old physical need of the permanent social arrangement called marriage. The subtracting of physical and social danger from sex gratification, the growing alterations of the woman from a semi-property status to an equal partner, the ever more viable choice of alternate roles to that of mother, and the husband-family support, functionary termed housewife, along with many other factors, are certainly good arguments for causing many to think marriage, as we have known it, may certainly be on the way out. Naturally, all this change occurs at different rates in different people, and, therefore, conflicts, especially among marriage partners, are expected to rise along with the accelerated rate of societal change.

Nevertheless, the dominant view in sociology is that marriage as it has been throughout time and across cultures will adapt and alter in important ways but will basically remain the same. Hence, it will remain the basic societal atom on which all other social structures depend or relate in the cultural universe (28, 48, 53, 75, 86).

It is indeed easy to again and again run across a statement such as "Marriage is one of the basic institutions of all societies," or "The fundamental building blocks of our way of life are marriage and family, church, and the school." Of course, in this modern time, such assumptions are being
challenged. Dickson (20) makes a lengthy argument that marriage is little more than a bad habit. Toffler (93) predicts that so fundamental a thing as marriage will not, and should not, cease but will and must change both basically and dramatically.

Still the basic view here is that the psycho-social, spiritual union of marriage is a thing involving levels of intimacy, emotional closeness, and the like as to be seen as substantially apart and different from all other human occurrences and therefore to be a unique phenomenon. From this it follows that marital difficulties are also to be considered unique phenomena and ought to be counseled as such. Thus, to classify marital problems as primarily a reflection of social-interpersonal or personal problems would be a mistake. It is from this conceptualization that a major argument for conjoint therapy springs. Interestingly, this is an idea more or less simultaneously coming up in most of the professions which provide marriage counseling services but do not have much intercommunication. Speers, speaking to the medical profession, puts it succinctly when he says

If the married couple come to their family physician and say they are having trouble with their marriage and want help with it, the "it" is the marriage, and it takes two of them to have an "it." In those circumstances, it would seem preferable to see both of them and treat "it," meaning the marriage. In this instance, the physician might let each tell his side of the story and listen to the interaction of the two of them (90, p. 17).
Other authors also delineate some of the factors which set marital problems apart from other sorts of difficulties. Ellis writes that "neurotic interaction in marriage arises when a theoretically capable husband and wife actually behave in an irrational, marriage-defeating way with each other" (30, p. 322). In this, one gets an idea of how personal adjustment and marital adjustment can differ.

Bach and Wyden (3) say that trivial bickering is a needed safety valve in the enduring intimate relationship of marriage. Carrying this further, we get to the view that marital fighting, when carried out correctly, can be extremely healthful to marriages. With this fight quality there is a view that marriage is essentially different from most social interaction systems of our society in which fighting is considered destructive rather than constructive (3). With this kind of example, one gets an idea of how marital interaction could be viewed apart from other types of interpersonal interchange. Others like Ard are more cautious and say merely that "marital maladjustment is frequently, but not necessarily always, one form of psychological maladjustment" (1, p. 10). This type of comment only hints at there being more than one type of causation in marital maladjustment. Ard, like Ellis, goes on to suggest the likelihood of marriage problems which are not based in anything but the nature of marriage and its unique problem susceptibilities (1).
Unfortunately, like the other major theoretical positions in marriage counseling, there is perchance little objective evidence available which denies or confirms the idea that marital problems are not merely manifestations of other difficulties. There are a few rare exceptions, such as Edwards (25) who correlated marriage test scores and the 2, 4, and 7 scales of the MMPI. Her subjects were forty white couples who had terminated marriage counseling with twenty of them remaining married and twenty of them separating or divorcing. She found that the correlations between the MMPI scales and the Polyfactor Test for Marital Difficulties scores for couples, husbands, wives, and the husband-wife difference score were statistically nonsignificant and, in fact, were very nearly zero for both groups. She concluded that "these results would tend to refute the idea that marital difficulties are due to personality maladjustment. In other words, the degree of marital difficulty may be more the factors inherent in marriage itself, rather than the particular personality traits of each spouse" (25, p. 52). One problem here is that the social factor was not considered. A correlation with the MMPI zero or Social Introversion Scale would be desirable as a measure of this.

Another study by McGee and Kostrubala (67), if interpreted differently than the authors' conceptions, might be taken as an indication that Edwards' conclusion is correct. McGee and Kostrubala had a psychiatrist, a social worker, and a
psychologist separately interview six couples whose members were at first considered to be normal but who had long lasting, reportedly happy marriages which had recently begun to experience difficulty, thus leading them to seek marriage counseling. It was independently concluded by all three therapists that the six couples had neurotic marriages which had remained intact because the respective spouses were dependent on each other in a way that maintained the marital equilibrium. They finally sought help, it was diagnostically decided, because something happened to upset the equilibrium. It was also suggested that all the spouses were probably neurotic since they were in neurotic mutual dependency relationships with their mates. From the data presented it seems just as easy to conclude that the marriages, as well as the people in them, were at first acceptably adjusted but that the marriages, quite independent of personal neurosis factors, developed maladjustments in need of attention.

In these references it can be seen that although far too little evidence of an empirical kind in marriage counseling research exists, the dominant views of religion, anthropology, and sociology support the position that marriage and its maladjustments are actualities significantly different from other phenomena so as to be regarded as entities unto themselves.
The Problem of Measurement in Marriage Counseling

One of the major problems which hampers good research in marriage counseling is the lack of well validated and reliable instruments. In trying to find useful instruments in marriage counseling, one typically runs across the following kind of statement:

The idea of a diagnostic evaluation in marital therapy or premarital counseling has received little attention in the literature. Most marital therapists seem to make their diagnostic evaluations in rather unsystematic and subjective ways. . . . In the few cases described in the literature where they have attempted to make a diagnosis, they have relied primarily on standardized personality instruments.

One reason why these therapists are not doing diagnostic evaluation is because there are presently no techniques which have been adequately tested or validated which can be used (76, p. 512).

Edwards, Hiweiler, Walker, and Young have all conducted separate reviews of the literature concerning marital diagnostic testing and measuring. They all concur that the published instruments tend to be inadequately researched (25, 56, 95, 100).

Approaches other than the usual psychological testing methods are being experimented. One is the Simulated Family Activity Measurement or SIMFAM in which families or marital partners are given specific task problems in which they must cooperate, such as "Plan a weekend together in detail." As the task proceeds, observers record the number of times specific behavior occurs, such as not answering a question.
Olson (76) somewhat subjectively evaluated the SIMFAM technique with twenty-four couples who were in marriage counseling. He found the therapist reported that in twenty-four of the twenty-five couples this technique was found to be a highly useful and promising method for obtaining marital interaction data relevant to the therapist's diagnostic and counseling efforts. In another study the SIMFAM was compared with the MMPI and conclusions drawn from diagnostic interviews. From the results it was concluded that

one would obtain very different diagnostic evaluations if a therapist relied exclusively on any one of these diagnostic tools. It also demonstrated that considerable research is needed in the field before adequate methods can be developed for diagnosing marital dynamics in a valid manner which is useful to a marital therapist (76, p. 513).

In surveying methods like the SIMFAM Olson relates that controlled observation of actual marital interaction may provide a better diagnostic tool than interviewing or testing the individuals making up the marriage (76).

Another system similar to the SIMFAM is the Acme-Bolt trucking game developed for interaction analysis in industry by Morton Deutsch. Preliminary research in the use of this "game" system is reported as useful for diagnosing and measuring the progress of marriage counseling, although follow-up data is not yet reported (76).

A few of the more traditional approaches using psychological type tests are being attempted in several investigations of marriage counseling. One such is Smith's (76) which uses the
Ego-Strength Scale and the K-Factor Scale of the MMPI along with a Homogeneity Scale which he developed to predict the duration of marriage counseling among forty long-term and forty short-term couples in marriage counseling. The results were that the K-Factor did not discriminate between long- and short-term cases but the Ego-Strength and Homogeneity Scales did at beyond the .05 level of significance. Two devices for measuring marital difficulty which are receiving a fair amount of research are the Marital Adjustment Inventory and the Polyfactor Test of Marital Difficulties. Since these are two of the instruments used in this study and are discussed in the instruments section of the next chapter, no further statement about them is made here.

From these comments on the problems involved in finding useful instruments, it can be concluded that the difficulties in researching marriage counseling are many. Basically, three fairly objective approaches are found. One is quantifiable, observational techniques which are just now being explored and developed. These are, however, subject to all the great variations inherent in observer differences and thus demand great care in order to overcome inconsistencies in usage. Personality tests such as the Minnesota Multiphasic Personality Inventory and the California Personality Inventory are a second approach. Unfortunately, these have been developed and standardized for individuals rather than to test or measure marriages. Thus, using them is largely a matter of drawing
untested inferences as to how a particular personality score depicts the way a person behaves in marriage. Some research is going on in an attempt to relate such individual tests to marriage. In particular the Taylor-Johnson Temperament Analysis, the Interpersonal Check list, the Edward's Personality Inventory, and the MMPI seem to be the subject of such efforts (88). The third type of instrument involves those tests made specifically for measuring marriage factors. Examples are the Marriage Adjustment Sentence Completion Survey (69), the Marital Roles Inventory (55), and the El Senaussi Multiphasic Marital Inventory (33). As has been mentioned, none of these tests seems to have been adequately researched. Thus, making anything like a really good measurement in marriage counseling probably demands the broadest use of multiple instruments. This multiple instruments method is done in order to at least partially surmount the deficiencies of any one or even any whole class of measuring devices currently being applied to marriage counseling research.

The Methods of Contemporary Marriage Counseling and Its Major Forms

The state of contemporary marriage counseling can be seen as anything from being one of embryonic writhings to that of a feeble, disjointed, sometimes warring group of factions comprising a nonprofession or even a pseudo-profession (76). Arts usually have to develop techniques and forms, while sciences need measuring instruments and experimental procedures.
Marriage counseling in today's world seems to have some partistic techniques developing which its craftsmen apply with varying success. However, as already noted, marriage counseling has almost no well proven measuring instruments of its own by which to judge success. This may help account for the great lack of experimental procedures in the field, for how can one experiment without a way to measure the results? Of course, marriage counseling has the opportunity of using the many instruments and procedures developed in the various behavioral sciences. As previously stated, such use seems all too infrequent. The, as also already mentioned, there is the great lack of theory on which to base experimentation. All this leaves marriage counseling in what appears to be an unknowledgeable state dominated by dogmatic assumptions, prejudices, and guesses (76, 73).

Despite these shortcomings marriage counseling today has much to commend it. For one thing it can be seen as having evolved six basic or major forms for conducting marriage counseling per se. They can be described as follows:

1. Individual marriage counseling--where only one spouse is seen, usually because the other spouse, for one reason or another, cannot be seen in counseling. This is usually not a treatment of choice and often is done because no other treatment mode is available.

2. Individual group marriage counseling--This is the same as above except the spouse is seen in a group therapy
setting, usually in part to increase the counselee's interpersonal interaction abilities and, therefore, transfer the effect to his or her spouse.

3. Concurrent marriage counseling where both partners are seen but in separate sessions.

4. Concurrent group marriage counseling where both partners are in separate counseling groups.

5. Conjoint marriage counseling where both partners are seen together in the same interview session at the same time.

6. Conjoint or couples group marriage counseling where the husband and wife belong to the same counseling group (18).

It should be noted that some agencies refuse to work with only one spouse in a marriage and, therefore, do not even consider the first two forms (50). Other classifications do exist. They include marriage enrichment counseling, marriage counseling marathons, premarriage counseling, predivorce counseling, and divorce adjustment counseling for those already divorced. These, however, don't involve the treatment of a problem marriage per se which is the major focus of the marriage counseling field. Still others would make classifications on the basis of using one or more therapists (76). This, however, seems similar to changing the term "appendix operation" to something else on the basis of how many surgeons are assisting. The evolution of the last form to develop has come about through the inclusion of group therapy systems. This is a recent evolitional development. Naturally, more forms may
evolve. However, it may also be that these six forms encompass most, if not all, of what can be done in a counselor's office or treatment facility. Specific combinations of these six are likely, and it is even remotely feasible that the medical world may develop a pill for marital problems.

Still, barring a revolutionary breakthrough, it can be argued that the field of marriage counseling has perhaps just finished evolving all its major forms of treatment delivery, and this will remain true for the foreseeable future. It should be noted that the term "forms" of marriage counseling in this discussion should not be confused with other terms like marriage counseling "techniques" or "therapies." Techniques and systems of therapy are seen as fitting within the different forms. Thus, one might use an alter ego technique or a transactional analysis system of therapy in any of the above six basic forms of marriage counseling. The major traditional treatment modalities or treatment delivery systems of medicine are medication and surgery. Secondary forms such as physical therapy or absorption systems as in radiation and heat treatments supplement the major modalities, but they are not used nearly as extensively as the two major forms. In education, lecture, laboratory, and reading assignments are the traditional primary delivery systems. In counseling and psychotherapy there are two major forms, those of individual and group methods. There are also milieu approaches, self-hypnosis systems, writing therapy, and a host of forms not
really a part of individual or group approaches, but these are all quite secondary to the two major delivery systems. Thus, forms or delivery systems are but the vehicles of specific treatments and techniques, and these should not be confused. From this review of the literature, it is concluded that the six forms mentioned comprise all major delivery vehicles of marriage counseling.

As an example of how these vehicles carry or can be used to deliver any of a large number of counseling or therapy systems, there follows a very typical client comment of a type quite commonly heard in marriage counseling. After that are nine statements, each exemplifying a different system of marriage counseling. They are listed alphabetically.

Typical marriage counseling client's comment:

I'm made to feel so---, so checked up on; won't let me out of sight without asking a lot of questions; can't answer the phone without getting the third degree. You know, I'm just made to feel guilty all the time.

Nine replies, each from a different marriage counseling orientation:

1. Behavior Modification Orientation

I wonder how you're reinforcing this tendency of checking up on you. Let's try to remove what you're doing to make that rewarding. And while we're at it, let's specify how you really want to be treated instead of the third degree. Can you specify that, and how we could find positive reinforcers for the treatment you want to replace 'being checked on'?

2. Client Centered

You really feel bad about this, and you wish you could get away from the feeling guilty so often.
3. Communications Counseling

I think I hear another message in your statement. Your clenched fists, ducked head, and the tone in your voice—I see a message that says, 'I'm both mad and afraid.' If that's right I wonder if you could say that also, so the whole message is really clear. Maybe say it to your spouse.

4. Encounter Sensitivity

I flash on 'You're feeling sorry for yourself;' then, 'no, you're weak or weak and angry;' then 'no, you're really manipulating your mate into being the guilty one.' It's confusing so I'd like you to really get in touch with your feelings by exaggerating them. If it's guilt, cower; if anger, cuss and swing your fists; if manipulating, look smug and cunning. Encounter yourself and show intensely and obviously how you feel.

5. Gestalt

Aren't you letting yourself feel guilty—that guilt stuff comes from within you, doesn't it? Nobody can make you feel but you, can they? You're also avoiding the responsibility for your own situation—that way you won't have to take the risk of doing anything about it. Why not say, 'I let it bother me when I'm checked up on, and I let myself feel guilty?' Try those sentences on for size and keep talking in that vein.

6. Psychoanalytical

Can you remember who in your childhood helped make you feel like this—guilty, not trusted—can you remember back to when you first started having these kinds of feelings and reactions, when you were very young?

7. Rational Emotive

Bullshit, you're really quite able to change all this, and you know it. If you really wanted this situation to be different than it is, you'd tell your spouse to cut it out or you're getting a separation or maybe even a divorce. Now what stops you from standing up for yourself and actively going after what you want? That's the real issue. That are you afraid of?
8. Systems Analysis

Let's see if we can understand how your part of this interaction works. First you do something simple like talk on the phone. Then you start picking up messages from your spouse that you interpret to mean he's not trusting you. Then I gather you overtly behave in a compliant, maybe guilty way. Thus, the feedback you're giving him may indeed be saying, 'Yes, I'm guilty and you caught me again.' And so, of course, he's going to be more suspicious and play detective some more. It's likely you've got one of those cycles where you do action 'A' again and so forth. I wonder how you can break up your part of that cycle?

9. Transactional Analysis

You're really acting the role of the not o.k. child, very much like the child or young adolescent who's told when to come in, who they should and shouldn't play with, etc. That, of course, makes your spouse likely to be playing the role of the parent. So here the two of you have a clear-cut, parent-child transactional system. Now, I wonder if you could get out of the child role and try for an adult statement. This would have the chance of getting his adult self to reply and relate to yours. In that way you can stop playing child and help him stop playing your parents. So, what could you try to transact with him about this issue that would come across like an adult communication? (18)

The above counselor's statements could be made by any one counselor using different, unadulterated, pure counseling systems or by a counselor mixing his methods of treatment. They could also be said in any of the six major forms of marriage counseling treatment. This is not to say each of the six does not have its own properties. As a bus, a car, and a truck are all best for carrying different things, so may the six forms each be more efficient at delivering different techniques and methods of assistance into the conflicted marriage.
It is fairly simple to see how the guidance of one spouse in behavioral modification techniques might be a very useful approach in individual marriage counseling where the other spouse refused to come in for counseling. The following quotation from an actual case is an example of how this may work.

You know we agreed I'd sit on his lap and give him a kiss and say, 'you haven't used that phrase that irritates me, you know, "I done did it" all evening.' Well, he was so surprised I even touched him, let alone all that, but you know it's working; he hasn't said that damn 'I done did it' all week. I guess he really does care at least a little about how I feel, even if he won't come in for marriage counseling. Another thing, I've been giving him those other 'positive reinforcements' as you call them, and I actually think I'm beginning to be able to stand touching him. Mind you, I don't like it; I don't think I ever will, but at least it's becoming bearable. What's really most amazing to me is it works even after I told him how I was going to be trying to 'program' his behavior the way I wanted it. Maybe he wants it that way too. Wouldn't that be funny after all those years? (18)

In this quotation one sees not only the "programmed" but the "programmer" altering both behavior as well as reported feelings. In passing, it should be noted that the behavior modification approach need not be dishonest or a "sneaky, underhanded" way to control one's spouse.

In individual and concurrent counseling, one can often see a sort of coach-player relationship develop not unlike the above. Planning and practice for the next week's encountering of the spouse, plus analyzing the past week's successes and failures can be used frequently. When done correctly, the
counselor acts as a coach, or at least aide, to both sides, and the opposition is not either one of the spouses but is instead the conflicts they experience. Another excerpt from an actual case is instructive in how concurrent counseling may work.

Well, counselor, I think I saw some of your influence this week. Even though I analyzed it as your doing, it still seemed spontaneous, and well, it felt good. I know she would have to want to do that even if the idea came from you. It's getting less like we're just living along side each other, I think (18).

Conjoint counseling opens up all sorts of possibilities for counselor actions. The following two quotations come from different marriage counseling sessions and exemplify some of the variety possible in the conjoint approach.

1. You're looking like you'd really like to go to her and maybe hug her right now, so why not go ahead and act on that feeling. Isn't that the most real, honest thing you can do right now?

2. You two obviously don't speak the same language. To start you learning each other's language, I'm going to act as interpreter. Let's see, John, you just said, 'I don't care if you come home late Barbara.' And then Barbara looked hurt. I'm going to say to Barbara what I heard you mean, John. You check me, and if I say something that's not what you're really trying to say, tell me if I'm wrong. Barbara, I heard John mean, 'I care enough about you, Barbara, to want you to have fun in doing what you want to, and if it means supper's late or whatever, well, I love you enough to do without you for a while if it helps you be happy.' So, Barbara, I don't John meant, 'I don't care about you, Barbara,' which is what you seem to have taken it to mean. Is that right, Barbara, John? (18)

The three group approaches also offer a wide range of possibilities to the marriage counselor that the other forms
do not. A short example common to each group form follows in the form of a counselor's comments.

1. Individual Group

George, I wonder if you could role-play Alice's husband in the way she has described him. Alice, I want you to first play how you did handle that fight with your husband and then how you hope to handle it next time.

2. Concurrent Marriage Group

Jim, this week your wife in her group learned a little about how to be a little more affectionate toward you. I'm wondering if you'd like to practice your receiving of this with Joan and Betty since they, like your wife, say they have problems sending affection.

3. Conjoint Marriage Group

Betty, let's see if I understand what you're saying and why you're crying right now. You mean that seeing your husband show tenderness for Carol makes you know he's capable of that, and you didn't think he was. Then your tears are of hope or over what hasn't occurred in your marriage, sort of like Ted and Nancy last week. Mark, would you like to try to show Betty some of the tenderness you just gave Carol? (18)

From these examples it is hoped that some of the "flavor" of what is and can be done in the various forms of marriage counseling is presented. It is not the purpose of this chapter to give an extensive review of how the forms can carry or help deliver the multitudinous techniques and numerous counseling systems used in marriage counseling. It is, however, hoped that this sampling of examples does present enough of the "taste" of each form for a basic understanding of how the six delivery systems can be used.
There are other categorical breakdowns of marital counseling forms one might use, such as dyadic, meaning one counselor and one client; triadic, referring to a counselor and a couple. A problem here is the danger of proliferating terms like quadatic, pentadic, and so forth. Another form is a three division system consisting of individual, conjoint, and group with concurrent being subsumed under individual. Another is a four part system made up of individual, concurrent, conjoint, and group classes. Olson (76) uses five "frameworks" in which marriage and family counseling occur. Their nature is reviewed in Table I which has been adapted from two tables by Olson. Olson's concepts are shown in the first five columns of Table I. The form of treatment in the last column has been added to make it more easily compared with this paper's six-part categorization system. Olson's divisions seem to overlap and intermix with both modalities and counseling systems, such as conjugal therapy which is a specific Rogerian system comparable to, say, a Gestalt or psychoanalytic approach, and other factors. For these reasons Olson's "frameworks" are seen as somewhat inappropriate, confusing, and not really applicable to the purposes of analyzing and objectively comparing via experimentation, the forms or modalities by which marriage counseling is delivered to the clients. Furthermore, any divisions of modality analysis which do not make a difference between interview and group approaches, and especially those which do not differentiate the three main types of groups, are seen as inferior.
TABLE I

OLSON'S FIVE "FRAMEWORKS" FOR MARRIAGE COUNSELING AND THEIR PRINCIPAL CHARACTERISTICS*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Intro-</th>
<th>Inter-</th>
<th>Quasi-</th>
<th>Inter-</th>
<th>Trans-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>personal</td>
<td>personal</td>
<td>interactional</td>
<td>personal</td>
<td>actional</td>
</tr>
<tr>
<td>Primary Therapy</td>
<td>Individual</td>
<td>Married individuals seen separately</td>
<td>Individual</td>
<td>Unrelated individuals or couples</td>
<td>Married couples</td>
</tr>
<tr>
<td>Unit or Units</td>
<td>Intra-</td>
<td>Inter-</td>
<td>Interaction</td>
<td>Group</td>
<td>Marital</td>
</tr>
<tr>
<td>Major Focus</td>
<td>psychic</td>
<td>personal</td>
<td>skills</td>
<td>process</td>
<td>system</td>
</tr>
<tr>
<td>Improvement</td>
<td>Self</td>
<td>Relationship</td>
<td>Interaction</td>
<td>1. self</td>
<td>Marital</td>
</tr>
<tr>
<td>Goals</td>
<td></td>
<td></td>
<td>modes</td>
<td>2. relationship modes</td>
<td>inter-</td>
</tr>
<tr>
<td>Marital Diad</td>
<td>Only one spouse seen</td>
<td>1. Collaborative counselors</td>
<td>1. Conjugal</td>
<td>Marital</td>
<td>Conjoint</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td>2. Concurrent with one counselor</td>
<td>therapy</td>
<td>group counseling</td>
<td>group</td>
</tr>
<tr>
<td>Usual Forms of</td>
<td>Individual interview</td>
<td>Concurrent interview</td>
<td>1. Conjoint</td>
<td>1. Concurrent</td>
<td>Conjoint</td>
</tr>
<tr>
<td>Treatment</td>
<td></td>
<td></td>
<td>group or</td>
<td>group or</td>
<td>group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Individual</td>
<td>2. Conjoint group</td>
<td></td>
</tr>
</tbody>
</table>

The contemporary treatment of problem marriages does seem to be a field bristling with new activity. Olson, in reviewing what occurred in marriage and family counseling during the decade of the 1960's says

There are presently several innovating trends in the field of marriage counseling such as video-taping therapy sessions for therapeutic, research, and training purposes; some attention is being given to marital health and premarital counseling; sensitivity training to familiarize couples in various communication skills . . . (76, pp. 529-530).

Added to this growing range of activity is a large trend toward flexibility. Concerning this, Goldberg's statement is quoted in the marriage counseling literature:

It is always best to have a completely flexible approach to any therapeutic or counseling situation. Rigid, sharply delineated systems of psychotherapy or counseling which set down 'rules' as to the manner in which people can be worked with and what people we can work with may be comforting to and reassuring to the therapist or counselor. But the best interests of the people who consult us are served when we devise and improvise our approaches to fit them and their special, often unique, situations (42, p. 99).

The growing variety and flexibility seem to be at least partly due to, or at least enhanced by, the extremely multidisciplinary nature of marriage counseling. As evidence of this, McDonald says

The 1969-70 American Association of Marriage Counselors' Directory reveals that the membership of this association is composed of 29 per cent social workers, 23 per cent psychologists, nineteen per cent educators, eighteen per cent ministers, six per cent sociologists, four per cent psychiatrists, one per cent physicians, one per cent lawyers, and six per cent marriage and family counselors otherwise unclassified . . . (66, p. 30).
An inspection of the directory reveals that the educators (19 percent of the membership) are largely made up of M.Ed. and Ed.D. professionals in counseling. The ministers (18 percent of the membership) are almost solely in or from pastoral counseling.

Not all agree that the multidisciplinary nature of contemporary marriage counseling is entirely a good thing. In commenting on the interdisciplinary composition of the American Association of Marriage and Family Counselors and marriage counseling in general, Olson states "As a result, the field has been seriously lacking in empirically tested principles, and it is without a theoretically derived foundation on which to operate clinically" (76, p. 503). Even though the field has difficulties with diversity and a lack of theoretical foundations and also empiricism, Olson clearly sees it moving to solve these problems. About the fields of marriage and family counseling, he concludes

They are already taking effective action to more clearly develop their identity as separate professions. They have also developed a theoretical scheme, the systems approach, which is challenging many of the traditional concepts of psychopathology and approaches to psychotherapy (76, p. 530).

This theoretical scheme of the systems approach emphasizes the system of interaction between the husband and wife as the area that should be focused on in the treatment of marital difficulty.

The treatment of the interaction system is being approached in a variety of ways. Behavior modification
techniques are receiving a fair amount of attention. Goldstein and Francis (43) report that they successfully trained five housewives to extinguish various particularly undesirable behavior in their husbands which each wife had been previously unsuccessful in altering. In doing this, they had the wives keep a record of the amount of change and its rate of reduction and introduce various reinforcements at appropriate times. They concluded that these techniques in altering the system of interaction between the spouses had an extra advantage, "because it simultaneously allows one to systematically evaluate the effectiveness of treatment and also measure process changes as they occur" (43). It is interesting to note that this system lends itself to the individual marriage counseling form or treatment delivery system. This may then give hope to those many people who cannot induce their spouses to accompany them into marriage counseling. It also arouses the spector of deceptive and deceitful external control. Thus, it may have its own special drawbacks.

Ely (34) trained eleven couples in using Rogerian conjugal techniques with each other. He then matched them against eleven untrained control group couples. Pre- and post-training measures were obtained with both the control group which received placebo training and the experimental group. It was concluded that the group trained in Rogerian techniques significantly improved their interaction at beyond the .05 level as compared to the control group. Ely terms the
system of training spouses in Rogerian techniques a way to improve marital interaction conjugal therapy.

Perhaps the system of treatment which is experiencing the greatest rise in popularity among marriage counselors is that of transactional analysis. This system is rather easily adaptable to all six forms of treatment delivery previously described. Basically, it works toward first teaching a couple, or at least one spouse, that they sometimes act and communicate as a child, sometimes as a parent, and sometimes as an adult. Then it teaches that parent-child interactions as in "you ought or ought not to do so and so," or "you can't tell me what to do" (parent to rebellious child), or "oh yes, I'm wrong" (guilty child), and child-child interactions as in a two-person screaming fight (husband and wife playing temper tantrum) tend to often be destructive. Then, it teaches that adult-adult interactions as in "would you like to go out to dinner,"--"yes, but I can't because Mrs. Smith is coming over to work with me on the school carnival,"--"oh, o.k., maybe tomorrow"--"yes, that's good. I can go then," tend to work best and reduce difficulties. The client in individual, couple, or group settings tries to ferret out specific nonadult-adult maladaptive interactions and change them to adjutive adult-adult interactions. It is expected that within the next several years well conducted research will begin to be published on the results of the transactional analysis system. Currently, it appears that it is only in a very popular development phase in relation to its application in marriage counseling (83).
Another type of study is just beginning to be done that has tremendous potential for providing marriage counseling with the type of foundation knowledge it so greatly needs. This is the research into who marries whom. An example is a 1970 study in which fifty stable couples were compared to fifty unstable couples seeking professional help with their marriages. Comparison testing of the couples’ mental health led to the following conclusion:

The Stable group scored significantly higher on each of the four subtests of the emotional stability test as well as on the total score. For the Stable group there was a significant relationship between marital satisfaction and emotional stability, but this finding did not hold for the Seeking Help group. No evidence was found to support the hypothesis that women who marry men with emotional problems are more unstable themselves, or that if one partner in a marriage is emotionally unstable the other tends to also become emotionally unstable (81, p. 342).

Significance was defined as at or beyond the .05 level in this study.

This type of research suggests that previous views like “marital problems are due to personal problems” are over simplistic and that much more complex relationships exist between the various factors which affect marriage and marriage problems.

Even though the field of marriage counseling seems to be starting a dynamic turn toward research and development, it is still a field full of professionals contradicting each other with generalizations and without the ability to cite much evidence. A 1969 publication quotes Ellis as saying, "The
best kind of marriage counseling that is now being done usually involves relatively short-term psychotherapy. ..." (29, p. 29). A 1970 journal article finds Olson (76) thinking that marriage counseling is making its most significant contribution by avoiding placing the emphasis on individual pathology and psycho-therapy but rather on the diagnosis of the marital relationship and the treatment of the husband-wife interaction system.

Many other ideas are also being tried in marriage counseling. In conjoint therapy, increased attention is being paid to using cotherapists as models for the client couple to emulate (76). Another idea is multiple impact marriage counseling where a couple or a single spouse is seen by a fair size group of therapists all at once (76). A problem with these ideas is the scarcity of counselors trained in dealing with marital difficulties. This probably will greatly hamper the extensive use of multiple therapist approaches.

This review leads to the conclusion that modern marriage counseling is in a neophyte stage of development but rapidly approaching what may be the beginning of its age of attainment.

This study was, as mentioned, concerned with treatment forms or modalities and what they affect. All six of the delivery system forms mentioned are, therefore, a concern here. However, those of conjoint, concurrent, and couples' group marriage counseling are considered of greater importance, because individual marriage counseling and individuals' group
marriage counseling are generally seen as only supplementary or second-choice systems to be used when one of the two spouses is unavailable for counseling. Little development of the concurrent group system seems to have taken place, and little is apparently known about it. One approach, integrity therapy for marriage, uses it. In this the husbands are placed in one group and the wives in another. Integrity therapy was developed in a fairly conservative religious seminary, and it may be that for those people who have been brought up to have "delicate sensibilities," a one sex group might have some advantage, at least in an initial stage of counseling concerning male-female relations. No empirical results concerning this are available, and therefore, like so many approaches, opinion is all there is to go on (22).

Even though concurrent is one of the older of marriage counseling's treatment modalities, it seems the least is known about it empirically. Perhaps this is true because the strongest proponents for the concurrent approaches come from the conventional fields of psychoanalysis and social work. These two professions have traditionally relied on historical methods, idiographic studies, and case records, all of which depends heavily on the variances of individual judgment.

The best of the studies relating to concurrent regimens tend to be only semiempirical. A good example of this is the work by Vesper and Spearman (94). Using cases in which
concurrent counseling was the prime approach, they followed the course of twelve couples from six months to two years. Both partners in seven of these couples were considered to be severely emotionally disturbed. In the other five couples, only one marriage partner was considered severely disturbed. The findings indicated that the marriages could be treated, and one could more or less expect to accomplish temporary improvements and relief. Crisis intervention and alleviation could also be effected, but more basic or core successes were slow and meager. This was said to be in comparison with marriages treated which didn't have disturbed individuals. The couples with only one disturbed individual apparently did show a mild tendency to fare better than those with two disturbed individuals. All results were based on clinical judgment and case records. It seems fair to say that one could, more or less, trust this sort of study to be fairly valid. But how much trust should be vested in it is another matter. The issues of level of significance, intervening variables, balancing for experimenter bias, among others, are all left untreated.

One of the issues in concurrent usage is whether or not the same counselor should see both marital partners. One may have read statements like, "... it will probably be most desirable to see only one member of the marriage and try to arrange for the other to see a different person" (63, p. 292). Others have contradicted this stand by mentioning factors like
Mittleman's (63) comments about the same therapist seeing each of the two spouses at different times, leading to the advantage of making more concrete both the realities and the interactions between mates. This is interesting in that it could be asked why not see the couple together to see this interaction. Jackson and Grotjohn (57) argue that when both partners are counseled separately by the same counselor, their progress can be better integrated, and therefore, they see the two-counselor, concurrent system as less advantageous. This type of argument seems endless in the literature, yet no one seems to have actually compared the two approaches empirically. It would seem simple enough to put one group of couples in a one-therapist, concurrent condition and another in a two-therapist, concurrent condition and, with pre- and post-tests, compare the results of the two. This simple quasi-experimental procedure is what one almost never finds in marriage counseling literature. This study hopes to be a step toward correcting that deficiency.

Generally, the proponents of concurrent design have seen it as the only system advisable and have looked on conjoint and group systems as dangerous or at least ineffective (58, 82, 87). The one pro-concurrent rationale with which most marriage counselors do agree concerns confidentiality. This position states that at least some concurrent time is necessary to allow for confidence which one partner will not say in the presence of the spouse. When such disclosures are not stated
by the counselor to the other spouse, trust in the counselor is thought to result (46). This has led to a view which encourages a mixture of concurrent and conjoint sessions. Even here, though, various views vie with one another.

Skidmore and Garrett assert that

"talking to a husband and wife individually is probably the most effective way to help the marriage, and yet, seeing them together part of the time and having them reacting as a unit provides a first-hand opportunity of seeing the marriage as the patient (87, p. 349)."

In this viewpoint, a predominance of concurrent sessions with an occasional conjoint session is the usual recommendation.

Goodwin and Mudd (46) agree with this view and also stress that the concurrent sessions should be extensively used in the initial phases of marital counseling and, also, predominantly throughout the course of treatment. They further offer rather stringent requirements to be met before a conjoint session should be contemplated. About this they state

"A joint interview should not be scheduled until a firm relationship has been developed between the counselor and each spouse. For constructive results from a joint interview the clients should be at least minimally free from projection, be able to tolerate some anxiety, have trust in the counselor's use of confidential material, have their hostility toward each other under minimal control, and have some ability to tolerate competition (46, p. 280)."

This leads to the idea of certain conditions being best treated by concurrent approaches and others by conjoint. Not too much is found about this in the literature. Llewellyn
suggests that concurrent is a better choice than conjoint when "marital discord seems to be a reflection of long standing behavior characteristics and where each partner seems to be projecting heavily on the other" (63, p. 292).

Another set of factors all too often overlooked that may underlie concurrent advocacy is that of counselor variables. One view states

I feel that it is best to recommend that they be seen separately until the physician has sufficient knowledge of the interaction between them and security in his own feelings to develop a plan for seeing them together (63, p. 292).

This counselor's security factor was further supported by Ehrenkranz (27) who found a large tendency of social workers almost always arranged to see a wife when a husband came to initiate marriage counseling but almost never initiated for husband interviews when wives made the first contact. It is notable that only two of the social workers she studied were male. Therefore, the female may be more prone to act on her fear or unfamiliarity rather than on clinical judgment in such cases. Other therapist variables can be cited as possibly predisposing a counselor toward any of the treatment delivery systems. A shy counselor might tend toward individual and concurrent systems, while a more gregarious one toward conjoint and group approaches. Therapists with a strong attachment to pure psychoanalytic theory certainly would be going counter to their tradition to even consider joint or group interviews. It is likely that a large number
of other counselor variables could be affecting adherence to concurrent or any other system.

Still another concept which may underlie concurrent versus conjoint and group thinking is that of the social age in which we live. Ard (1) notes that the trend away from concurrent and toward conjoint systems is one that is steadily growing. It is possible that concurrent was better suited to the age which is apparently passing. The pre-Kinsey era, as those in sex education often refer to it, was one of greater gender separation in almost all aspects of life (38). Therefore, seeing spouses separately may have been the only way to function without driving the clients off or being driven off for communicating certain intimacies in "mixed company."

Peterson's recent studies have shown that only ten percent of those who are professionally identified as marriage counselors tend to prefer a concurrent system over that of conjoint or group approaches. However, approximately fifty percent of those who did marriage counseling, but were primarily associated with another counseling or therapy profession, preferred the concurrent modality. Further research revealed that the members of the American Association of Marriage and Family Counselors (A.A.M.F.C.), who come from all professions conducting marriage counseling, had "shifted radically" from a predominance of concurrent to conjoint sessions. In 1960 it was found that eighty-six percent of the A.A.M.F.C. members surveyed preferred concurrent approaches. In 1965 this had
dropped to only twenty-eight percent. This represents the phenominal drop of fifty-eight percent in the amazingly short time of just five years (78).

While it can be supposed this trend will continue, there is no known empirical evidence supporting or negating the desirability of such a change. It seems that more or less everywhere marriage counselors are giving up concurrent approaches and going to conjoint systems. But is this a fad, a mistake, a rational decision, a happenstance, or just what? One thing it is not. It is not an alteration in treatment due to a preponderance of empirical evidence showing that this is desirable. No, it seems more likely that everywhere marriage counselors are trying a conjoint approach and finding that they think or feel that it works better. Indeed this may be so, but still the published observable evidence is meager.

Some studies of fair methodology have been conducted with conjoint therapy as their focus. However, as with concurrent approaches and everything else in marriage counseling, there is a preponderance of opinion and a great sparsity of empirical research concerning conjoint treatment.

One fairly methodologically comprehensive study focusing on conjoint counseling and comparing it with concurrent interviews has been done in the field of social work by Ehrenkranz (26, 27). Her study is reviewed here at some length. First, she noted the increasing frequency of conjoint interviews
both alone and in combination with other forms of marriage counseling. She also noted that no instruments have been developed for the systematic examination of the conjoint approach, and, like so many others, she deplored the fact that the literature contains little other than theoretical formulas and impressionistic observations. She further commented on the many potential changes in dynamics that may occur in changing the traditional counselor-client diad to a triad. From these observations she developed two purposes for her study: the first had to do with developing a system of analyzing joint interviews and the second with the identification of what really goes on in joint interviews. She adapted and extended a fairly objective observational classification system used by Hollis (26) to classify and tally the frequency of certain types of verbal communication.

Ehrenkranz selected a sample of twenty-two men and twenty-five women being seen in marriage counseling in seven urban family centers in a five state area. She measured the tape recorded responses of fifty-seven joint interviews involving fifteen couples seen only in consecutive conjoint sessions. She compared their measurements with those of the remaining seventeen clients who were seen only in concurrent or individual sessions, these two being grouped together forming a comparison group. The tape recorded responses were then coded, and data was processed for the testing of statistical significance, .05 being the level of significance.
accepted. In this manner the communications of the counselors, husbands, and wives were measured. Several broad groups of findings resulted in five general major conclusions. They are (1) that the husbands and wives showed significant differences from each other in both joint and single interviews; (2) counselors and clients tended to neglect several of the procedures considered most beneficial in conjoint sessions; (3) workers using joint interviews were considered to have a very different psychological stance from those conducting interviews with only one client, and they also used very different techniques and procedures; (4) certain dynamics appeared only in joint interviews; and (5) the adopted Hollis instrument was suitable for the evaluation of joint interviews.

Concerning the counselor variations in joint and singular interviews, ten significant differences were found. These ten involved counselors in joint interviews (1) being more active, (2) making more directive and reflective statements with fewer comments urging sustainment or ventilation, (3) concentrating more on marriage and less on events prior to marriage, (4) emphasizing more on marital interaction and less on the client's feelings about marriage, (5) reflecting more on partners together than on either partner individually, (6) accentuating more of positive elements in marriage, (7) paying less attention to clients' relationship with their parents, (8) discussing sex less frequently, (9) referring
less to self and one's client in personal manner, and (10) emphasizing less on the client's feelings about treatment. From this it was concluded that the conjoint counselors tended toward a greater emphasis on healthy relationships, and they focused more on a client "and" rather than "or" the client's partner. Counselor technique emphasis on mutual partner, positive factors was measured as occurring in about seventy-five percent of the joint interview sessions and only ten percent of the sessions with a solitary client.

Another finding of interest was the tendency of counselors in conjoint sessions to use universalizing comments such as "that's very common." These were often educating or sustaining in a supportive manner. This type of counselor comment occurred in 3.5 percent of the reflective statements in conjoint sessions but only in 1.9 percent of the one-client sessions. The author comments that Geist and Gerber (27) consider such universalizing to be a particularly useful technique, especially in conjoint interviews.

Another significant tendency of particular interest was noticed. When an individual's premarital history is dealt with in a conjoint interview there tends to be a joint effort on the part of the couple to examine it in relation to their marriage and then to do more self-examination about the courses of their own inappropriate marital behavior.

One of the interactions that occurred quite commonly in join interviews was the tendency of the counselor to ask a
spouse to comment on something his or her mate had just remarked. This tended to promote considerable interaction between the spouses. However, husbands' reactions were on the average solicited by the counselor approximately twice as often as were wives' reactions.

One other finding of importance about the counselors was that a number of the techniques suggested for conjoint sessions were virtually not used or largely ignored. These included such items as clarification of interactions, definitions of focus, and the like (26).

From these findings it can be seen that counselor performance in conjoint and solitary client sessions may be very different from each other. It also may be that those doing conjoint marriage counseling need more training and supervision to be sure they adequately utilize the conjoint techniques available. Also, it is noted that husbands and wives behave differently, one from the other, in both conjoint and individual sessions.

Ehrenkranz divided rather arbitrarily and in a broad, somewhat unclear fashion those cases deemed unsuccessful from those thought to be successful. The significant differences were studied, and then the factors thought most likely to have contributed to treatment failures were listed and examined. Her findings and analysis of these findings led to the following items being considered as factors in unsuccessful treatment: In the unsuccessful situations, there was a much greater
tendency for the caseworker to focus on interactions which occurred outside rather than during the interview itself. This, of course, is more similar to the individual session behavior of the caseworker. In forty percent of these cases, the caseworker doing the marriage counseling never used the technique of on-the-spot clarification of a couple's interactions or distorted understanding of what each spouse was saying. In this way it seems that in the unsuccessful, conjoint session the counselor behaved in ways more like counselors in concurrent and individual sessions.

Ehrenkranz found that in eighty percent of the cases there was no attempt to define the focus of treatment despite repeated emphasis in the literature on the importance of this factor. Indeed, often the caseworker offered no more than a repetition of the client's words as in, "you seem to have problems in communicating." Often it appeared this lack of focus nearly led to unfruitful "rehashing" of past events and continued confusion as to what might be tried or accomplished. In most conjoint sessions it appeared that caseworkers were quite often insensitive or inactive about what seemed to be all too obvious undercurrents flowing between the spouses. All this led to what appeared to be too much superficiality and repetitiveness in later interviews. Ehrenkranz drew several conclusions from these findings on unsuccessful treatment. She thought that failures were largely due to caseworkers' inability to recognize that the procedures used in single
person interviews could not be easily or, perhaps, ever successfully adapted to joint interviews. Essentially, she saw the failing caseworker unable to perceive or utilize the differences in the conditions of the two types of interview. She also commented that she agreed with Green, Broadhurst, and Lustig (27) in thinking that counselors doing conjoint marriage counseling must provide enough direction to insure a continual focus on mutual rather than private ego-centered concerns as customarily occurs in individual therapy.

Concerning the counselor's behavior, Ehrenkranz stated:

By failing to take advantage of the unique opportunity provided by the structure of the joint interview to interpret the marital interaction on the spot, these workers failed to make a dynamic use of the treatment situation itself through observing the couple's transactions, pointing out inappropriate behavior when it occurred, and clarifying its significance at once. Andrew Watson states that when insights are gained in the very context from which problems arise, the speed of the learning process is markedly increased (27, p. 571).

Ehrenkranz went on to analyze the behavior of the husbands and wives studied. In both conjoint and separate sessions, when compared with wives, husbands tended to participate less actively, be more oriented to the present than the past, emphasize their employment and other concerns outside marriage, and concentrate more on their own behavior in marriage than on their wives.

In comparing husband and wife behavior in both types of sessions, it was found that husbands discussed sex problems more in individual sessions and less than their wives did in
joint interviews. Husbands were more similar in their communication patterns in both types of sessions than were wives. In both types of sessions husbands differed only 1.0 percent in the amount of discussion of subjects unrelated to marriage while the wives' mean difference was 10.6 percent. Also, the caseworkers' communications to husbands were more alike in both kinds of sessions than they were to wives. It was suggested that in either type of interview husbands were less apt to follow the counselor or, perhaps, counselors tended to follow the lead of the husbands more. It was conjectured that the caseworkers may have tended to be more insecure in talking with husbands than they were with wives. This could be a result of there being only two male counselors in the study.

In all conjoint interviews except the first, husbands tended to talk significantly less than wives. However, in first interviews they averaged 8.4 percent more speech than did their wives. In initial one-client sessions, wives averaged speaking approximately 6.0 percent more than husbands. Workers in both types of interview tended to focus less on the husband than the wife in all sessions. This may involve fear of husband-counselor interaction or greater comfort in counselor-wife conversation, or a number of other factors which need investigation.

Ehrenkranz also identified certain possible pitfalls in conjoint interviews. She felt strong counter indications
for conjoint counseling included a pronounced lack of communication between the spouses, excessive manipulation efforts by either or both spouses, counter-transference resulting in coalitions excluding one partner, counselor inability to comprehend and deal with the complex interactions occurring in the triad of conjoint sessions, and a trend to interpret too much too quickly. Unfortunately, these counter indications depend on quantifications which do not very exactly delineate what is too much, or excessive. The evidence also suggested interpretations had therapeutic effect only when both spouses were helped to reflect further on interpretation made by the counselor.

Ehrenkranz gave considerable attention to a client or a caseworker verbally reflecting back on, and thereby, considering, previous statements or events of personal situations. Those reflections studied were all related to, or concerning, the marriage. She found that social workers in sessions with one client were significantly more apt to encourage these reflective considerations. In conjoint interviews the counselors made an average of 47.8 percent references of this reflective nature. In individual sessions, this averaged only 40.9 percent occurrences. On the other hand, clients made their own reflective considerations on the average of only 15.3 percent in conjoint sessions and 15.1 percent times in individual sessions. The difference between counselor and client in this area was 25.8 percent in one spouse
sessions and 32.5 percent in conjoint sessions. It was further found that as the marriage counselors' reflective consideration communications increased in individual sessions so did the clients'. In conjoint interviews there was almost a zero correlation. The greater amount of reflective consideration statements by both counselors and clients in individual sessions correlated with greater success in marriage counseling. To a lesser extent, this tended to also be true in conjoint sessions. Thus, it was concluded that the client to counselor ratio of reflective consideration statements may serve as a fair measure of counseling effectiveness. Naturally, more corroborative research is needed here. Also, various increased research efforts seem to be appropriate for the further study of this reflective consideration factor (27).

Ehrenkranz's final analysis of her study suggests that what is known about conjoint interviews is all too often not put into practice. She then concludes

"... is joint interviewing ... proving as effective as it has been believed to be? Still to be faced is the arduous task of testing the efficacy of joint interviewing versus individual interviewing in terms of the duration of treatment, the importance of changes effected, and the prevention of further breakdown in the marriage. ... The exploratory study reported in this article is only a first attempt to acquire greater knowledge about this treatment method through systematic examination of a small number of cases. Larger, more carefully controlled studies are needed. ... Only with such study as a basis can we justifiably designate joint interviewing as the treatment of choice or expect caseworkers to conduct joint interviews with maximum effectiveness in the treatment of marital problems (27, p. 574)."
The above quotation is taken to be a major justification showing the need for the type of investigation reported in this paper. Indeed, so far as can be discovered, Ehrenkranz's study is the best in the literature concerning forms of marriage counseling. It is, in fact, the only one in which a real comparison of two forms of marriage counseling is even attempted in anything like an experimental fashion. For these reasons it has been reviewed at length in this chapter.

Much more common is the sort of "armchair," philosophical, dogma-like utterances found frequently in articles which rely on the vagaries of personal opinion and the excessive biases of self-evaluated experience. Still, there is something to be gleaned from these data-lacking articles. Also, since written opinion is about all there is in the literature of marriage counseling, it is about all there is to rely on.

Concerning conjoint marriage counseling, it is common to find "armchair" remarks such as Smith and Anderson's commentary:

> It is necessary to keep in mind that if conjoint interviews are to be done, the interviewer should determine when and under what conditions. . . . If the counselor is planning to use conjoint interviews, there are a number of objectives that can be profitably achieved. There are many of these objectives which can be accomplished better in the process of conjoint interview than in interviews with each of the partners separately (89, p. 188).

The problem with this statement is that the authors provide no proof, no evidence, nothing but what they conjecture to be truth. They cannot answer, it appears, how to know what conditions suggest conjoint and what conditions negate conjoint
as a treatment modality when no body of empirical evidence is available relative to making such determinations. Nor can it be answered what objectives can be better accomplished via conjoint versus concurrent counseling since virtually no quantified, controlled comparison has been done. Peterson tells us that more and more marriage counselors are doing conjoint counseling and fewer and fewer are spending time with concurrent (78). One has only to look at the recent history of such fields as education and even medicine, itself, to know that unfruitful and even counterproductive fads can proliferate a profession. Other than Ehrenkranz's study, there is almost no reliable, verifiable, well-validated evidence showing conjoint marriage counseling to be in any way superior or inferior to concurrent marriage counseling. All we have for the most part are opinions and notions, although they do sometimes come from the best people in the field. Even those eminent in the field who favor the concurrent form say some things favorable to the conjoint approach. Emity Mudd, for example, states that in the conjoint system "a man and a woman may, for the first time, see each other with objectivity, because of the protecting presence of the counselor" (87, p. 349). Once again we run into the problem of verifying this opinion. How do we know the counselor is a protective influence? It may be the office, or any number of other factors which "protect," or it may be there is no protective influence at all. It may even be that the fear of being seen
by an outsider makes the couple see things differently, if indeed they do. Again, there is too little confirming, or even contradicting, quantifiable data.

In the related sphere of treating sex problems, an area of much concern to all marriage counselors, there is at least some evidence which tends to support the conjoint form of counseling. The best relevant evidence has been accumulated by Masters and Johnson (70) in their pioneering landmark work in treating sexual inadequacy. Since this is also probably the best methodologically reported study, it serves as an example of what should be, but is not commonly available, in the literature of marriage counseling research. For this reason, elements of their study will be briefly reviewed in some detail.

The goal of the Masters and Johnson study was to reverse problems of sexual inadequacy. The subjects of the basic investigation were 510 married couples referred by health and counseling professionals scattered in Canada and America. The age range was twenty-three to seventy-six. Two hundred eighty-seven (or 56.3 percent) of the couples had only one spouse reporting a specific complaint of sexual inadequacy. In the remaining 43.7 percent of the couples, both partners presented a specific sex problem. There were 171 men and 116 women in the first group with 233 of each sex in the second. An additional fifty-two individuals were treated without a spouse by the use of surrogate partners. This brought the
total number of specific problems treated to 790. These subjects were atypical to the general population in several ways, such as having a middle-class or above socio-economic status, 11.8 percent coming from the St. Louis area, and eighty-nine couples in which one or both spouses were medically trained or in which one was a physician and the other a person trained in one of the behavioral science disciplines. There were 48.4 percent of this medically trained group in which one or both partners were psychiatrists. Also, 52.3 percent had previously been in psychotherapy for their treatment dysfunction.

The treatment form consisted of two weeks of residence in St. Louis in which the couples were first seen in two concurrent, history-gathering sessions. Thereafter, it was a mixture of concurrent and conjoint sessions, but the reliance was primarily placed on conjoint sessions with one of three male and female co-therapy teams. The treatment itself was largely educationally and behaviorally oriented, having the couples first talk over their problems in the four person session and then receive, in essence, "homework" instructions in how to physically and verbally behave in attempting progress toward increasingly better sexual behavior before the next day's counseling session. In each subsequent session the couple discussed their successes and failures and then received instructions for their next "homework" assignment. Some concurrent sessions were used to supplement the conjoint
sessions whenever needed. Time was spent in supportive, interpretive, and other more traditional aspects of counseling, but only on an as needed basis. In this manner, the main treatment focus remained in the existential, behaviorally oriented, education and "homework" system. After the intensive two-week occurrences, periodic long-distance conference calls were used. In some cases return visits to the St. Louis treatment center were also utilized if difficulties increased or returned. The results were given for both the failure and the remission rate at the end of the two-week intensive treatment period and at the end of a five-year minimal treatment period. These results are presented in Table II, as adapted from Masters and Johnson (70).

The table readily shows that primary impotence among males and random situational dysfunction among females are the hardest to treat using this system. However, even here the success rates are notable. This is even more impressive when considering about half (52.3 percent) of these cases were treatment failures of a previous counseling or psychotherapy procedure. Most of these previous failures were seen in individual or concurrent therapy prior to coming to Masters and Johnson. About this type of approach, Masters and Johnson have strong feelings. They say

Therapeutic technique emphasizing an one-to-one patient-therapist relationship, effective in treatment of many other psychopathological entities, is grossly handicapped when dealing specifically with male or female inadequacy, if the sexually dysfunctional man or woman is married. Isolating
TABLE II

OVERALL FAILURE RATE SUMMARY OF FINDINGS IN TREATMENT OF SEXUAL DYSFUNCTION USING THE MASTERS AND JOHNSON SYSTEM

<table>
<thead>
<tr>
<th>Specific Diagnosed Sexual Problem</th>
<th>Number(^b)</th>
<th>After Two Weeks</th>
<th>Failure Rate(^d)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number Failed(^c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Males)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary impotence</td>
<td>32</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>Secondary impotence</td>
<td>213</td>
<td>56</td>
<td>26.2</td>
</tr>
<tr>
<td>Premature ejaculation</td>
<td>186</td>
<td>4</td>
<td>2.2</td>
</tr>
<tr>
<td>Ejaculating incompetence</td>
<td>17</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td>Male Totals</td>
<td>448</td>
<td>76</td>
<td>16.9</td>
</tr>
<tr>
<td>(Females)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary orgasmic dysfunction</td>
<td>193</td>
<td>32</td>
<td>26.6</td>
</tr>
<tr>
<td>Situational orgasmic dysfunction</td>
<td>149</td>
<td>34</td>
<td>22.8</td>
</tr>
<tr>
<td>Masturbatory</td>
<td>(11)</td>
<td>(1)</td>
<td>(9.1)</td>
</tr>
<tr>
<td>Coital</td>
<td>(106)</td>
<td>(21)</td>
<td>(19.8)</td>
</tr>
<tr>
<td>Random</td>
<td>(32)</td>
<td>(12)</td>
<td>(37.5)</td>
</tr>
<tr>
<td>Female Totals</td>
<td>342</td>
<td>66</td>
<td>19.3</td>
</tr>
<tr>
<td>Total Male and Female</td>
<td>790</td>
<td>142</td>
<td>18.9</td>
</tr>
</tbody>
</table>


\(^b\)Number--number of married subjects with specific sex problem.

\(^c\)Number Failed--number in which problem has not been successfully treated after two-week intensive treatment period.

\(^d\)Two Week Failure Rate--Percent of failure after first two weeks treatment.

\(^e\)Number Remissions--number of subjects in which their complaint returned within five years after two-week treatment success.
<table>
<thead>
<tr>
<th>Number Remissions</th>
<th>Failure Rate</th>
<th>Total Fail Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0.0</td>
<td>40.6</td>
</tr>
<tr>
<td>10</td>
<td>11.1</td>
<td>30.9</td>
</tr>
<tr>
<td>1</td>
<td>2.5</td>
<td>2.7</td>
</tr>
<tr>
<td>0</td>
<td>0.0</td>
<td>17.6</td>
</tr>
<tr>
<td>11</td>
<td>6.3</td>
<td>19.4</td>
</tr>
<tr>
<td>2</td>
<td>2.6</td>
<td>17.6</td>
</tr>
<tr>
<td>3 NG</td>
<td>5.0</td>
<td>24.8</td>
</tr>
<tr>
<td>NG</td>
<td>NG</td>
<td>NG</td>
</tr>
<tr>
<td>NG</td>
<td>NG</td>
<td>NG</td>
</tr>
<tr>
<td>5</td>
<td>3.7</td>
<td>20.8</td>
</tr>
<tr>
<td>16</td>
<td>5.1</td>
<td>20.0</td>
</tr>
</tbody>
</table>

*Five Year Failure Rate:* Percent of remission failures within five years.

*Total Fail Rate:* Total percent of treatment failures after five years.

*Numbers in parentheses:* Subtotals of the situational orgasmic dysfunction category.

*NG:* Not given or reported by authors.
a husband or wife in therapy from his or her partner not only denies the concept that both partners are involved in the sexual inadequacy with which their marital relationship is contending, but also ignores the fundamental fact that sexual response represents . . . interaction between people. The sexual partner ultimately is the crucial factor.

. . . Methods of therapy using isolation techniques attempt to treat the sexually dysfunctional man or woman by ignoring half of the problem—the involved partner. These patient-isolation techniques have obliterated what little communication remained in the sexually inadequate marital unit at least as often as the techniques have returned effective sexual functioning. . . . It should be emphasized that the . . . basic premise of therapy insists that, although both husband and wife in a sexually dysfunctional marriage are treated, the marital relationship is considered as the patient . . . sexual dysfunction is indeed a marital-unit problem, certainly never only a wife's or only a husband's personal concern (70, pp. 2-3).

Master and Johnson go on to stress the importance of male-femals co-therapy team in using their system. However, Doyle, who previously was a member of one of their original three therapist teams, now conducts workshops in the Masters and Johnson system for the unitary marriage counselor in an office practice. She also, however, stresses the idea that little can be accomplished without conjoint sessions, whether there be one, two, or more counselors present in the sessions (21).

The Masters and Johnson study seems an epitome of excellence when compared to marriage counseling, a field all too dominated by less than mediocrity in research. Still, the Masters and Johnson study does not compare concurrent and conjoint forms of counseling or even the value of one therapist versus two therapists, which relates to one of their cardinal
principles rejecting the one-therapist approach. Thus, dogmatic, uncompared, and uncontrolled, for supposed "facts" appear even here. Nonetheless, the Masters and Johnson study provides a great example of what can sometimes be accomplished with a more rigorous research approach. It is also a firm statement in favor of the male-female, co-therapy team and the mixing of concurrent with a predominance of conjoint sessions.

One thing is fairly certain--the use of conjoint approaches is certainly becoming widespread. There are reports that conjoint counseling is used more and more extensively in the vast national counseling centers program in England. There, conjoint approaches have been used alone, alternately with concurrent sessions, and as periodic interludes to individual or one-person counseling (19, 78). Dicks (19), who is involved with this English program states, however, that it has been impossible to do the necessary research in comparing forms of marriage counseling due to a pronounced absence of sufficient research funds. So even abroad one finds marriage counselors using conjoint counseling but doing it "in the dark" as it were, so far as objective evidence is concerned.

Even without data the English, like their American counterparts, are prone toward drawing conclusions. An example is "For marriages with much paranoid projection the use of the joint interviews throughout appears to be the method of choice" (154, p. 274).
This opinion, however, is directly opposite to those of Lewellyn (63), Goodwin and Mudd (46) who independently decided that paranoid projection was one of the best reasons for keeping the couple out of conjoint counseling. Naturally, no one is known to have objectively compared these two conditions of treatment with regard to paranoid projection. All we seem to have are two contradicting opinions. Some of the hypothetically drawn reasons for doing conjoint marriage counseling bear examination. One fairly comprehensive statement is

If used skillfully, the joint interview may aid clients in enhancing communication, in gaining perspective on painful areas of conflict, in reducing individual feelings of inadequacy and self-blame as the reciprocal interaction is held in focus. It also creates the opportunity for each partner to hear and accept the needs of the other partner which has not been perceived before, to discover that each can tolerate feelings in the self and the other without disintegration, and to further future co-operative involvement and commitment (46, pp. 276-282).

The most common reason, however, for choosing conjoint marriage counseling over concurrent is succinctly stated by Lederer and Jackson in their comment: "... when the spouses are seen separately, it is not possible to learn what their interactional patterns are. ..." (60, p. 397). They consider the conjoint form of marriage counseling to be the most important approach for a marriage counselor to know. Concerning this, they also say

It is important that he be prepared to see the couple together (conjointly). Many therapists have not had experience in this method, which is essential in conducting skilled and expeditious therapy for marital problems (60, p. 397).
Olson agrees with this position of preeminent importance concerning conjoint counseling. He even goes so far as to say that "marital therapists can be distinguished as a group by their emphasis on the marital relationship and their predominant use of the technique of conjoint therapy" (76, p. 503).

More of the rationale of conjoint marriage counseling is given by Calden in his remark:

Since the theater of operations of the marriage is in full view, the counselor can readily see the biases, distortions, and destructive behavior of each participant and can bring them to their attention. Conjoint counseling also offers the possibility of reducing the time and expense involved in treatment (14, p. 383).

Watson (96) goes further and makes statements which suggest that there may be a danger in counseling other than conjointly. He states that therapeutic disruptions in the homeostasis of one marriage partner inevitably forces alterations in the adjustments and relationships of the spouse and all other family members. It then follows that these interlocking individual adjustments should not be left to travel in unknown, perhaps capricious directions. Therefore, he thinks it less dangerous to do conjoint therapy, whereby the interlocking effects may be observed. It would also then follow that individual treatment would be more dangerous than concurrent.

An increasing amount is being written about various techniques to use in conjoint counseling. Most of these focus on the interaction of the spouses as it occurs in the
Leslie (61) for one, discusses techniques for bringing marital conflict out in the open during a counseling session. Thus, the idea is to encourage the problem to surface and occur even to the point of a screaming fight in the counselor's office. Then Leslie suggests ways for the counselor to remain neutral but intercede in a manner that brings about alterations in the interaction patterns, which should then carry over into the couple's everyday life.

Bach (2) with his marital fighting system and his intimate enemy concepts, has refined such ideas into a whole course on fighting healthfully in and for marriage. These "fight" approaches suggest the view that concurrent and individual forms of counseling can only rehearse and review the most important interactions, while conjoint systems can deal with them directly. They also present as possible the idea that discouraging marital arguments and emotional outbursts in the counselor's office would be antitherapeutic, unless, of course, the counselor didn't know how to handle them.

Although most proponents of the conjoint system stress the interaction of the couple as the main focus, a few view the conjoint system as beneficial to individual psychological problems. Ferris (36) reviewed two cases in which her analysis shows all four individuals treated with conjoint sessions to have substantially affected their "interpsychic" problems beneficially. It is conceivable that such could occur if conjoint sessions were really to be mini-group therapy sessions.
Some suggestions for research in comparing conjoint therapy with other forms of marriage counseling are being made. Geist and Gerber (40) make a theoretical statement concerning what they consider to be the most likely diagnostic indications for selecting conjoint marriage counseling as the treatment of choice. These then should be, according to Geist and Gerber, the subject of research. The list includes the following items:

1. When there is a breakdown in verbal communication between the marital partners.
2. When there is distrust of the other partner's actions.
3. When the degree of security of one or both marital partners is too slight for them to work individually.
4. When there is a lack of focus in individual interviews.
5. When the client himself asks for joint interviews.
6. When the caseworker senses intuitively that the use of joint interviews would be the treatment method of choice (40, pp. 77-79).

These six points, the authors discovered, as best they could decipher, were the ones most often used by social workers for choosing conjoint counseling.

Many of those who strongly support conjoint marriage counseling, believing it to be the best of the forms of treating marital difficulty, still give words of caution. Luckey (65) states that she believes conjoint sessions should seldom be used at the first of a course of treatment, but that they are of great help in improving marital communication and providing a mutual clarifying of feelings. She also states that "conjoint sessions can be risky, but they can also be occasions of tremendous growth" (65, p. 131).
Even with this type of precaution the trend toward marriage counselors doing more and more conjoint counseling seems rapidly growing. Couch (76) recently surveyed a wide spectrum of marriage counselors on their opinions concerning the value of the conjoint counseling approach. He found it to receive the most positive reactions of all the forms of marriage counseling for both treatment and diagnosis. He also reported many counselors to be relying solely on the conjoint system, rather than merely mixing it with other forms. Olson, in his decade review of marriage counseling, comments on this growing popularity by saying, "More has been written about the rationale and advantages of this technique by marital therapists than any other approach" (76, p. 510).

From these comments it can be seen that conjoint marriage counseling is probably on its way to replacing concurrent as the primary treatment of choice. Still, another approach is rapidly gaining the attention of marriage counselors, that of group marriage counseling. Actually, there are three major forms in the group approach. They are individual group, where only one marriage partner is in counseling; concurrent group, where both are in separate groups (sometimes of only one sex and sometimes both sexes); and conjoint group, in which the couple is in a group with other couples. There are also sometimes added mixtures of the three. Since the group form of marriage counseling is relatively new, comparatively little has been written about it.
One of the earliest reports of treating a marriage problem with the group approach is related by Jackson and Grotjohn (57). As they describe it, in 1958 a young neurotic woman, who was also making her marriage neurotic, was showing little or no progress in her individual group therapy. This was said to be due to her playing the part of the helpless child in her group. This stalemated condition continued until the husband was brought into the group. The psychoanalytically oriented description further stated that her husband became her "good mother superego" which then took sides with her therapist whom she saw as her "bad mother." This fusing of the two enabled her to advance from her fixated "baby" position, causing an alleviation of the marriage neurosis and her own improvement.

Whether or not the analytically phrased description is agreed with, the facts seem to be that this young woman and her marriage were thought to be improved only after she and her husband were in group therapy together. This sort of occurrence helped lead to the development of counseling groups for the treatment of marriage problems by the Philadelphia Marriage Council in 1958 (45).

Even before this, in 1956 a description of a four-session group counseling program for normally adjusted young couples could be found in the literature. As tried, this involved four couples, all having elementary school-age children, meeting together for the purpose of what would today probably
be called marriage enrichment. Although no evaluative data were reported, it was decided that the couples' group was effective in assisting spouses attain preventative and educational objectives (62). Even before this, those teaching marriage and family courses in schools were assaying the possible value of group counseling for marital benefit. As early as 1953, Boorish (12) reported placing nine married students enrolled in a college marriage and family course into a group to discuss themselves and their marriage problems. This was done without the group members' spouses being present. At the end of the term the group wrote an evaluation of their experience, which concluded that group counseling can help people in need of better marital adjustment, that it had the great advantage of being less expensive than traditional marriage counseling, and that it was not thought to be desirable to have spouses present, at least not at first.

Another important development leading to the creation of group marriage counseling has come in the very closely related field of premarital counseling. Flowers (37), a physician, began working with engaged couples, using a couples' group approach, in the early 1960's. His premarriage group counseling program took the form of three two-hour seminar type sessions, one led by a physician and two led by a marriage counselor. Only engaged couples at Duke University who were within six months of their wedding date were accepted. Flowers concluded that the time saving alone made the group approach
worthwhile, but its real success lay in the general advantages of group process, which made it, for many, more effective than individual, concurrent, or conjoint premarriage counseling sessions. From this he decided that for most, as far as he was concerned, it was definitely "the method of choice" (37, p. 233).

The trend toward more or less experimenting in group marriage counseling seems widespread. Dicks (19) reports that more or less sporadic broad range use of individual, concurrent, conjoint and mixed marriage counseling groups began in England in the mid-sixties. However, the lack of research funds has made for a lack of data.

Golembiewski (44) reports on the marriage enrichment approach which also relates to group marriage counseling. This is a modification of the sensitivity and laboratory approach used with T-Groups. He compares the couples' groups in which these approaches are used to those T-Groups comprised of strangers. The goals of both are to sensitize participants to their own interpersonal interactions. He finds that the couples tend to immediately apply their learning to their own marriages in an enriching fashion. However, there is reported a negative element in the couples' groups. That is that failure experiences could not be "shrugged off" as easily as with groups of strangers. Golembiewski sees the potential for beneficial marital change in groups to seem great. However, he acknowledges that it is too early to evaluate the application
of the group lab approach to married couples, as too few couples have been involved, and the literature is very sparse.

Blinder and Kirshenbaum (8) have attempted to outline what they believe to be the most important aspects of married couples' group therapy. They stress the use of positive interpretations by the group counselor, which they think helps the clients take a more constructive approach. They also see group processes helping couples to examine more closely the effect of their interactions and experiment with alterations. As they analyze it, the couples' counseling group provides a healthier equilibrium through corrections of perceptions and communication errors. This in turn helps relieve anxieties, facilitates intimacy, and reduces the discrepancies which the couple has as barriers to their improvement. According to these authors, the primary rationale for doing couples' group is the ability of groups to alter distorted misperceptions of a spouse's partner, relieve frustrated dependency needs which often produce irrational anger, rejection, and misuse of alcohol, and other acting out escapist behaviors. They further see the group as helping a couple toward a greater sense of security.

Gottlieb (47) studied the reactions of two married couples mixed into a group of people not having their spouses present or being unmarried. She noted the spouses tended to see the group as beneficial to their marriage, while women without their spouses did not. She also thought the couples
tended to learn more from each other than did the others. As she analyzed it, the group helped the couples to create unions of attitude, thus establishing for the couples a "marriage ego" and a "marriage superego." She also concluded that there were no basic personality changes, but there was a considerable improvement in both socialization and marital adjustment. She further concluded that research was needed to establish optimum group treatment conditions for troubled marriages. This, she suggested, could be accomplished by comparing such variables as groups of wives only, husbands only, mixed sexes but without spouses, only one of a couple, and the use of male or female counselors and co-counselor teams. The groups could start as concurrent groups and then could be brought together into a conjoint group. Comparisons could be made to nongroup approaches before, during, and after such counseling. Gottlieb implies that group marriage counseling is in the humble beginning stage and that much research is needed.

Many of the proponents of group marriage counseling stress the complexities of interactions which occur in couples' groups. For this reason and others, many marriage counselors seem to prefer an extensively developed, systems analysis approach to the group treatment process. Probably the most popular of these is the transactional analysis system developed by Berne (7). He states that marriage counseling couples' groups are highly productive using his system. A sample of this approach includes such instructions as, the
games" of "Court Room," "Sweetheart," and "Furthermore" have to be broken up first in group marriage counseling. "Court Room" is stopped, he says, by denying the use of the grammatical third person and causing the speaker to speak directly to the other person concerned, thus making it impossible for a spouse to act like a prosecuting attorney and see the group as a jury. After this, the group can get on to breaking up domestic games such as "Uproar" and proceed to teaching the couples to have adult-to-adult transactions. Berne also takes the unusual position that what are usually called "supporting" and "sharing" interactions between spouses are a waste of group time and are to be discouraged. What should be done in group is to help couples dissect their parent and child dominated game behaviors, provide an intellectual understanding of what they are doing, and the appropriateness of moving on to more intelligent, adult-like contracts and interactions. The trouble with Berne's work, like that of most other marriage counseling authors, is that little or no data concerning successes and failures is presented. The most he reports is that in an unspecified number of groups dealing with disrupted, married couples involving an unspecified number of clients over a four-year period "only one or two . . . who attended regularly got a divorce" (7, p. 89). So even here in the rather new area of group marriage counseling, the old marriage counseling tradition of no replicable, valid, reliable, or even semi-experimental research seems to be adhered to.
Concerning this lack of research in group marriage counseling, Lebedun (59) attempted an extensive review of literature to classify and record what was "known" about the group marriage treatment modality. He surveyed seventeen major sources, including abstracts, book lists, bibliographies, and so forth, in the fields of psychiatry, psychology, and social work from 1927 to 1969. Prior to 1945 he found nothing relating to group marriage counseling and only a total of twenty-eight articles relating to marriage counseling in any form. From 1949 through 1968 Ledebun found a total of thirty-nine publications dealing with supposed "facts" that, at least in some rudimentary fashion, included reference to marriage problems and group treatment. He classifies these as to how well they either were or could be operationally and methodologically sound. His three-part classification system includes (1) vague--author doesn't present any explicit measurement he could or has applied, no data collected or specified, (2) quasi-specific-criteria presented only in nonbehavioral abstract terms, (3) specific-criteria for change or movement in group marriage counseling presented in explicit operationalized manner. The results of this review are presented in Table III.

It seems a shame that this review did not include the literature of marriage counseling itself and also pastoral counseling, sociology, and perhaps the wide area of general counseling where other articles on this subject do exist.
TABLE III
LEBEDUN'S CLASSIFICATION OF LITERATURE RELATING
TO GROUP MARRIAGE COUNSELING RESEARCH*

<table>
<thead>
<tr>
<th>Professional Field</th>
<th>Degree of Methodological Soundness</th>
<th>Totals</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(1) Vague</td>
<td>(2) Quasi-Specific</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
<td>12</td>
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<tr>
<td>Psychology</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Social Work</td>
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<td>5</td>
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<td>Totals</td>
<td>8</td>
<td>19</td>
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Nevertheless, the trend is obvious. The use of specific operational criteria for measuring change in group (or any other form) of marriage counseling is very small indeed. Only twelve of the thirty-nine articles could be considered to contain even the most basic objective research methodology. Most of these, when they did involve actual research, only included post-treatment measurements. These depended largely on counselor or client self-analysis and self-reports rather than on more objective, impartial types of measurements (59). A very weak showing, it appears.

Group marriage counseling should, it would seem, be very amenable to research. This is especially so since the major
The theoretical position supporting group marriage counseling is one based in social or interpersonal interaction. Indeed, Olson (76) in his decade review of marriage counseling, classifies all group marriage counseling systems as part of an interaction approach, finding that this working to alter and improve interpersonal interactions is the main feature of group counseling focused on marital problems. This is seen to be at least partially true, regardless of whether or not the form of group treatment is individual, concurrent, conjoint, or some mixture of the three.

The twelve articles concerning group marriage counseling that Lededun refers to as having at least some specific criteria for measuring change, unfortunately, do not directly relate to the interaction concept. In fact, they do not even relate directly to improving troubled marriages as the primary goal. The study which seems most relevant is one done by Westman, et al (97) comparing married couples in concurrent and conjoint groups. However, the focus of this study was not improving sick marriages but the effect such groupings of spouses in treatment would have on the psychiatric patient's individual adjustment. To accomplish this, psychiatric patients of both sexes and their spouses were first placed in an all male or female group; then, after a series of sessions, were merged in a larger couples' conjoint group. It was found that when the couples were together in group they revealed their psychiatric pathology more obviously but that the
patients were more blind to their illness behavior. It was theorized that this was probably due to the immediacy of reactions to spouses and that this then allowed the rapid expression of statements having unconscious origins. It was also noted that the general actions and verbalizations of the spouses treated separately seemed more appropriate and markedly healthier than when they were together. For these reasons, it was concluded that conjoint group sessions should be used as sources of material for concurrent group discussion, which was a useful treatment for husbands' and wives' individual psychopathology. It must be remembered that Westman's study had as its goal the alleviation of individual problems rather than those of marriages.

Burton and Kaplan (13) seriously question this conclusion. They did a study having to do with group marriage counseling with couples in which there were problems of alcoholism and marital conflict related to the alcoholism. For six years individual counseling had been done to alleviate conflicted marital problems involving or stemming from alcoholism. A second six-year period followed in which a predominance of conjoint group counseling was utilized. Mixed with this were some concurrent group sessions of wives or husbands only and sporadic individual counseling sessions for the alcoholic and nonalcoholic spouses. During the twelve years, 179 couples were treated, of which forty-eight received couples' group counseling. These forty-eight couples were in a range of
from one to forty-four group sessions. Those in the group and those individually treated were of similar age ranges and means, although the income and education were slightly higher for those treated with the group approach.

For measurements the authors used a fifty-four item questionnaire and counselor records of couples' progress. It was found that the rate of refusal to answer the questions was much greater among those who were only individually counseled as compared to those who had group counseling. It was also observed that during the years of group counseling, the conjoint group method, in the opinion of all the counselors, proved to be much superior to individual or concurrent counseling of spouses. It was thought that the primary reason for this superiority was related to the defense feeling of the alcoholic partner. As the group progresses the alcoholic partner begins to feel less defensive, for he sees that the entire marital problem is not his blame.

In answering to whether or not the client got something out of the counseling, fifty-seven percent of those individually or concurrently counseled said they did, while seventy-six percent of the group counseled said they did.

Concerning the subjects' reactions to couples group counseling, fifty-two percent expressed positive feelings while only twenty-two percent indicated negative feelings, with twenty-six percent having mixed feelings. Thus, the majority of those group counseled had largely positive feelings.
about it. Forty-two percent of them felt that group couples' counseling had improved communication between the spouses. Twenty-eight percent gained greater insight into themselves because of hearing other couples express similar problems. Nineteen percent were enabled to reach definite decisions about changes in their life situations deemed healthful. Seventeen percent gained, they said, understanding of the drinking problem as it related to the marriage difficulties. Fourteen percent reported that group counseling had helped them personally, although it had not improved their marriage. Twelve of the group counseled couples' marriages ended in a divorce or separation, with one-half of these stating they felt that the couples' group counseling helped them make the decision to move out of their marriage and that this was the best and healthiest resolution of their marital problems.

Concerning those individually and concurrently counseled, a third of the couples reported improvement in learning to communicate. Twenty percent made decisions definitely improving their situations, and thirteen percent were helped in learning from their counselors that others had problems similar or worse than their own. Other categories of response were not highly favorable to the individual and concurrent approaches or were not sufficiently recordable due to various factors. There were indications that a much larger percentage of couples became divorced or separated in the individually and concurrently counseled conditions and that these endings
of the marriages were much more destructive than with those divorced or separated after group couples' counseling.

Another interesting finding was that positive feelings about group counseling didn't necessarily result in positive feelings about the counselors. Twenty-three percent of those reporting they liked their conjoint group counseling experience stated they had negative feelings toward their counselors. The authors thought that two major factors stand out as important in the group counseling process. First, at least basic rapport with the group counselors was necessary in order for the client to feel positively about the counseling experience. Second, training of couples in communication was generic to the group counseling process and was the key to the beginning of improvement. It was also thought advisable for group counseling and individual or concurrent sessions to be mixed together to achieve maximum result (13).

Burton and Kaplan conclude that

for the limited comparison the data permitted, group counseling was more 'successful' than individual counseling . . . group counseling is more likely to leave the couple with a feeling they have gained something positive (13, p. 78).

They also state that

although marriage counselors may not be trained to treat alcoholism per se, they are definitely capable of intervening positively in an appreciable proportion of conflicted marriages where alcoholism is present (13, p. 79).

Here, as in the Westman study, it must be remembered that the research dealt not with troubled marriages in general but with marriages having their problems connected to specific
individual difficulties. Nevertheless, these studies do suggest that group marriage counseling can have positive results.

Maizlish and Hurley (68) studied attitude changes in husbands and wives in group counseling, but this was in reference to couples changing their behavior toward their problem children. By comparison with a control group in which the mothers and children were receiving individual treatment, it was found that the parents treated in a conjoint group fashion produced better results.

Henderson (49) in another study of couples’ conjoint group marriage counseling found that there were distinct reductions of three kinds of treatment resistance using the group method. These were classical psychoanalytical resistance, resistance stemming from fear of external control and its resulting spouse avoidance behavior, and resistance due to fear of disapproval. Unfortunately, Henderson did not use control or comparison groups and group-counselor opinion was all that was relied on for measurement.

Thus, it is seen from these studies that although investigations have been conducted using the group marriage counseling form of treatment, they have not really focused on improvements in the marriages of the conflicted couples seeking marriage counseling.

From Gehrke’s and Maxom’s (39) theoretical concepts about finding the proper treatment technique in marriage counseling,
several items concerning the mixing of group approaches with other treatment forms can be derived.

First, before group, conjoint, concurrent, or individual marriage counseling can be accurately prescribed, their various diagnostic considerations must first be worked out. Gehrke and Maxom have been attempting to do this and have arrived at certain preliminary ideas. From these it can be theorized that group and conjoint forms of treatment will work best when the focus is primarily on relationship counseling and secondarily on relief of marital conflicts. If the focus is on individual problems or individual personality, then concurrent or individual forms of marriage counseling should work best. This, it is suggested, is really not marriage counseling but individual psychotherapy or counseling aimed at alleviating marital problems as a secondary gain. Thus, perhaps true marriage counseling is only that which does focus on relationship counseling and relieving marital conflict as the primary goal. Gehrke and Maxom suggest marital stability can be achieved even with extremely neurotic spouses, provided the counseling helps the couple meet each other's needs. Thus, the marriage should perhaps best be seen as a rather independent entity apart from, but affected to a varying degree, by individual adjustments. This has led them to the preliminary theoretical conclusion that marriage counselors should start with conjoint sessions before going on toward concurrent interview, conjoint group, or a
mixture of such sessions. They also suggest that intermittent conjoint sessions should occur whenever contradicting stories occur, when plateau phases are in evidence, or when reviewing or specific planning is needed. Also, it should be considered for follow-ups. The need for encouragement, communication training, and to see how others conduct themselves perhaps suggests the prescription of group couples' counseling. A mixture of group and conjoint sessions with some concurrent counseling can be viewed as useful whenever there is much sex-role confusion, sadomasochistic interaction, detached demanding conflicts, oral-dependent conflicts, and generally intense neurotic conflicts. In this way, a study of conflicts may be recommended for diagnosis and resulting prescriptions of treatment. Also, group marriage counseling may be found to work best in tandem with conjoint, concurrent, or if need be, individual counseling (39).

From these studies of group marriage counseling forms, it is seen that the group approach is a form of treatment increasing in popularity and one which is taking its place alongside the older forms of individual, concurrent, and conjoint interview marriage counseling. Also, as with the other forms, much is thought, but not much is empirically known about group marriage counseling.

Summary

From this chapter, nine general summarized conclusions are drawn and considered relevant to this study.
1. Marriage counseling theory is mostly a disorganized hodge-podge of largely disconnected, nonparsimonious conjectures and speculations.

2. Empirical research in marriage counseling is only somewhat better than nonexistent.

3. Marriage in the western world is in a state of transition, causing considerable increase in the need for current, reliable marriage counseling, and this need is not being met.

4. For the first time, a large portion of the heretofore disconnected body of marriage counseling theory is seen as subject to parsimonious treatment organized around three basic but rather contradictory positions. Quite briefly they state that

   a. personal maladjustments cause marital maladjustments, and therefore, concurrent or individual forms of marriage counseling are best since they probably treat marriage-connected individual problems most directly;

   b. marriage is an entity unto itself having its own dynamics apart from individual or general social, interpersonal interaction patterns, and therefore, conjoint marriage counseling forms are probably best since only in conjoint approaches of counseling can the marriage be both present and subject to direct treatment; and

   c. poor interpersonal, social interaction patterns cause poor marital interaction, which is the basis of
marital problems, and therefore, group counseling forms are probably best since the group approach most directly treats interpersonal interactions effectively.

5. The primary body of support for the first of the above three positions is found in the traditional views of psychoanalysis, clinical psychology, social casework, and the other related disciplines of counseling practice and psychotherapy. The second position above is supported mostly by the assiduities of religion, sociology, and anthropology. The newer fields of sociometry, group dynamics, systems analysis, communications theory and the group or human potential movement offers the best backing for the third theoretical position stated above.

6. Instruments for making objective, empirical measurements in marriage counseling are either inappropriate or inadequately validated, making quantification in marriage counseling research quite difficult.

7. Marriage counseling has developed six major forms of delivering treatment in which various systems and techniques of counseling can be made applicable. These six forms are (a) individual interview marriage counseling, (b) individual group marriage counseling, (c) concurrent interview marriage counseling, (d) concurrent group marriage counseling, (e) conjoint interview marriage counseling, and (f) conjoint group marriage counseling.
8. Marriage counseling is a rapidly growing multidisciplinary field in which concurrent forms of counseling are waning, conjoint forms are waxing, and group forms are receiving informal experimentation.

9. Marriage counseling research such as is attempted in this paper is greatly needed due to the fact that
   a. most marriage counseling literature can be organized into three largely contradictory and mostly untested theoretical positions concerning what causes marital problems and how they are best treated,
   b. there exists not one single study comparing the six basic forms of marriage counseling or even any three of them, and
   c. there does exist a great and general dearth of replicable, empirical, and quantifiable marriage counseling research reports on which to base marriage counseling actions and decisions.

There nine summary conclusions were derived from a review of the literature in this chapter which first introduced the general concepts related to this study in marriage counseling and then surveyed the state of theory and research in the field. Following this, there was a discussion of marriage in our contemporary society. This led to a discussion of what others have said about three competing causal sources of marital problems. These three were discussed as (1) personal maladjustments, (2) poor interpersonal-social interaction
patterns, and (3) dynamics specific to marriage itself treated as an independent entity. The difficulties in measurements of marital adjustments were then discussed, as was the general state of modern marriage counseling. Then the review turned to research in concurrent, conjoint, and group marriage counseling forms. This was followed by the nine conclusionary statements and this brief summary of the chapter's topics.
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CHAPTER III

METHODS AND PROCEDURES

Introduction

This investigation was conducted to compare the several treatment modalities in which marriage counseling is carried out. The primary emphasis was placed on comparing the three modalities of concurrent interview, conjoint interview, and couples' conjoint group marriage counseling. Attention was also given to individual interview, individuals' group, and concurrent group marriage counseling. There were five distinctly separate sections to this investigation involving five different research approaches. These sections are referred to in this chapter as

Section One, The Pilot Study
Section Two, The Experimental Study
Section Three, The Quasi-Experimental Study
Section Four, The Survey Study
Section Five, The Poll Study

The Pilot Study was a simple short-term follow-up using counselors' reports on the marital outcome of people who had once been in marriage counseling. The Experimental Study consisted of a pre- and post-counseling measurement of couples involved in a controlled comparison of subjects separated into
the three treatment conditions of concurrent interview, conjoint interview, and conjoint group marriage counseling. The Quasi-Experimental Study involved a test results comparison of subjects treated with three combined modalities and those treated with only one modality of marriage counseling. The Survey Study involved a comparative session-by-session measurement of counselees who were at that time being seen more or less alternately in several of the major forms of marriage counseling being studied. The Poll Study consisted of a detailed poll of people who had completed marriage counseling in one or more of the modalities being studied.

All five sections of this research project were conducted at a private neuropsychiatric hospital's out-patient counseling center which takes referrals from both psychiatric and nonpsychiatric sources, as well as medical and nonmedical referrals. This center exists in a southwestern metropolitan area which has been shown to serve the whole range of this area's socio-economic continuum in close approximation to its proportionate existence in that geographical area (13). This results in a preponderance of the center's clients coming from the Caucasian upper-lower, lower-middle, and upper-middle class socio-economic status levels. The center does serve a portion of Negroes and Latin Americans of Mexican descent, but due to few marriage counseling referrals in these ethnic groups, no "blacks" or "chicanos" were included in the population of this research.
This chapter reviews the methodology and procedures of each of the five sections and then comments on how the five research efforts were compared to each other.

The Pilot Study

The purpose of the Pilot Study was to provide a rudimentary follow-up on the counseling outcomes of the clients who had previously received marriage counseling in the center where this research was conducted. It was thought that a simple follow-up using an *ex post facto* design might yield large sample gross trend data excellent for comparison with those smaller samples involved in the more rigorously researched sections of this investigation (2).

**Subjects**

The subjects in the Pilot Study consisted of 360 males and 413 females making a total of 773 subjects representing 437 marriages. Of these 437 marriages 96 had only one spouse in marriage counseling while the remaining 341 marriages had both spouses present in counseling. All these subjects had voluntarily sought marriage counseling on the basis of referrals from friends, relatives, former center clients, acquaintances, other agencies and counselors, lawyers, physicians, psychiatrists, or similar professionals. No mandatory court referrals were included. The mean age of the females was 30.68 years, and the mean age of the men was 35.13. All subjects had participated in a minimum of three marriage
counseling sessions. The maximum number of sessions was 67, and the mean was 10.4 sessions. Thirty-nine percent of the subjects were in psychiatric treatment either prior to or concurrently with their marriage counseling, while sixty-one percent had no direct contact with a psychiatrist.

Counseling

There were twenty-one center staff members who conducted the marriage counseling of these subjects. They were (1) a male, full clinical member of the American Association of Marriage and Family Counselors (A.A.M.F.C. hereafter) with eighteen years' experience in marriage counseling, the Rel.D. in pastoral counseling, the staff position of Senior Marriage and Family Counselor, employment at the Center part-time, and teacher at a nearby college; (2) a male, associate clinical member of the A.A.M.F.C., with six years' experience in marriage counseling, an M.S. in clinical psychology, all but the dissertation for a doctorate in counseling, director of the psychiatric hospital's counseling center, marriage counselor with a substantial practice at the center, and author of this investigation; (3) a female associate in training with the A.A.M.F.C. with three years' experience in marriage counseling, an M.S. in clinical psychology, staff position of psychological associate and coordinator of services, marriage counselor with a moderately large counseling practice at the center; (4) a male M.D. psychiatrist, Diplomat of the American
Board of Psychiatry and Neurology, with eleven years' experience, sporadically including some marriage counseling, holding the staff position of Administrative Medical Director; (5) a male M.D. psychiatrist, Fellow of the American Psychiatric Association, Fellow of the American College of Physicians, Diplomat of the American Board of Psychiatry and Neurology, twenty-seven years' experience involving sporadic marriage counseling, and holding the staff position of Director of Research; (6) a male M.D. Diplomat of the American Board of Psychiatry and Neurology with thirteen years' experience, sporadically including marriage counseling, and holding the staff position of Senior Staff Psychiatrist; (7) a male M.D. psychiatrist with twelve years' experience, sporadically including marriage counseling, and holder of a staff psychiatrist position; (8) a male Ph.D. counseling psychologist with seven years' experience, sporadically including marriage counseling, and holder of the staff position of Supervising Psychologist; (9) a male Ph.D. counseling psychologist and associate clinical member of the A.A.M.F.C. with six years' experience in marriage counseling and holding a staff position of vocational and educational psychologist; (10) a male Ph.D. clinical psychologist with eight years' experience, sporadically including some marriage counseling, and holding a staff psychologist's position; (11) a female Ed.D. counseling psychologist with ten years' experience, sporadically including some marriage counseling, and holding a staff counseling
psychologist's position; (12) a male M.A. research psychologist with nine years' experience, including a small amount of marriage counseling, and holding a research associate staff position; (13) a male holder of the M.Th. in pastoral counseling and associate in training of the A.A.M.F.C., with three years' experience in marriage counseling, and having a staff marriage and family counselor's position; (14) a male M.Ed. educational counselor, with three years' experience, including marriage counseling, and holder of a staff counselor's position; (15) a male M.S. psychological associate with two years' experience, including marriage counseling, and holding a staff counselor's position; (16) a female M.S. psychological associate with one year's experience, including marriage counseling, and holding a staff counselor's position; (17) a male psychological associate with one year's experience, including marriage counseling, and holder of a staff counselor position; (18) a female B.A. practician student in clinical psychology with less than a year's experience, but including some supervised marriage counseling, and holding a staff position of intern counselor; (19) a female B.S. practican student in clinical psychology with less than a year's experience, but including some supervised marriage counseling, and holding a staff position of intern counselor; (20) a male B.A. practician student in clinical psychology with less than a year's experience, but including some supervised marriage counseling, and holding a staff position of intern counselor;
(21) a male practician student in clinical psychology with less than a year's experience, but including some supervised marriage counseling, and holding a staff position of intern counselor.

**Procedures**

The procedures for the Pilot Study were as follows: The files of the counseling center covering the last five years were searched to find all cases in which marriage counseling had been involved. Every file which recorded that three or more marriage counseling sessions had occurred (and one form of counseling predominated) was used in the Pilot Study. It should be noted that the related psychiatric out-patient clinic's records were available in that the counseling center performed a diagnostic marital adjustment testing for the psychiatrists in virtually every marriage counseling case in which they counseled. This produced dual records, and from these the data concerning the psychiatrists were derived.

The data gathered consisted of the client's name, age, sex, counselor's name, form or forms of counseling used, and the outcome as judged by the counselor at the time of termination in counseling or after a one to six months' checkup appointment. The forms of marriage counseling utilized included all six of those mentioned as being the basic major counseling modalities involved in working with marriages: individual interview,
individuals' group, concurrent interview, concurrent group, conjoint interview, and conjoint couples' group. Individuals' group was in reality the referral of a client to an ongoing group for assistance with a dominate marriage problem. These ongoing groups, however, had nonmarried members and married members referred to the group for other than marriage problems. Therefore, it cannot be said that individuals' group represents a pure case of individuals' group marriage counseling as it may be performed in some other setting. Concurrent group refers to a situation in which two spouses were more or less simultaneously placed in two different groups, much like the individuals' group, to assist them with a dominant marital problem. And so, concurrent group cannot be considered a true test of this mode of treatment delivery. Nevertheless, it is included here due to the widespread practice of placing spouses in heterogeneous groups individually for the purpose of assisting them with their marriages.

The marriage counseling outcome classifications were

**Divorced or permanently separated with poor outcome.**--

This category represented cases in which, according to case records, there had been, in the opinion of either the marriage counselor or the client, an especially destructive, emotionally damaging divorce or post-divorce action, such as is represented by episodes of physical brutality, suicide attempts, psychiatric hospitalization or prolonged chemotherapy out-patient treatment for depression, repeated harsh, disruptive arguments, court
actions requiring jury trial, injunctions, and in general, the report of considerable bitterness, hostility, etc.

**Divorced or permanently separated with moderate outcome.**--This category involved those cases in which there was recorded a reasonably nondestructive, amicable dissolution of the marriage with only mild, "temporary" emotional difficulties and none of the above more serious occurrences.

**Divorced or permanently separated with good outcome.**--This category was reserved for those cases in which it was reported that a spouse felt the dissolution of the marriage was a definite step forward, and their primary, dominant feelings were largely cheerful and highly constructive and in which they reported no real animosity or pronounced regret but, instead, a remarkably compatible feeling towards both the ending of their marriage, their new single status, and also, toward their former spouse as a friend or even one they still loved something like a friend or sibling.

**Married with poor outcome.**--This classification was used to signify those couples who had remained in an at least somewhat destructive, deteriorating or static, nonimproving, poor marriage relationship, living together and not working favorably on their difficulties and definitely not having overcome any of their major problems, although perhaps having slowed or reduced the worst of their maladjustive interactions.
Married with moderate outcome.--This classification was used to represent those clients who had definitely improved their relationship to the point where they thought they could continue the improvement without further assistance and who reported they had overcome not all, but certainly their major problems.

Married with good outcome.--This classification was used to represent clients who had demonstrated a remarkable growth of superior, mature intimacy, love, and mutually beneficial interactions, with a pronounced lack of immature or harmful relationship patterns.

This system of categories is the one generally used at the center where this research was conducted. It has also been used to judge the outcome for individuals rather than couples. Hence, in a given marriage, or divorce, it is not uncommon to find one spouse judged with a good and the other a moderate outcome. Seldom with marriage or divorce are couples found where one was judged with a poor and the other with a good outcome, although in rare cases, this can occur.

In the cases of multiple forms of treatment, the data were placed in the categories of the treatment being used according to number of sessions conducted. In cases in which two or more of the six forms of counseling were used about equally, multiple listings occurred.

After the completions of data were made, lists of each of the twenty-one counselors' clients were made, showing their
judged outcomes. These were then shown to the counselors or other staff members who had reason to know of the cases. This procedure was necessary since some of the twenty-one counselors had left the center for other positions. The above outcome categories and descriptions were reviewed with the staff members. Then they were asked the question, "Do you know of any reason to change the outcome judgment listed next to the client's name?" If they said "no" it was left the same. If they said "yes" and stated a reason, it was then changed to whatever they suggested. In thirty-seven cases in which there were thought to be insufficient records, calls were made to the clients themselves and their own self-judgments were used.

**Treatment of the Data**

The treatment of the Pilot Study data consisted of comparing the six categories of outcome with the six categories of counseling modalities to see if certain counseling forms contained a significantly higher frequency of certain outcomes. This was done by computing the frequencies of individuals falling into each of the thirty-six outcomes by counseling treatment categories and then applying a chi square statistical treatment (17). A statistical significance level of .05 was used as the required measurement of sufficient independence for each of the thirty-six categories. A similar statistical analysis was made for the three outcome quality categories of poor, moderate, and good, irrespective of whether the clients
remained married, separated, or divorced. Another similar statistical analysis was conducted using the two outcome categories of married or divorced and/or permanently separated, irrespective of the judgment of the quality of the outcome. For these, the .05 level of significance was also used as the criterion of sufficient independence of each outcome category.

With this rather nonrigorous research approach, an attempt was made to ascertain the general outcome trend of each of the six major forms of marriage counseling. It was hoped that this Pilot Study approach would yield data from a population which had not in any way been influenced by the intervening variables involved in being "research subjects" prior to or during their course of marriage counseling. Thus, the Pilot Study subjects are the ones who can be considered to be those best representing the normal or usual conditions existent in marriage counseling.

The Experimental Study

The purpose of the Experimental Study was to test the effectiveness of the three most popular, and perhaps most promising, forms of marriage counseling under the most controlled circumstances possible, thus eliminating the largest amount of confounding, intervening variables and chance factors (18, 21). It was also the purpose of the experimental section to provide for a fair degree of research
purity without making the experimental conditions too
different from those of normal marriage counseling. In this
way, it was hoped that the effects of concurrent interview,
conjoint interview, and conjoint group marriage counseling
could be compared, one with the other, in the most precise
manner ever accomplished in marriage counseling research.

Subjects and Counselors
The subjects for the Experimental Study consisted of 126
individuals making up sixty-three married couples who had
voluntarily sought or were professionally or otherwise
referred for marriage counseling at the counseling center
division of the neuropsychiatric hospital previously described.
The mean age of the subjects was 34.87, with the mean age
for females being 33.41, and that of the males being 36.34.
The age range for females was from 19 to 52, and for males it
was from 21 to 54. The couples' mean number of years married
was 11.17, and the range was from one-half to 34 years.
The educational range of the subjects was quite broad,
ranging all the way from 6th grade to or beyond the Ph.D. and
M.D. level. The average number of years of formal education
for females was 12.26 and for males it was 12.30, with an
overall average education of 12.28. The couples had an average
of 2.33 children, who had an average age of 10.83 years. All
subjects were white and of either the upper-lower (bluecollar),
lower-middle, or upper-middle socio-economic status levels.
The subjects of this section of the investigation were assigned to one of the three treatment conditions by a method involving both randomization and balancing for marital problem severity. The three treatment conditions were called the concurrent treatment condition, the conjoint treatment condition, and the conjoint group treatment condition.

The subject population from which the subject sample came was drawn from two sources. First, there were those clients who came or were referred to the center without being referred to specific counselors and who were subsequently assigned to the Experimental Study's participating counselors by the center's normal rotation of assignment system. Second, there were all those marriage counseling clients who had been specifically referred to the participating counselors of the Experimental Study.

The selection into this study's sample and the assignment to a treatment condition was as follows: First, clients were excluded who were not considered to be in current need of, or appropriate for, marriage counseling. These included psychotic individuals, those whose spouse was not available, etc. Next, those who were grossly atypical of the center's usual marriage counseling clientele by reason of ethnic background or wealth were also excluded. The remaining were included as the sample of subjects to be assigned to a treatment condition.

All these Experimental Study subjects were administered a Marital Adjustment Inventory (MAI) which yields a severity
of marital difficulty total score of each couple. The husband and the wife MAI total scores were averaged to arrive at that couple's average MAI total score, which was used to determine the severity of their marital problems. Manson and Lerner's (16) system and their levels of marital maladjustment scoring were followed. A couple's average MAI score of between zero and thirty-one points was used to place a couple in the "mild difficulties" category. A score of between thirty-two and fifty-one points placed a couple in the "moderate difficulties" category. A couple's average score of fifty-two or higher caused the couple to be placed in the "severe difficulties" category. After a couple's severity of marital difficulty category was determined, a single, ordinary dice was thrown to randomly determine which of the three experimental treatment conditions would be applied to that couple. A dice cast resulting in a one or a two placed a couple in the concurrent condition. A cast of three or four placed a couple in the conjoint condition. A cast of five or six resulted in a couple going into the conjoint group marriage counseling condition.

In this manner seven couples classified as having severe difficulties, seven having moderate difficulties, and seven as having mild difficulties were eventually placed along with surplus couples in each of the treatment conditions.

When each severity category was filled, couples having a MAI average couples' scores fitting that category were also
placed in the treatment condition indicated by the cast of the dice. Whenever a couple, for one reason or another, prematurely dropped from this section of the investigation, they were replaced in the tabulations by one of these surplus couples. The replacing couple was always the next couple chronologically available, thus keeping fairly well to the randomization order. In this manner, all three categories of all three treatment conditions were kept filled until 126 subjects comprising sixty-three couples finished being processed in the Experimental Study.

Of the original sixty-three couples, thirty-three dropped or were dropped from the study before completion and were replaced. Table IV compares these subjects with the subjects who completed the three treatment categories. As can be seen in this table, the subjects are quite similar, and the balance among the factors is rather good in all conditions except that of counselors. The participating counselors in the Experimental Study were those numbered 1, 2, and 3 in the Pilot Study section. Conditions at the center were such that counselor 2 was referred a majority of the marriage counseling clients. Counselors 1 and 3 spent a considerable amount of time in other duties, as was true of the other staff members. Thus, there was no way to balance for the disproportionately large number of clients seen by counselor 2 without taking an unusually long time to complete this investigation.
A COMPARISON OF THE SUBJECTS WHO DISCONTINUED AND THOSE WHO COMPLETED THEIR ASSIGNED MARRIAGE COUNSELING IN THE EXPERIMENTAL STUDY

<table>
<thead>
<tr>
<th>Comparison Factor</th>
<th>Subjects Who Completed</th>
<th>Discontinued Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Subject's mean age</td>
<td>34.87</td>
<td>33.13</td>
</tr>
<tr>
<td>2. Female's mean age</td>
<td>33.41</td>
<td>29.85</td>
</tr>
<tr>
<td>3. Male's mean age</td>
<td>36.34</td>
<td>36.41</td>
</tr>
<tr>
<td>4. Female's age range</td>
<td>19 to 52</td>
<td>18 to 55</td>
</tr>
<tr>
<td>5. Male's age range</td>
<td>21 to 54</td>
<td>21 to 56</td>
</tr>
<tr>
<td>6. Mean number of years married</td>
<td>11.17</td>
<td>10.40</td>
</tr>
<tr>
<td>7. Range of years married</td>
<td>½ to 34</td>
<td>½ to 30</td>
</tr>
<tr>
<td>8. Female's years of education</td>
<td>12.26</td>
<td>10.9</td>
</tr>
<tr>
<td>9. Male's years of education</td>
<td>12.30</td>
<td>12.5</td>
</tr>
<tr>
<td>10. Subject's years of education</td>
<td>12.28</td>
<td>11.7</td>
</tr>
<tr>
<td>11. Education attainment levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Pre-high school</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>(b) High school graduate</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>(c) Some college</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>(d) College graduate</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td>(e) Post graduate</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Number of Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Pre-high school</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>(b) High school graduate</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>(c) Some college</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>(d) College graduate</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>(e) Post graduate</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>12. Average number of children</td>
<td>2.33</td>
<td>2.63</td>
</tr>
<tr>
<td>13. Average age of children</td>
<td>10.83</td>
<td>10.66</td>
</tr>
<tr>
<td>14. Total number of children</td>
<td>126</td>
<td>66</td>
</tr>
<tr>
<td>15. Number seen by counselor 1</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>counselor 2</td>
<td>58</td>
<td>28</td>
</tr>
<tr>
<td>counselor 3</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>16. Total subjects</td>
<td>126</td>
<td>66</td>
</tr>
<tr>
<td>17. Total number of couples</td>
<td>63</td>
<td>33</td>
</tr>
</tbody>
</table>
Instruments

Four instruments were used in the experimental section of this study. They were the California Psychological Inventory (CPI), the Minnesota Multiphasic Personality Inventory (MMPI), the Marital Adjustment Inventory (MAI), and the Polyfactor Test for Marital Difficulties (Polyfactor).

The CPI was chosen for use in this section because of its reported value in measuring both normal personal and normal interpersonal factors. It was reportedly developed to provide useful measurements which possess both "broad personal and social relevance." The CPI is concerned with characteristics which have "wide and pervasive applicability to human behavior" and which are "related to the favorable and positive aspects of personality rather than to the morbid and pathological." The scales are addressed principally to areas of personal adjustment and "characteristics important for social living and social interaction" (7, p. 5).

The CPI consists of 480 true-false items and is self-administering for individuals and groups. The author states it is primarily for use with "normal" subjects of high school age or older (7).

The scores used to measure personal adjustment were Scales 2, 5, 6, 7, 9, 10, 15, 16, and 17 of the CPI. These scales are described as being related more to personal adjustment and are titled in the following manner: Scale 2,
Capacity for Status; Scale 5, Self-Acceptance; Scale 6, Sense of Well-Being; Scale 7, Responsibility; Scale 9, Self-Control; Scale 10, Tolerance; Scale 15, Intellectual Efficiency; Scale 16, Psychological-Mindedness; Scale 17, Flexibility.

The scores used to measure social adjustment were from Scales 1, 3, 4, 8, 11, 13, and 14. They are titled in the following manner: Scale 1, Dominance; Scale 3, Sociability; Scale 4, Social Presence; Scale 8, Socialization; Scale 11, Good Impression; Scale 13, Achievement via Conformance; Scale 14, Achievement via Independence.

Test-retest reliability on the CPI scales ranges from .48 to .87. The combined scale mean test-retest reliability for 135 high school females was .64. The combined scale mean test-retest reliability for 101 high school males was .66. The combined scale mean test-retest reliability for 200 male prisoners was .76 (7).

Validity coefficients of correlations for all the scales have repeatedly been established at better than the .01 level. Populations for these have included 40 medical school seniors, 152 adult males, 180 college students, 100 military officers, 691 high school students, 917 psychology class students, 220 agricultural college students, 1,235 female and 746 male high school seniors, 291 female factory workers, 142 nurses, 116 business executives, 200 school superintendents, 108 skilled and semiskilled workers, 60 airlines hostesses, and many more (7).
The second instrument to be used in the Experimental Study was the **Minnesota Multiphasic Personality Inventory (MMPI)**. The authors state that the MMPI is designed to "provide in a single test scores on all the more important phases of personality." They further state, "The point of view determining the importance of a trait in this case is that of the clinical or personnel worker who wishes to assay those traits that are commonly characteristic of disabling psychological abnormality" (10, p. 5). Thus, this instrument represents the "other side of the coin" of the CPI which is aimed at measuring normalcy. The MMPI consists of 550 true-false items and is self-administering for both individuals and groups. The authors of the MMPI state that it is useful with both normal and abnormal populations (10).

The scores used to measure personal adjustment came from the 1, 2, 3, 4, 6, 7, 8, and 9 Scales. They are titled in the following manner: Scale 1, Hypochondriasis; Scale 2, Depression; Scale 3, Hysteria; Scale 4, Psychopathic Personality; Scale 6, Paranoia; Scale 7, Psychasthenia; Scale 8, Schizophrenia; Scale 9, Hypomania.

The score used to measure social adjustment was Scale 0, Social Introversion.

Test-retest reliability on numerous studies ranges from .46 to .91. Likewise, good validity has been established for each of the scales mentioned. A high score on any of the clinical scales has been found to predict positively the
final diagnostic estimate in more than sixty percent of the psychiatric cases studied. Even in the cases in which a high score has not been followed by a corresponding diagnosis, the presence of the trait to an abnormal degree in the symptomatic picture has almost always been noted (10).

One reviewer states "To date there are over 1,000 references on the MMPI, a formidable amount of material covering almost every conceivable aspect of test construction, reliability, validity and use. . . ." (14, p. 144).

Another reviewer says that "the MMPI can differentiate quite well between those who do and do not have emotional and adjustment problems in a wide variety of settings and can thus serve as an excellent screening device. . . ." (14, p. 144).

Still, a third reviewer notes

Although there is no other instrument of its kind that has been so thoroughly researched as a general test of personality, the MMPI has a number of weaknesses not the least of which is its saturation with pathological items to the exclusion or de-emphasis of some variables considered important in present day personality theories. Unfortunately other tests that might be considered competitive have equal or more serious shortcomings. As a clinical instrument used in conjunction with other tests and media of inference, the MMPI has a definitive contribution to make and is unequaled (14, p. 145).

Another instrument used in this section of the investigation was the Marital Adjustment Inventory (MAI).

The author states

The MAI provides a systematic, objective and comprehensive exploration of marriage problems. . . . Positive as well as negative aspects are revealed so
constructive and healthy psychological sexual-social relationships may be encouraged if indicated (16, p. 2).

The MAI contains 157 short question problems to which the respondent replies by circling H for husband, W for wife, and H-W for husband and wife. This instrument was standardized on 237 subjects of which 120 were male and 117 were female. The author states that scores of this group fall into three major groups, those of happily adjusted, average adjusted, and unhappily adjusted. The scores used were the Total Evaluative Score which consists of the sum of all circled responses which the author describes as the "most significant score on the MAI" (16, p. 14).

Critics of the MAI state that the test does seem to have fair face or inherent validity in the items it includes (14). The major additional validity depends on self-ratings of happiness on a five point scale ranging from "very happy" to "very unhappy." By such ratings the 237 subjects were classified into happily adjusted, average adjusted, and unhappily adjusted groups. On this basis 67 percent of the men and 59 percent of the women were considered happily adjusted, 20 percent of the men and 21 percent of the women were unhappily adjusted, and only 13 percent of the men and 20 percent of the women were found to be average adjusted. Percentile equivalents of the three adjustment levels are given in the manual. Critical scores by sex are suggested on a comparative basis (16).
One critic comments that

in view of the lack of any data on reliability and
the fact that validity is limited to inherent
content of items, marital status, and self-ratings,
there is some question about the use of the MAI in
individual diagnosis for therapeutic purpose. There
is no evidence of cross validation, and this must be
regarded as a serious shortcoming. . . . But the
paucity of test materials in the field of marriage
counseling justifies the experimental use of the
MAI. . . . In spite of these reservations, the
MAI is a welcome addition to the armamentarium of
the counselor and therapist (1, pp. 682-683).

Another instrument used in this section was the

Polyfactor Test for Marital Difficulties (Polyfactor)
(Appendix A). This is a test designed to measure the amount
and type of difficulty existing in a marriage. The scale
consists of eighty-five incomplete sentences which are
completed by the respondent and then judged by the respondent
on a four point scale as to how much difficulty each statement
represents in the marriage. The test is a self-administering
one for individuals and groups. The authors state that it is
applicable to most married people. Although it is still in
an experimental stage, this test was used due to the extreme
lack of standardized tests relating to marriage problems.
Even though this instrument is still undergoing standardization,
it nevertheless has more validity and reliability data
available than any other marriage difficulties test with the
exception of the Multiphasic Marital Inventory, which was
ruled out for use at the center due to its extreme length in
administration and scoring.
When a couple takes the Polyfactor, four total scores and thirty-six subscale scores (eighteen for the husband and eighteen for the wife) along with eighteen couples subscale and eighteen couples subscale difference scores are yielded. The subscale scores were not used in this study. The four total scale scores were used. They are (1) the Wife's Total Score which measures the amount of marital difficulty she judges their marriage to contain; (2) the Husband's Total Score which measures the amount of difficulty he judges the marriage contains; (3) the Couple's Total Score which is merely an adding of both spouses' scores; (4) the Couple's Total Difference Score which is an addition of how many score points the spouses differed on each of the eighteen subscale scores. All of a couple's scores were placed on the Polyfactor Graph of Marital Difficulties. This graphing of scores was done to keep track of a couple's scores. An example of a couple's graph of marital difficulties is found in Appendix B. This graph also shows the titles of the subscales (5).

In a population of fifty married couples seeking marriage counseling split-half reliability coefficients of correlation were found to be .92 for Wives' Total Scores, .95 for Husband's Total Scores, .97 for Couple's Total Scores, and .84 for Couple's Difference Scores. All these were significant at beyond the one percent level (4).
Walker's (19) study shows that marriage counselors' judgments of marital difficulty compared very favorably with the Polyfactor scores, yielding results significant at the .07 level for Husbands' Scores, .001 level for Wives' Scores, .01 for combined Couples' Total Scores, and .0001 for Difference Scores. The population for her study was thirty-three married couples beginning marriage counseling.

A concurrent validity study has yielded a correlation coefficient of .63 significant at the .01 level for the Husband's Total Scores, a correlation coefficient of .70 significant at beyond the .01 level for the Wives' Total Scores, a correlation of .82 significant at beyond the .01 level for Couples' Total Scores, and a correlation of .11 which was not significant for the Couples' Difference Scores. These correlations came from the clients of six marriage counselors who rated their clients' degree of marital difficulty. This study's population consisted of ninety-eight subjects making up forty-nine married couples all of which were in marriage counseling (3).

Williams (20), in a comparison of thirty couples in marriage counseling with thirty couples not in marriage counseling, found the Polyfactor to differentiate between the two groups at the .001 level on three of its four total scores. They were the Wives', Husbands', and Couple's Total Scores. The Couples' Difference Scores were nonsignificant.
Williams also found the MAI and the Polyfactor were significantly correlated for the noncounseling group but nonsignificantly correlated for the counseling group. The significant scores were Wives' Total Scores with an r of .60 significant at .01, Husbands' Total Scores having an r of .54 significant at .01, and Couples' Total Scores with an r of .71 with .01 being the significance level.

She concludes that the Polyfactor and MAI probably should not be used interchangeably, that the Polyfactor was perhaps somewhat better than the MAI for measuring husbands since the Polyfactor husband's score significance was .001, while the MAI husband's score only reached a .01 significance level. She also comments on the "open ended" nature of a Polyfactor perhaps being an advantage over the MAI in that it could possibly reveal a much greater variety of marital problems.

Edwards (16) hypothesized that there would be significant differences between intake Polyfactor scores of couples remaining married after marriage counseling and those permanently separating or divorcing, and thus, these scores would be predictive. She further hypothesized that MMPI Scales 2, 4, and 7 would be as good a measure of marital difficulty as the Polyfactor, and therefore, highly correlated. Comparing twenty couples remaining married and twenty couples becoming divorced at the end of marriage counseling, she found that
Scales 2, 4, and 7 of the MMPI do not reveal the same factors as those disclosed by the Polyfactor test. These findings demonstrate the independence of the two tests, an independence which is rather strong, judging from the near zero correlations found for all four total scores of the Polyfactor and Scales 2, 4 and 7 of the MMPI (6, pp. 50-51).

This suggests that the 2, 4, and 7 MMPI Scales are not suitable indicators of marital disharmony and the Polyfactor is not a suitable measure of personality malfunction. This, by the way, can be seen as an instance that refutes the concept that marital difficulties are related or due to personal maladjustment.

All the Polyfactor scores for the comparison of the remaining married group and the becoming divorced or permanently separated group were in the predicted direction but most did not meet the .05 test of statistical significance. Edwards decided this was inconclusive and a replication would be necessary using a larger population. However, the mean values of the Couples' Difference Scores did significantly differentiate the two groups at the .05 level. This led Edwards to conclude that this result may be interpreted as meaning that the Difference Score of the Polyfactor test significantly discriminates between the clients remaining married and the separated or divorced clients and consequently, tends to support the idea that the Difference Score can be used in successfully predicting the outcome of marriages following marriage counseling (6, p. 55).

Other studies concerning only parts of the Polyfactor have been conducted. Young (22) compared 274 subjects on validity variables of the Polyfactor and the MMPI. He used
the Polyfactor Minimization and Magnification Subscales, comparing these to the L and K Validity Scales of the MMPI. The Minimization Subscale attempts to measure the degree to which a client minimizes his marital difficulties, while the Magnification Subscale attempts to measure the degree to which a client magnifies his marital difficulties. He found that there was a definite relationship significant at the .05 level between the Minimization Subscale and the L and K Scales of the MMPI. No significant relationship was found for the Polyfactor Magnification Subscale.

Huwieler (12), working with the Polyfactor difference score, predicted that it would measure prognosis. A contrasting of differing first and second Polyfactor Difference Scores was compared with marriage counselors' ratings of forty clients' therapeutic change. Although no significant finding resulted, all results were in the predicted direction, and the study was considered inconclusive and in need of replication with a larger population.

After reviewing these studies on the Polyfactor, the conclusion was drawn that it is, if not the best researched marriage test, at least one of the best, and it, even though still considered experimental, was highly desirable for use in this investigation.
Procedure

The Experimental Study procedures were basically quite simple and consisted of only twelve major operational steps. In outline form they were

1. August 1, 1970 was picked as the starting date of the Experimental Study.

2. All couples making appointments for marriage counseling with counselors 1, 2, or 3 were considered for inclusion in the Experimental Study.

3. The counselor saw the subjects together and separately in the intake interviews and recommended the marital testing battery if the clients fitted the following criteria: (a) the couple were, in the counselor's judgment, likely to be involved for twelve sessions; (b) they were caucasian; (c) they were between, but not of, the lower-lower or lower-upper socio-economic status levels; (d) they were in need of marriage counseling rather than some other form of counseling; (e) the counselor thought he could work with the couple.

4. The clients were tested with the MMPI, Polyfactor, CPI, and MAI.

5. The clients were randomly assigned to one of the three treatment conditions of concurrent, conjoint, or group marriage counseling.

6. The MAI score was used to judge the severity of the couples' marital difficulties, and the clients were thus
judged as belonging to the mild, moderate, or severe categories of difficulty within their treatment condition.

7. In the second session the counselor reviewed the test results with the couple and they were then advised and asked to participate in twelve hours of either concurrent, conjoint, or group marriage counseling and then afterwards to retake the tests to measure progress.

8. The couples entered and remained in their respective assigned forms of counseling until each spouse had completed twelve hours of one form of marriage counseling.

9. Thirty-three couples dropped or were dropped from the experimental section of the study. These were replaced by the next available surplus couples until, according to MAI scores, there were seven couples judged to have mild difficulties, seven with moderate difficulties, and seven with severe difficulties in each treatment condition.

10. After each individual had completed twelve hours of counseling each then was retested with the MMPI, the CPI, the Polyfactor, and the MAI.

11. The data from both testings were tabulated using the following criteria:

   a. Personal adjustment was considered to be measured by the MMPI clinical scales and scales 2, 5, 6, 7, 9, 10, 15, 16, and 17 on the CPI.

   b. Social adjustment was considered measured by Scale 0 on the MMPI and scales 1, 3, 4, 8, 11, 13, and 14 on the CPI.
c. Marital adjustment was considered measured by the total individual and couple's scores on the MAI and also on the Polyfactor.

12. All data from the Experimental Study were subjected to computer analysis using the statistical treatments of analysis of variance and Scheffe's test for location of significant differences.

A number of problems, complications, and other factors arose in carrying out these twelve simple steps which made them somewhat other than they seem in outline form. For this reason and for the reasons of understanding the procedures in detail, the following items must be considered.

In the initial interview, both marital partners were seen separately and together. This was usually made possible by the center's secretaries informing clients that they should come with their spouse for the initial interview. Clients whose spouses would not enter marriage counseling with them were automatically excluded from the study. During the initial interview, the subjects were told that they would be required to take a diagnostic test battery on which their treatment plan would be based. This testing was also described to the clients as a short-cut to finding out the amount of difficulty they had, what areas of their marriages needed the most help, and which type of marriage counseling would be best for them. The aim here was to make the clients see the testing as an important part of the marriage counseling
process. Also, in this first interview the clients were told they should take the tests before the next session and that in that session their test results would be reviewed with them. These points were usually communicated in the last ten minutes of the first or initial interview, the preceding time having been spent in hearing the initial complaints, establishing rapport, and working for whatever immediate symptom relief seemed necessary. Immediately after the first interview the center's secretaries set up the clients' testing appointments and their following return sessions with the marriage counselor.

After each new couple had completed testing, their MAI was scored for severity of marital difficulties and their randomized assignment into a treatment condition was made.

In the second session with a marriage counselor, the tests were reviewed with the clients. The couple was then told which of the three types of counseling was considered best for them and that it would take a minimum of twelve one-hour, once a week, counseling sessions each (for the concurrent sessions) or twelve one-hour, once a week joint sessions (for conjoint) or six two-hour, once a week group sessions (for conjoint group). They were also told this was thought necessary for them to have a significant chance at making any lasting progress. They were then asked if they would make a verbal contract to enter into the type of treatment suggested for twelve counseling hours. If this was
firmly agreed upon, the clients were then enrolled as subjects of the experimental section of this investigation.

Next, the clients were told that after the twelve counseling hours they would retake the tests for a measurement of their progress and that there was no additional charge for the second testing. Charges were $25.00 per hour to see counselor 1, $22.00 an hour for counselor 2, and $16.00 an hour for counselor 3. All groups were $25.00 per session per couple or $12.50 a person if one's spouse had to miss a session. Tests were $15.00 a person. These varying charges, of course, represent an uncontrolled variable in this study. It was, however, necessary due to the center's policies and is perhaps beneficial in that varying costs are found in the normal practice situation. At such time the clients were told that their test scores and all other information about them would be entirely confidential but that, with their permission, their scores without their names being connected or involved might be used in an ongoing research project. No client declined usage of his or her scores for research purposes so long as his or her name was seen only by the center's staff, and all personal information was held strictly confidential.

The decision to use twelve counseling hours stemmed from the fact that ten hours post-intake procedure is the average number of sessions couples are seen in marriage counseling at the center. It was thought that an extension
slightly beyond this amount of time would be advantageous in providing a greater chance of understanding how more serious cases are affected without losing sight of the average case. Of course, this does help in losing sight of milder cases that only require a few hours of counseling. This twelve counseling hours' stipulation also led to rather large unsolved methodological problems in holding the time conditions equally constant for the three treatment groups. Since it was decided to hold the number of hours in counseling as constant as possible between pre- and post-treatment measurements for each individual subject, a varying significant variation in several other time factors was introduced. Subjects in concurrent marriage counseling were told to make their separate individual appointments in the same week if possible, but due to a lack of counseling time available this was not always possible. Thus, it was decided to just accept the fact that many concurrent appointments might be two weeks apart. This was considered to be much less of a problem for conjoint sessions and not at all a problem for group sessions. Therefore, some couples in concurrent counseling were possibly to take as long as twenty-four weeks to complete their twelve hours of individual marriage counseling, while most of those in conjoint counseling would take only twelve weeks, and those in group only six weeks on the average. Since some say that the real work of counseling goes on between the sessions, the intervening time between sessions
is seen as an immensely important uncontrolled variable. The number of counseling hours the marriage received varied since it was stipulated that each individual subject would receive twelve hours of counseling in the treatment condition. It could be said that the marriage itself was actually to receive twenty-four hours of counseling in the concurrent condition while only twelve hours in the conjoint and group conditions. However, if the proponents of the idea that "the marriage isn't present for treatment unless the couple is present together" are strictly listened to, it might be that at best the methodology called for alternate halves of the marriage to each receive twelve hours of counseling in the concurrent condition. In any case, the imbalances caused by holding the number of counseling hours constant were obviously considerable. Of course, the number of sessions must also be considered. In the concurrent condition the methodology called for twenty-four sessions per marriage, in the conjoint twelve, and in the group condition only six. For these reasons it is thought that this experiment should be in various ways repeated, holding several other time variables constant besides hours in counseling per individual spouse. It is also thought that perhaps the most relevant way this type of study could be varied would be by holding the number of sessions constant, because in common practice at the center the number of sessions, irrespective of counseling type, form, or hours has sometimes been thought to be more constant than any other factor.
From the discussion of the above mentioned intervening variables it is quite evident that the methodological approach called for the subjects to go into counseling situations varying in many ways other than merely the form of counseling they received. It was hoped that these other unexcluded intervening variables in some ways helped represent the usual conditions present in the field and were not merely artificially induced by trying to apply a laboratory developed experimental procedure.

After the initial intake interviews and testing, the couples entered their respective counseling condition. The counselors were instructed that, if at all possible, they were to keep from seeing their subject clients in any other than the form of counseling prescribed. Any subjects who were seen in emergency counseling sessions or for different reasons in other than their assigned form of counseling for more than three times were excluded, and one of the surplus couples' data replaced theirs. This resulted in the exclusion of six couples, three in the group condition, two in conjoint, and one in concurrent.

Due to the center's operating procedures, several uncontrolled counselor variables contaminated the procedures and could not be successfully countered by the methodology. One variable involves the center's professional training programs which necessitate trainees sitting in on marriage counseling sessions. It was decided that this condition was
to be accepted. Thus, an uncounted, but not large, number of all three forms of counseling had a fairly inactive co-counselor present. Also, all group marriage counseling at the center was conducted with a co-counselor system. Counselor 3 commonly acted as the co-counselor in two groups, one led by counselor 1 and the other led by counselor 2. It was decided that this situation could not be altered due to the center's way of functioning. Thus, it was planned that in six consecutive sessions of both groups, counselor 3 would be assigned to lead while the usual lead counselor would attempt to remain rather inactive. The subjects in the group condition during these six sessions were attributed to her in the data comparisons.

Another confounding variable was that all three forms of counseling tended occasionally to run overtime, but the center's groups had a habit of doing this to a much greater extent than did concurrent and conjoint sessions. No method was found to adequately balance for this occurrence other than to continually request that the counselors try not to let this happen.

After the twelfth hour was recorded for an individual, his counselor was informed and asked if it were all right for him to be contacted about taking the second battery of tests. In all but one case it was. This one case resulted in a couple being excluded from the subject sample. All subjects were called or written by the center's secretary asking them
to make a testing appointment before their next regular marriage counseling session. A large number of the subjects complained that the testing was too long and apparently for this reason five individuals representing three couples did not make testing appointments before their next session. These were dropped from the sample and replaced by couples from the surplus population. Another five couples who had been terminated in marriage counseling after their twelfth hour took more than a week after their last session to come in for testing. Such individuals who took more than four weeks to complete their testing were, along with their spouses, dropped from the study. This resulted in another three couples not being included in the sample. One individual completed half of her second testing immediately after her twelfth hour of counseling, but the other half was not finished for a month. She and her spouse were also dropped.

A number of couples terminated counseling before their twelve hours. Seven of these did so because, as they reported it, their problems were sufficiently resolved and continuation was fruitless as well as needlessly expensive. Two other couples quit, saying money was a problem. One couple was transferred to another state by the husband's business. Miscellaneous other factors, some of which are unknown, accounted for another nine couples not being included in the sample. All couples who did not complete the procedure in the Experimental Study but did finish the first testing and
the two initial interviews were included in the data presented in Table IV concerning couples dropped from the study. All told, thirty-three couples representing sixty-six subjects were dropped and were replaced by others via the previously described procedure.

The procedure for having the subjects tested was as follows. First, the center's secretaries arranged for the subjects to come in for testing. Usually this was at about 9:00 a.m. Monday through Saturday. When the subject arrived, he was taken to one of the center's two testing rooms and placed at a desk by either a secretary or a member of the center's psychology staff, often a first year practicum intern. The subject was then instructed to read the instructions on the MMPI and ask any questions he might have. These were answered, and then the subject read the instructions for the Polyfactor. If there were questions, these were discussed, and then the subject read the instructions for taking the MAI. After reading these and any resulting discussion, the subject was given the CPI instructions. Once he had finished these he was given two pencils, appropriate answer sheets and was started on the MMPI. He was also told to work at an easy but rapid pace and that the first answer he thought of was probably best. He was then offered coffee, tea, or coke and told to come to the secretary in the reception room if he had further questions. He was also informed that if his spouse was in the other testing room, and they met while taking a break, they
were not to discuss the tests in any way. Usually a secretary checked on how they were doing two or three times before they finished. During these visits the secretary also usually took any completed tests with her and told the subject that when he finished he should bring the completed tests and all other test materials to the reception counter. Nearly all of the subjects complained of the test battery's length and suggested that shorter measurements be used in the future. The receptionist placed the completed test materials in the subject's folder and this folder went into a box for folders having tests needing grading. The tests were then scored and otherwise processed for use by the counselors. This was done by either the counselors themselves or members of the center's psychology staff. Later, the test scores were copied on data sheets especially prepared for use in the Experimental Study of this investigation.

Analysis

The data collected in the Experimental Study of this investigation of marriage counseling were treated statistically at the North Texas State University Computer Center. A simple analysis of variance (15) was used to test the significance of gains from pre-treatment testing to post-treatment testing. This was done for all test data from all three treatment conditions (concurrent, conjoint, and group). When significant F ratios were found, the Sheffe's Test of all
possible comparisons was used to determine the location of the significant differences. Significance of the difference between gains in means for the three groups was tested at the .05 level.

The Quasi-Experimental Study

The purpose of this section of the investigation was to provide an elemental comparison of the effect of multiple forms of marriage counseling used in combination with those of the single forms dealt with in the Experimental Study (2). The requirements of the center did not permit the experimental control of couples being seen in multiple forms of counseling. Nevertheless, a rudimentary comparison was both feasible and desirable to achieve the most comprehensive investigation possible in this sparsely researched area.

Subjects and Counselors

The subjects were individuals comprising seven married couples who were being seen, more or less alternately, in the three forms of concurrent interview, conjoint interview, and couples' conjoint group marriage counseling. Each of these couples was considered by the marriage counselor to have marital problems sufficiently severe as to merit all three forms of counseling treatment. Therefore, these subjects were compared only to the twenty-one couples in the Experimental Study who on the MAI had been measured as having serious marital difficulties. The mean age of these subjects
was 34.50 for the wives and 38.22 for the husbands with an overall mean age of 36.32. They had an average of 2.55 children, and they had been married an average of 1.88 times. They also had been in their current marriage an average of 12.13 years.

The subjects' marriage counselors in the Quasi-Experimental Study were, as listed in the Pilot Study section, the counselors numbered 1, 2, 5, 6, and 7. The subjects were not randomly assigned to these counselors but rather were referred to their specific counselor from another source such as a former client or family physician, or the center's secretary had assigned them to a counselor on a counselor's rotating as available list when a subject was a referral or self-referral to the center itself.

These subjects were basically similar to those in the other sections of the study in that they were of the white, mostly middle-class socio-economic status and had voluntarily sought marriage counseling at the center.

**Instruments**

The measuring instruments in the Quasi-Experimental Study were the Polysfactor and the MMPI. They have been described in the Experimental Study and no further discussion is needed here.
Procedures

The Quasi-Experimental Study had the following procedures. Each of the center's marriage counselors who used a combination of conjoint, concurrent, and conjoint group marriage counseling was asked to identify and contribute to the subject pool of this section any couples being treated with all three forms of marriage counseling used in the Experimental Study. As these were contributed they were checked to see if they met the general traits of the subjects in the Experimental Study of this investigation, traits such as race and socio-economic status.

All the subjects had been administered a Polyfactor and MMPI after their first or second marriage counseling session. It was usually after this that a marriage counselor decided to use a combination of all three treatment modalities, due to the apparent seriousness of the problems. For this reason, only the Experimental Study subjects who had been shown to have serious difficulties on the MAI were used for comparison with those treated in multiple marriage counseling forms. Thus, the Quasi-Experimental Study concerns only subjects shown to have had serious marriage difficulties. At the end of the twelve sessions, which usually meant there had been approximately four concurrent interviews, four conjoint interviews, and four couples' group sessions and all having taken place in no more than about sixteen weeks, a second Polyfactor and second MMPI were readministered to the couples.
Treatment of the Data

In the Quasi-Experimental Study the Polyfactor and MMPI data were treated as described in the Experimental Study. Then they were compared to the results of the experimental section as a whole and to the results of the experimental subjects who were judged as having a severe marital problem on the MAI. A simple analysis of variance (15) was used to test for the significant difference between the subject groups receiving various combined conditions of marriage counseling. This was done for each of the hypotheses relating to personal, marital, and social adjustment. Significant F ratios were treated with the Scheffe Test to determine the location of the significant differences. Significance of the differences between the mean for the various subject groups was tested at the .05 level.

The Survey Study

The purpose of this section of the investigation was to provide an additional comparison of combined multiple forms of marriage counseling, yielding how subjects would report their feelings concerning improvement immediately after different marriage counseling sessions. In this way it was hoped that whatever influences might alter a client's responses in the intervening time between a session and a later follow-up measurement could be almost entirely eliminated (9). Thus, this Survey Study attempted to tap how the marriage counseling
subjects were affected immediately after sessions in each of a variety of marriage counseling forms.

Subjects and Counselors

In the Survey Study the subjects consisted of 200 individuals comprising 100 married couples in marriage counseling at the previously described neuropsychiatric hospital's counseling center. They had been married an average of 10.89 years, had a mean of 2.05 children and 1.17 previous marriages per individual. All were of white and of more or less middle-class ethnic life styles and also had come to the center for marriage counseling voluntarily. These subjects were all in two or more forms of either concurrent, conjoint, or group marriage counseling at the center and were chosen for inclusion in this section of the investigation for that reason. The counselors for the Survey Study were numbers 1, 2, 3, 9, 11, 14, 15, 16, 17, 18, 19, 20, and 21 as described in the Pilot Study section of this research.

Instruments

The instrument used in the Survey Study of the investigation was called Questionnaire B (Appendix C). It was designed specifically for the Survey Study and is a two-part, six-item questionnaire. The first part consists of three statements, each defining improvement in either the area of social, marital, or personal improvement. These are ranked in the
order of which one the subject thinks they were helped the most, second most, and third most. The second section of Questionnaire B asks the subjects to rate how much they think they were helped in each of the areas of personal, social, and marital adjustment. Here the questionnaire uses a seven category rating scale ranging from improvement rated as "excellent" to "things have gotten worse."

**Procedures**

All the members of the professional staff who commonly do marriage counseling were asked to contribute to the subject pool for this section of the investigation any couples they were seeing in more than one form of marriage counseling. It should be noted that at the time this study was being conducted at the center, individual interview and individual group marriage counseling were considered appropriate only for cases in which only one spouse was available for counseling, and concurrent group was considered generally second best to conjoint group. For this reason few subjects were found in these three categories and they were, thereby, excluded from the Survey Study analysis.

Following each marriage counseling session over a period of four months the counseling center's secretarial staff asked each marriage counseling client to take about three minutes to fill out Questionnaire B. This took place as the clients came from the counselor's offices to the reception area which
necessitated their stopping by or passing the secretary's area. Thus, the subjects filled out Questionnaire B no later than ten minutes after they left their marriage counselor's office. In the conjoint groups, the counselors themselves asked the group members to fill out Questionnaire B immediately after the ending of each group session. This was necessary as the group sessions occurred at night and no secretary was available.

After four months of collecting Questionnaire B's, the sample was considered large enough and the procedure was discontinued. All questionnaires which were filled out by subjects in only one form of marriage counseling and any which the marriage counselors judged as atypical clients were withdrawn from the sample. Those remaining were used for the comparison.

**Treatment of the Data**

Concerning the Survey Study data, the two parts of Questionnaire B were treated separately. Part One, which contained the rankings, was scored on a three-point system. Part Two, which contained the ratings, was scored on a seven-point system. Both were statistically treated with a simple analysis of variance (15) to determine if significant differences existed among the three forms of marriage counseling as measured by Questionnaire B. This was done for each of this section's hypotheses which concerned personal, interpersonal
or social, and marital adjustment. The Scheffe Test was applied to locate the existence of significant differences when the analysis of variance yielded significant $F$ ratios. Significance of the differences between means were tested at the .05 level.

The Poll Study

The purpose of the Poll Study was to provide a measure of former marriage counseling clients' opinions about the outcome of their marriage counseling after sufficient time had elapsed to allow for more long lasting effects to be evident (11).

Subjects and Counselors

The subjects in Poll Study were originally 400 former marriage counseling clients who had not been seen in marriage counseling or any other form of counseling at the center from one to three years. These subjects represented 200 marriages. They were selected by reviewing the center's files and finding the most recent 200 couples whose files indicated they had been seen in five or more marriage counseling sessions but who had not been seen in marriage counseling for over a year, whose files indicated they had terminated in counseling, and for whom there was a reliable address for both spouses. Thus, 200 males and 200 females who had finished marriage counseling at the center were chosen for inclusion in the Poll Study.
The mean age of these 400 subjects was 35.16, with the mean age for females being 34.46 and the mean age for males being 37.11. They had been married an average of 13.03 years and had a mean of 2.91 children.

Those who returned the mailed-out questionnaires which made up the measuring instruments used in the Poll Study numbered 209. Of these, 118 were female and 91 were male, and these represented 156 marriages or former marriages dealt with in counseling at the center. Of these, 208 subjects returned usable questionnaire A's and 209 returned usable questionnaire B's. One female did not return a properly filled out Questionnaire A. One hundred and seventeen of the subjects who had returned their questionnaires had been seen in only one form of marriage counseling. The other ninety-two had been seen in multiple forms of marriage counseling. In the treatment of the data these two groups were divided for separate statistical analysis.

The counselors for this section consisted of those described in the Pilot Study which were designated as counselor 1, 2, 3, 4, 6, 13, 14, 15, 16, 19, 20, and 21. They had each seen a mean of sixteen of these couples.

**Instruments**

Questionnaire A (Appendix D) is a thirty-six item questionnaire aimed at measuring the improvements an individual may have experienced as a result of marriage counseling. The
subject is asked on the first twelve statements to judge his amount of improvement on a seven point scale with replies ranging from "excellent improvement" to "worsened." Of these twelve statements, four are designated as measuring personal improvement, four social improvement, and four marital improvement. The next twenty-four items are true-false statements of which the areas of social, marital, and personal improvement have eight items each. Rating and true-false subscores are yielded for each of the three areas of adjustment. These three are then added for an overall improvement score.

Questionnaire C (Appendix E) has three one-paragraph statements. Each of these paragraphs describes one area of adjustment which is either personal, social, or marital. Below each of the three paragraphs the subject is asked to rate which of the three forms of marriage counseling helped the subject the most in the area described in the paragraph he has just read.

Questionnaire C is a short simple instrument whose terms directly relate to the purpose of the investigation. The items in Questionnaire C were like those of Questionnaire A, made directly from "Definition of Terms," Chapter I.

Questionnaire C is not scored but is merely tallied. The tallied responses of the subjects are added together to see how many respondents chose a particular form of marriage counseling as helping most in each of the three areas of adjustment.
Procedures

In the Poll Study, all 200 former marriage counseling couples, comprising 400 former clients who had been selected as appropriate for this section of the investigation, were sent Questionnaires A and C. Accompanying these was a letter (Appendix F) asking the subjects to fill out the questionnaires and return them using an enclosed addressed and stamped envelope. After one month a second letter (Appendix G) was sent to those who had not yet returned the questionnaires asking them to do so.

All returned questionnaires were divided into the following eleven categories.

1. Subjects seen only in concurrent interview marriage counseling.

2. Subjects seen only in conjoint interview marriage counseling.

3. Subjects seen only in conjoint couples' group marriage counseling.

4. Subjects seen only in concurrent interview and individual group marriage counseling.

5. Subjects seen only in concurrent interview and couples' group marriage counseling.

6. Subjects seen only in concurrent interview and conjoint interview marriage counseling.

7. Subjects seen only in conjoint interview and individual group marriage counseling.
8. Subjects seen only in conjoint interview and couples' group marriage counseling.

9. Subjects seen only in conjoint interview, concurrent interview, and couples' group marriage counseling.

10. Subjects seen only in conjoint interview, concurrent interview, and individual group marriage counseling.

11. Subjects seen only in conjoint interview, concurrent interview, couples' group, and individual group marriage counseling.

The other possible combinations did not occur in sufficient numbers among the 200 couples to merit consideration here. Only five or less subjects returned questionnaires in categories 4, 5, and 7, and thus, these categories were dropped before statistical comparisons were made.

Treatment of the Data

For the Poll Study of this investigation a simple analysis of variance (15) for Questionnaire A, and a standard error of difference between proportions formula (8) for Questionnaire C were used to test the significance of differences between the groups of subjects who completed marriage counseling, in which they were treated with the various combinations of marriage counseling forms previously described. Significance of the differences between proportions of the various subject groups was tested at the .05 level. All data was punched in IBM cards and then submitted to the North Texas State University Computer Center for statistical processing.
CHAPTER BIBLIOGRAPHY


CHAPTER IV
RESULTS AND DISCUSSION

The purpose of this chapter is to present, interpret, analyze, and discuss the results of this investigation concerning the six basic forms or modalities in which marriage counseling is commonly conducted. The major statistical results of each of the five study approaches used are presented in relation to the previously stated hypothesis. The .05 level of significance was accepted as the minimum basis upon which each hypothesis would be accepted or rejected.

The Pilot Study Findings

Hypothesis A Results

It was hypothesized that "the marital outcomes of the subjects treated predominately by any one of the six basic forms of marriage counseling would be significantly independent from the outcomes of subjects treated by the other five basic forms of marriage counseling." The statistical test for independence was chi square.

The treatment of the data resulted in comparing the six forms of marriage counseling with the six marital outcome categories to determine if certain counseling forms led to a
significantly higher frequency of particular outcomes (Table V). The computer treated data resulted in a chi square figure of 156.94 with twenty-five degrees of freedom. This, in turn, resulted in a probability of independence among the outcome categories significant at well beyond the .001 level of confidence. Due to this finding, Hypothesis A of the Pilot Study was accepted. Thus, the results indicate that the different forms of marriage counseling studied almost certainly resulted in different outcomes.

**Hypothesis B Results**

It was hypothesized that "the independence of the six basic forms, one from another, would allow the rank ordering of the six marriage counseling forms from 'most effective' to 'least effective' according to the outcome ratings."

Two ranking systems were used to cross check each other. Both systems used the data presented in Table VI. This table lists the six forms of marriage counseling in the columns and the six categories of outcome in the rows. The rows also give the observed frequency percentages and expected frequency percentages which were subtracted from the above to give the percentage differences between observed and expected frequency percentages.

In the first system for ranking the forms of marriage counseling for effectiveness, several preliminary steps were necessary. First, the observed frequency percentages which
TABLE V
PILOT STUDY CHI SQUARE COMPARISON BETWEEN FORMS OF MARRIAGE COUNSELING AND MARRIAGE COUNSELING OUTCOME

<table>
<thead>
<tr>
<th>Counseling Conditions</th>
<th>Outcome Category</th>
<th>Poor</th>
<th>%</th>
<th>Married</th>
<th>Moderate</th>
<th>%</th>
<th>Good</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(I. Observed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Interview</td>
<td>18</td>
<td>2.32</td>
<td>29</td>
<td>3.75</td>
<td>2</td>
<td>0.25</td>
<td></td>
</tr>
<tr>
<td>Concurrent</td>
<td>Interview</td>
<td>50</td>
<td>6.46</td>
<td>65</td>
<td>8.40</td>
<td>10</td>
<td>1.29</td>
<td></td>
</tr>
<tr>
<td>Conjoint</td>
<td>Interview</td>
<td>47</td>
<td>6.08</td>
<td>157</td>
<td>20.31</td>
<td>55</td>
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<td>10</td>
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<td>.25</td>
<td></td>
</tr>
<tr>
<td>Concurrent</td>
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<td>9</td>
<td>1.16</td>
<td>10</td>
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<td>.12</td>
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<tr>
<td>Conjoint</td>
<td>Group</td>
<td>9</td>
<td>1.16</td>
<td>43</td>
<td>5.56</td>
<td>20</td>
<td>2.58</td>
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</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>141</td>
<td>18.24</td>
<td>314</td>
<td>40.62</td>
<td>90</td>
<td>11.64</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>2.10</td>
<td>36</td>
<td>4.67</td>
<td>10</td>
<td>1.34</td>
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<tr>
<td>Concurrent</td>
<td>Interview</td>
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<td>4.43</td>
<td>76</td>
<td>9.87</td>
<td>22</td>
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<tr>
<td>Conjoint</td>
<td>Interview</td>
<td>53</td>
<td>6.91</td>
<td>119</td>
<td>15.39</td>
<td>34</td>
<td>4.41</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>Group</td>
<td>7</td>
<td>.96</td>
<td>16</td>
<td>2.15</td>
<td>4</td>
<td>.61</td>
<td></td>
</tr>
<tr>
<td>Concurrent</td>
<td>Group</td>
<td>7</td>
<td>.99</td>
<td>17</td>
<td>2.20</td>
<td>4</td>
<td>.63</td>
<td></td>
</tr>
<tr>
<td>Conjoint</td>
<td>Group</td>
<td>21</td>
<td>2.83</td>
<td>49</td>
<td>6.30</td>
<td>13</td>
<td>1.80</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>141</td>
<td>18.24</td>
<td>314</td>
<td>40.62</td>
<td>90</td>
<td>11.64</td>
<td></td>
</tr>
</tbody>
</table>

Chi Square: 156.942
Degrees of Freedom: 25
Contingency Coefficient: 0.410
Significance: 0.000 $P = .0001^*$

*very significant
### TABLE V--Continued

<table>
<thead>
<tr>
<th>Outcome Category</th>
<th>Divorced</th>
<th>Moderate</th>
<th>Good</th>
<th>Row Totals</th>
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<tbody>
<tr>
<td></td>
<td>Poor</td>
<td>Moderate</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td><strong>f</strong></td>
<td><strong>%</strong></td>
<td><strong>f</strong></td>
<td><strong>%</strong></td>
<td><strong>f</strong></td>
</tr>
<tr>
<td>9</td>
<td>1.16</td>
<td>26</td>
<td>3.36</td>
<td>5</td>
</tr>
<tr>
<td>24</td>
<td>3.10</td>
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</tr>
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<td>16</td>
<td>2.06</td>
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<td>1.68</td>
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<td>1.03</td>
<td>10</td>
<td>1.29</td>
<td>3</td>
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<tr>
<td>6</td>
<td>.77</td>
<td>9</td>
<td>1.16</td>
<td>7</td>
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<tr>
<td>6</td>
<td>.77</td>
<td>28</td>
<td>3.62</td>
<td>14</td>
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<tr>
<td><strong>69</strong></td>
<td><strong>8.92</strong></td>
<td><strong>118</strong></td>
<td><strong>15.26</strong></td>
<td><strong>41</strong></td>
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<tr>
<td>8</td>
<td>1.02</td>
<td>13</td>
<td>1.75</td>
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<td>16</td>
<td>2.17</td>
<td>28</td>
<td>3.71</td>
<td>9</td>
</tr>
<tr>
<td>26</td>
<td>3.38</td>
<td>44</td>
<td>5.78</td>
<td>15</td>
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<td>3</td>
<td>.47</td>
<td>6</td>
<td>.80</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>.48</td>
<td>6</td>
<td>.82</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>1.38</td>
<td>18</td>
<td>2.36</td>
<td>6</td>
</tr>
<tr>
<td><strong>69</strong></td>
<td><strong>8.92</strong></td>
<td><strong>118</strong></td>
<td><strong>15.26</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>
TABLE VI
THE OBSERVED AND EXPECTED FREQUENCY PERCENTAGES AND THEIR DIFFERENCES AMONG OUTCOMES OF MARRIAGE COUNSELING ACCORDING TO EACH FORM OF MARRIAGE COUNSELING

<table>
<thead>
<tr>
<th>Outcome Categories &amp; Percentages</th>
<th>TYPES OF MARRIAGE COUNSELING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Interview</td>
</tr>
<tr>
<td>Poor</td>
<td>.22</td>
</tr>
<tr>
<td>and Ex</td>
<td>2.10</td>
</tr>
<tr>
<td>Married Df</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>-.92</td>
</tr>
<tr>
<td>and Ex</td>
<td>3.75</td>
</tr>
<tr>
<td>Married Df</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>-.25</td>
</tr>
<tr>
<td>and Ex</td>
<td>1.34</td>
</tr>
<tr>
<td>Married Df</td>
<td>-.10</td>
</tr>
<tr>
<td>Poor</td>
<td>.14</td>
</tr>
<tr>
<td>and Ex</td>
<td>1.16</td>
</tr>
<tr>
<td>Divorced Df</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>-.14</td>
</tr>
<tr>
<td>and Ex</td>
<td>1.02</td>
</tr>
<tr>
<td>Divorced Df</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>.64</td>
</tr>
<tr>
<td>and Ex</td>
<td>.61</td>
</tr>
<tr>
<td>Divorced Df</td>
<td>.03</td>
</tr>
</tbody>
</table>

*Ob = Observed frequency percentages  
Ex = Expected frequency percentages  
Df = Difference between observed and expected frequency percentages
were greater than those expected in the "poor and married" and also in the "poor and divorced" categories were given a negative value, thus indicating categories in which the outcome was worse than that expected by chance. Next, the two "moderate" and the two "good" categories which contained percentages which were less than those expected were also given a negative value. This indicated that the outcome in these categories had also been worse than expected according to chance. The remaining percentage figures were given positive values indicating outcomes which had been as good or better in counseling effectiveness than was expected by chance.

Each of the counseling forms resulting in worse than expected percentage scores were then subtracted from their better than expected percentages. According to the resulting figures, which were arranged in descending numerical order, the six forms of marriage counseling were ranked for effectiveness according to the subjects' rated outcome.

The second rank order system was exactly like the first except that difference percentage scores ranging from .00 up to .49 were not used. As a consequence only the twenty-four largest figures were used, showing the differences between observed and expected outcomes which appear in Table VI. This was done to remove the effect of the smaller, and therefore probably less significant, differences.
Table VII gives results of the rank ordering of the six forms of marriage counseling for effectiveness according to outcome. For the total subjects the order of most effective to least effective as shown by the table is as follows,

First--Conjoint Interview (4.29 by both systems)
Second--Conjoint Group (3.56 by both systems)
Third--Concurrent Group by the first system (-.44) and Individual Interview (.59) by the second
Fourth--Individual Interview (-.73) by the first and Concurrent Group (.02) by the second system
Fifth--Individual Group (-1.35 and -1.42)
Sixth--Concurrent Interview (-2.97 and -3.02)

From this ranking it is easy to see that those who state that the newer method of conjoint interview marriage counseling is superior have their views supported. Also, those favoring the conjoint group approach have evidence backing their claim that this is a good modality. Most surprising is the indication that the concurrent interview system, which is still the most popular form of marriage counseling, may in fact be the least effective form.

Table VII breaks down the subject population into those whose counseling outcome was to remain married and those who became divorced. From the table it is found that the rank order of marriage counseling modalities, for those remaining married, is as follows:
TABLE VII
CUMULATIVE DIFFERENCES FOR EACH FORM OF MARRIAGE COUNSELING AND THE RESULTING RANK ORDER OF MARRIAGE COUNSELING EFFECTIVENESS USING TWO SYSTEMS OF RANKING

<table>
<thead>
<tr>
<th>Ranking Categories by Two Systems</th>
<th>Individuals Interview</th>
<th>Concurrent Interview</th>
<th>Conjoint Interview</th>
<th>Individuals Group</th>
<th>Concurrent Group</th>
<th>Conjoint Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Rank</td>
<td>% Rank</td>
<td>% Rank</td>
<td>% Rank</td>
<td>% Rank</td>
<td>% Rank</td>
</tr>
<tr>
<td>First System all Subjects</td>
<td>- .73 4th</td>
<td>-2.97 6th</td>
<td>4.29 1st</td>
<td>-1.35 5th</td>
<td>- .44 3rd</td>
<td>3.56 2nd</td>
</tr>
<tr>
<td>Second System all Subjects</td>
<td>.59 3rd</td>
<td>-3.02 6th</td>
<td>4.29 1st</td>
<td>-1.42 5th</td>
<td>.02 4th</td>
<td>3.56 2nd</td>
</tr>
<tr>
<td>First System Ss Remaining Married</td>
<td>-2.24 6th</td>
<td>-2.09 5th</td>
<td>8.45 1st</td>
<td>-1.38 3rd</td>
<td>-1.58 4th</td>
<td>.70 2nd</td>
</tr>
<tr>
<td>Second System Ss Remaining Married</td>
<td>-2.02 5th</td>
<td>-2.09 6th</td>
<td>8.45 1st</td>
<td>-1.21 3rd</td>
<td>-1.41 4th</td>
<td>.70 2nd</td>
</tr>
<tr>
<td>First System Ss Becoming Divorced</td>
<td>1.51 2nd</td>
<td>-.88 5th</td>
<td>-4.16 6th</td>
<td>.03 4th</td>
<td>1.14 3rd</td>
<td>2.86 1st</td>
</tr>
<tr>
<td>Second System Ss Becoming Divorced</td>
<td>1.60 2nd</td>
<td>-.93 5th</td>
<td>-4.16 6th</td>
<td>-.56 4th</td>
<td>1.43 3rd</td>
<td>2.86 1st</td>
</tr>
<tr>
<td>Mean Rank from both Systems</td>
<td>- .55 (3.6)</td>
<td>-11.98 (5.5)</td>
<td>17.16 (2.6)</td>
<td>-5.89 (4.0)</td>
<td>- .84 (3.5)</td>
<td>14.24 (1.5)</td>
</tr>
<tr>
<td>Final Rank from Mean Rank</td>
<td>Fourth</td>
<td>Sixth</td>
<td>Second</td>
<td>Fifth</td>
<td>Third</td>
<td>First</td>
</tr>
</tbody>
</table>

212
First--Conjoint Interview (8.45 by both ranking systems)
Second--Conjoint Group (.70 by both systems)
Third--Individual Group (-1.38 and -1.21)
Fourth--Concurrent Group (-1.58 and -1.41)
Fifth--Concurrent Interview (-2.09) by the first system and Individual Interview (-2.01) by the second
Sixth--Individual Interview (-2.24) by the first system and Concurrent Interview (-2.09) by the second system.

Generally, it has been thought that the individual interview form of marriage counseling was poorest. These results offer some confirmation of that concept. At least this is true when the goal is mostly that of assisting clients in remaining married. However, as was previously shown in the ranking for all subjects, this form may be ranked as high as third most effective form of marriage counseling when considering both those who become compatibly married and those who become compatibly divorced clients.

For those remaining married the highly popular form of concurrent interview marriage counseling is still ranked as one of the least effective modalities by these results. Conjoint interview is measured here as being by far the most effective form in helping clients to remain married. Conjoint group is a very poor second. The individual and concurrent group modalities appear quite similar and also quite mediocre in their effectiveness.
The ranking of the six forms for counseling effectiveness shown in Table VII gives the following order for those clients becoming divorced.

First--Conjoint Group (2.86 by both ranking systems)
Second--Individual Interview (1.60 by the first and 1.51 by the second ranking system)
Third--Concurrent Group (1.43 and 1.14)
Fourth--Individual Group (.03 and -.56)
Fifth--Concurrent Interview (.93 and -.88) and
Sixth--Conjoint Interview (-4.16 for both systems)

Several very interesting things occur when examining the ranking for those who become divorced. First, it is obvious that the conjoint group modality seems to have resulted in the best or at least markedly less destructive divorces. This appears to be so to a considerable extent.

Second, and quite surprisingly, conjoint interviews were perhaps the worst approach for those clients who ended their marriages. A great need for predictive diagnosis is evident if, as indicated here, conjoint interviews are proven to be the most effective form for those remaining married but at the same time the least effective form for those divorcing. Naturally, a combination of both might be advisable. This may, however, be a highly artificial finding. One factor affecting this result is that a very large percentage of subjects who were treated with a conjoint interview approach did not end their marriage, thus leaving a considerably disproportionate group
who obtained divorces. This could conceivably have resulted in an artificially constructed bimodal distribution which in turn produced these results.

It is not surprising that the individual interview form ranks high in outcome effectiveness with those who obtain divorces. Many marriage counseling clients are thought to enter such counseling because their spouse will not participate in the solving of the marital problems. Thus, the individual interview form frequently becomes divorce counseling, and fairly healthy divorces should result from a form of counseling which may often end up focusing on how to help one spouse out of a bad marital situation.

For those becoming divorced, concurrent group seems to be more effective than individual group. Concurrent interviews are once again quite low in the ranking of effectiveness.

Figuring a mean of all the numerical results presented in Table VII is perhaps a bit artificial, but it does offer one further way to examine the relative order of effectiveness for the various forms of marriage counseling. This mean results in conjoint group being shown as the most effective form of marriage counseling. This finding is due to the conjoint group form's high ratings among both married and divorced former marriage counseling clients. Quite close behind this form is conjoint marriage counseling. The conjoint interview, in fact, may have been better than the conjoint group modality, and its second place rating here may be an artificiality resulting from
this particular way of treating the data. In any case, the two conjoint forms clearly showed themselves to be the most effective forms of marriage counseling in this Pilot Study investigation.

Concurrent and individual group seem, on the whole, to produce rather similar outcomes and are seen as mediocre treatment modalities. Individual interviews do not quite live up to their poor reputation and further research and development of this modality seems potentially worthwhile.

The finding that the most common form of marriage counseling, that of concurrent interviews, may be the least effective approach to marital difficulties is seen as one needing much corroboration before it should be taken as a result meriting any changes in standard marriage counseling practice.

Summary Discussion of Pilot Study Results

Extreme caution is urged in interpreting the above results. It must be remembered that this was only a pilot study and lacked most of the cautious controls and experimental rigor of the more usual research effort.

The chi square and its resulting high significance level does tend to support the findings of others whose work showed marked differences existed between various forms of marriage counseling, such as Ehrenkranz (3) and Burton and Kaplan (1). The results of this pilot investigation do imply that different outcomes in marriage counseling can be expected when different
forms of marriage counseling are used and that some forms are superior to others in effectiveness.

The rank ordering of the forms advances the concept that the conjoint interview and conjoint group are the most effective forms, although conjoint interviews may have advantages for those who divorce. Quite surprisingly, concurrent interview marriage counseling ranked as least or next to least effective of the six modalities studied. If further research corroborates this, it means that the most common form of marriage counseling may be the worst form among the six basic approaches.

It may very well be that concurrent interviews would tend to work better with certain groups of clients such as older people or the poor since both are commonly thought to be less affected by the newer, less secret, more open life styles. Indeed, when the mean age and education levels of this study's subjects are examined, it is easy to assume that they might not tend to favor the more unrevealing machismo concepts common to the poor and the greater discrete privacy orientations of the somewhat older. Thus, one might assume that where older ways prevail, the more secretive and perhaps less embarrassing concurrent interview system might show better results. An interesting hypothesis to test would be that the greater the embarrassment level, the more effective a concurrent interview approach would be.
The individual interview form, wherein only one spouse receives marriage counseling, is generally the modality decried as being least effective. The results of this study suggest this form may be rather poor for those remaining married but quite helpful in assisting a client obtain a healthy or compatible divorce. For those remaining married, it ranks equally low with the concurrent interview form.

The ranking results on the other forms showed them to be of mixed and mediocre effectiveness. Generally, the group forms of marriage counseling were more effective than the interview forms and this especially seemed so for those whose outcome was divorce.

There are numerous reasons why these Pilot Study findings should be considered highly tentative and probably suitable only for further hypothesis building and testing. This is appropriate because no controls for age factors, type and severity of problem, and socio-economic status were used.

One fact that might have great bearing on the results is that even though the twenty-one counselors connected to the center where this research was done seemed very different from each other, they may have actually been "birds of a feather flocking together." This, and a great many other intervening variables, may have helped cause the results of this investigation rather than the differences in the six treatment forms. Some credence being given to the findings does seem merited, however, since the study does involve the
rather respectable subject population size of 773 clients, the fair size number of twenty-one different marriage counselors, and covers clients seen over a five year period. Nevertheless, over interpretation of these findings is strongly discouraged due to the simplistic research design and data treatment used.

In spite of the numerous lackings of this Pilot Study effort, three tentative conclusions seem merited. The first is that the evidence rather strongly suggests that different forms of marriage counseling tended to produce different marriage counseling outcomes. The second potential conclusion is that some forms, especially the conjoint ones, are superior to others. The third and probably most reliable conclusion is that a considerable amount of further research is both merited and needed to affirm or negate these and other concepts about the differences in various forms of marriage counseling.

The Experimental Study Findings

The purpose of this section of the investigation was to provide a rigorous and controlled comparative examination of the three most popular forms of marriage counseling. These three forms are concurrent interview, conjoint interview, and conjoint group marriage counseling. Of the six major forms, these three are generally thought to be the most productive and effective marriage counseling modalities. For that reason they were selected for more careful "experimental" evaluation.
Reducing Psychopathology via Concurrent Interview Marriage Counseling

Hypothesis A of the Experimental Study stated that "subjects in concurrent interview marriage counseling would show a significantly greater mean reduction in personal psychopathology as measured by the Minnesota Multiphasic Personality Inventory (MMPI) clinical scales than would subjects in conjoint interview or conjoint group marriage counseling."

An analysis of variance followed by a Scheffe's Test of all possible comparisons was conducted between each of the MMPI clinical scale's pre- and post-treatment measures of psychopathology. A pre- and post-treatment aggregate score made up of the sum of the clinical scale scores was also computed for each subject. These scores were then subjected to an analysis of variance and Scheffe's Test.

Table VIII shows the means and F ratios resulting from the analysis of variance and their probability or significance level. Three of the eight MMPI clinical scales and the aggregate score were shown to have varied significantly in a decreasing manner. These were the scales for depression, paranoia, and psychasthenia.

The Scheffe's Test was used to find which of the three treatment conditions contained the significant differences for each MMPI scale. The Scheffe's Test results along with means and standard deviations locating the differences and the treatment forms measured as most beneficial are found in
<table>
<thead>
<tr>
<th>MMPI Clinical Scales</th>
<th>Total Mean Pre- to Post-Counseling Difference</th>
<th>F Ratio</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale 1 (Hs)</td>
<td>-3.22</td>
<td>1.57</td>
<td>.21</td>
</tr>
<tr>
<td>Scale 2 (D)</td>
<td>-6.30</td>
<td>5.11</td>
<td>.01**</td>
</tr>
<tr>
<td>Scale 3 (Hy)</td>
<td>-2.77</td>
<td>0.53</td>
<td>.58</td>
</tr>
<tr>
<td>Scale 4 (Pd)</td>
<td>-2.74</td>
<td>0.69</td>
<td>.50</td>
</tr>
<tr>
<td>Scale 6 (Pa)</td>
<td>-2.15</td>
<td>3.00</td>
<td>.05*</td>
</tr>
<tr>
<td>Scale 7 (Pt)</td>
<td>-4.57</td>
<td>3.71</td>
<td>.02*</td>
</tr>
<tr>
<td>Scale 8 (Sc)</td>
<td>-3.51</td>
<td>0.03</td>
<td>.96</td>
</tr>
<tr>
<td>Scale 9 (Ma)</td>
<td>-1.36</td>
<td>1.80</td>
<td>.16</td>
</tr>
<tr>
<td>Aggregate Scale</td>
<td>-26.27</td>
<td>3.94</td>
<td>.02*</td>
</tr>
</tbody>
</table>

*Fairly significant

**Very significant
Table IX. This data shows that three of the four significant differences shown in Table VIII were attributable to the concurrent interview form of marriage counseling producing reduced psychopathology.

Clearly, the MMPI clinical scales measuring depression and psychasthenia, as well as the MMPI aggregate of scores on the clinical scales, did show significant reductions in psychopathology occurring in the concurrent interview form of marriage counseling. Improvements were not found in the two conjoint forms. However, six of the nine MMPI measures used did not demonstrate any significant reduction in psychopathology. Thus, it can be said that Hypothesis A was not strictly confirmed and was only partially supported.

Discussion of the MMPI Clinical Scale Findings
Table VIII shows that all eight of the MMPI clinical scales' post-treatment testing scores demonstrated a reduction from the pre-treatment scores. This helped produce an aggregate drop in scores of approximately twenty-six scaled score points on the MMPI which was significant beyond the .05 level of confidence. Table IX shows that subjects in concurrent interview marriage counseling dropped an average of forty-three points while those in conjoint group reduced their overall MMPI scores an average of about twenty-four points. Furthermore, those treated with conjoint interview marriage counseling lost only eleven points on the average. The F ratio between
| WMPI Clinical Scales | Concurrent Interview Marriage Counseling | Two Other Marriage Counseling Modalities | | |  |
|----------------------|------------------------------------------|-----------------------------------------|--|--|
|                      | Mean | S.D. | Mean | S.D. | F   | Mean | S.D. | F   |
| Scale 1 (Hs) Hypochondria | -4.85 | 11.07 | -3.12 | 5.74 | 0.46 | -1.69 | 6.67 | 1.57 |
| Scale 2 (D) Depression | **-10.97** | 13.79 | -3.00 | 11.15 | 4.64* | -4.85 | 10.52 | 2.76 |
| Scale 3 (Hy) Hysteria | -3.83 | 11.73 | -1.82 | 6.62 | 0.52 | -2.64 | 7.37 | 0.18 |
| Scale 4 (Pd) Psychopathia | -4.00 | 10.54 | -1.63 | 7.72 | 0.68 | -2.57 | 9.14 | 0.25 |
| Scale 5 (Pa) Paranoia | -4.83 | 10.30 | -0.95 | 7.97 | 2.05 | -0.64 | 7.61 | 2.42 |
| Scale 7 (Pt) Psychasthenia | **-6.88** | 8.98 | -1.60 | 10.06 | 3.57* | -5.16 | 7.73 | 0.38 |
| Scale 8 (Sc) Schizophrenia | -3.40 | 9.19 | -3.34 | 8.62 | 0.00 | -3.78 | 8.27 | 0.02 |
| Scale 9 (Ma) Hypomania | 0.78 | 10.33 | -2.73 | 7.90 | 1.54 | -2.19 | 8.89 | 1.12 |
| Aggregate Scale | **-43.14** | 57.40 | -11.36 | 55.34 | 3.88* | -23.95 | 41.69 | 1.43 |

*Significant beyond the .05 level.

**Location of the treatment modality showing the greatest improvement among the three.

Note: A Scheffe's F of 3.05 or larger was needed to produce significance at the .05 level of confidence. This table only shows the F comparisons between concurrent interviews and the two other marriage counseling forms. All comparisons between conjoint interview and conjoint group were nonsignificant.
concurrent and conjoint interview forms was significant. The F ratio between concurrent interview and conjoint group was not. The standard deviations showed a little less spread in the group condition's scores, but on the whole all three conditions produced a fairly uniform spread.

From these MMPI aggregate score findings it was possible to draw several tentative conclusions and suggestions for practice:

1. Concurrent interview marriage counseling is more likely to produce a reduction in individual psychopathology than is conjoint interview marriage counseling.

2. Conjoint group marriage counseling may also produce some of the same reduced psychopathology, but the likelihood of that is much less certain. Therefore, considerably more research on this point is deemed quite desirable.

3. These findings suggest that if a marriage counseling case includes individual psychopathology seen to be in need of reduction, three possibilities are to be considered.
   a. Concurrent interview sessions are most likely to help in attaining such a reduction.
   b. There is more risk in using conjoint group to attain this reduction.
   c. Conjoint interviews cannot be expected to be of much help in reducing individual psychopathology.

An additional research question was arrived at in reviewing these findings: would concurrent group marriage
counseling significantly reduce individual psychopathology more than conjoint group sessions or concurrent interviews?

The MMPI Depression Scale showed the most marked pre-treatment to post-treatment reduction in mean scores. Table VIII shows it to have been the only reduction significant at the very consequential .01 level.

Several considerations about the nature of this scale are necessary before interpreting the finding. First, the Depression Scale is considered to be quite mercurial and to generally produce higher scores among agitated individuals, be they normal or pathological in psychological health. It seems reasonable to assume that some of this Depression Scale reduction was perhaps due to a general decrease in "bad feeling" which would have come with factors such as "just the knowledge that something was being done about the problem, etc." The Depression Scale is also thought to be a "hurt" or "pain" scale including, among other factors, feelings of hopelessness, pessimism, slowed action and thought, general unhappiness, sense of failing, and excessive anxiety. It also is found to be mostly a reflector of current mood and has low test-retest stability, especially among high scorers (2). All of these factors might be seen as typical of most couples entering marriage counseling. A reduction, even if only temporary, could also, perhaps, be expected with couples who did not rapidly abort their marriage counseling effort.
Table IX shows that concurrent interviews did indeed show a significantly greater reduction in depression than did conjoint interviews. Although not statistically significant, a trend toward concurrent interviews being more effective in depression reduction than conjoint groups seems indicated.

This data was interpreted as supporting the following recommendation: If there is salient individual depression to be reduced in a marriage counseling case, concurrent sessions will probably be more effective than conjoint interview or group sessions in making such a reduction.

Table VIII shows that MMPI Scale 6, the paranoia measure, was significantly reduced at the .05 level. This is a scale containing, among other things, items indicating pervasive suspiciousness, ideas of reference and persecution, evasiveness and defensiveness, as well as belief that unwarranted pressure has been placed on oneself, all of which can easily be seen to be typical of many marriage counseling clients (2). Table IX shows that none of the three marriage counseling forms was significantly different from the others in reducing paranoia. The mean for the concurrent interview condition is considerably more reduced, but this is apparently negated by the standard deviations which are all rather similar. Thus, paranoia may be reduced by any of the three forms of marriage counseling studied here. There is a little evidence to suggest
that further research might eventually show the concurrent interview form to be more effective.

One additional consideration might be made in analyzing this scale as it relates to marriage counseling. One interpretation of paranoid states is that they indicate that a person is feeling a distinct decrease or lack of inter-relational importance and that the paranoid symptoms are mainly compensation for this sense of decreased worth in the eyes of significant others (2). With such an understanding of paranoid dynamics it can easily be expected that many individuals entering marriage counseling could be expected to score high on Scale 6. Thus, successful marriage counseling of any form or type might be expected to yield lowered paranoia scores.

Table VIII shows that MMPI Scale 7 measuring psychasthenia was significantly lowered beyond the .05 level of confidence. Scale 7 is generally thought to be another "hurt" or "pain" scale, perhaps basically measuring anxiety. Its items are interpreted as revealing, among other factors, a sense of dread, doubts about self competence, a high fear level, worrying, guilt feelings, vacillation in decision making, self-debasement, and a defensive attempt at unemotional aloofness from personal conflict resulting in symbolic dealing with suppressed or repressed turmoil through obsessive-compulsive behaviors (2). Anxiety and the other components mentioned above can certainly be expected of many of the couples
entering marriage counseling. Its reduction, even if only temporary, could also be expected in on-going marriage counseling.

Table IX shows that while all three forms of marriage counseling demonstrated a reduction on Scale 7, concurrent marriage counseling was the only modality showing a significant reduction at or beyond the .05 level when compared with conjoint interviews. Conjoint group was rather "in between" the other two forms. Thus, it may also reduce anxiety, among other factors, but not as well as concurrent interviews. Conjoint interviews showed a very small reduction on this scale.

It may be that the individually supportive actions possible in concurrent interview counseling sessions may account for reduced anxiety. Also, the revealing of problem areas to open awareness could, coupled with supportiveness, reduce the obsessive-compulsive features. Group counseling might also produce these two things to a high degree. Conjoint interviews which tend to maintain face to face interaction could quite conceivably maintain a higher level of anxiety, and this could account for the very small reduction in Scale 7 scores recorded among those so treated.

A conclusion drawn from these results indicates that if a reduction in anxiety is deemed desirable in a marriage counseling case, the use of concurrent interviews is suggested. Conversely, since some anxiety has been shown to be
motivationally useful in counseling, use of conjoint interviews may be desirable in measuring or minimizing the reduction of such useful anxiety.

The evidence indicates that, generally speaking, concurrent interviews are more useful in reducing depression, anxiety, and perhaps general psychopathology than are conjoint interviews. The trend of the evidence also indicates that there is some reason to believe conjoint group may also have a similar effect but to a lesser degree. Thus, conjoint group seems desirable only with milder instances of psychopathology.

A general theorem is concluded from these findings: the more individual psychopathology, the more reason to use concurrent interviews when conducting marriage counseling. This theorem may be negated by another way of looking at the concepts involved here. The typical couple entering marriage counseling can be expected to be manifesting depression, suspicion, anxiety, and perhaps their "worst selves," and this could account for the high MMPI scores rather than the existence of any "real" psychopathology. Hence, concurrent sessions may have been only more effective in reducing some temporary, superficial symptoms rather than any actual psychological illness states. This, indeed, seems more likely when considering the usual findings on the resistance of such illness to treatment. With these considerations in mind, the theorem might better be restated: the more depression or
anxiety, the more reason there is to use concurrent rather than conjoint interviews in conducting marriage counseling.

The position of conjoint group marriage counseling is indefinite, but the evidence suggests it is somewhat more effective than conjoint interviews in reducing psychopathology as measured by the MMPI clinical scales.

**Improving Personal Adjustment via Concurrent Interview Marriage Counseling**

Hypothesis B in The Experimental Study states that "subjects in concurrent marriage counseling would show a significantly greater mean gain in personal adjustment as measured by the *California Psychological Inventory* (CPI) scales defined as measuring personal adjustment than would subjects in conjoint interview or conjoint group marriage counseling."

The pre-counseling to post-counseling differences on the CPI personal adjustment scales were statistically treated with an analysis of variance and then a Scheffe's F. A total CPI personal adjustment score was constructed by adding each of the CPI personal adjustment scaled T scores together to form an aggregate CPI measure of personal adjustment. The pre- and post-treatment difference of this CPI Personal Adjustment Aggregate Scale was also subjected to an analysis of variance and Scheffe's F.

Table X shows the CPI personal adjustment scales' means and F ratios resulting from the analysis of variance along with their respective significance levels. Only one scale,
### TABLE X

**CPI Analysis of Variance Results Showing Total Mean Differences Between Pre- and Post-Counseling Testings of Individual Personal Adjustment**

<table>
<thead>
<tr>
<th>CPI Personal Adjustment Scales</th>
<th>Total Mean Pre- to Post-Counseling Difference</th>
<th>F Ratio</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale 2 (Cs) Capacity for Status</td>
<td>4.29</td>
<td>.11</td>
<td>.89</td>
</tr>
<tr>
<td>Scale 5 (Sa) Self-Acceptance</td>
<td>2.69</td>
<td>1.55</td>
<td>.21</td>
</tr>
<tr>
<td>Scale 6 (Wb) Sense of Well-Being</td>
<td>6.92</td>
<td>.89</td>
<td>.41</td>
</tr>
<tr>
<td>Scale 7 (Re) Responsibility</td>
<td>2.54</td>
<td>.50</td>
<td>.60</td>
</tr>
<tr>
<td>Scale 9 (Sc) Self-Control</td>
<td>3.22</td>
<td>4.47</td>
<td>.01*</td>
</tr>
<tr>
<td>Scale 10 (To) Tolerance</td>
<td>4.55</td>
<td>.32</td>
<td>.72</td>
</tr>
<tr>
<td>Scale 15 (Ie) Intellectual Efficiency</td>
<td>3.81</td>
<td>.29</td>
<td>.74</td>
</tr>
<tr>
<td>Scale 16 (Fy) Psychological-Mindedness</td>
<td>4.00</td>
<td>2.79</td>
<td>.06**</td>
</tr>
<tr>
<td>Scale 17 (Fx) Flexibility</td>
<td>3.27</td>
<td>1.20</td>
<td>.30</td>
</tr>
<tr>
<td>Personal Adjustment Aggregate Scale</td>
<td>35.19</td>
<td>1.18</td>
<td>.31</td>
</tr>
</tbody>
</table>

*Surpassing the .01 level of confidence (very significant).

** Closely approaching, but not reaching, statistical significance at the .05 level.
the CPI Self-Control Scale, was found to have yielded an increase which significantly varied as to treatment form. Another scale, Psychological-Mindedness, came very close to showing significant variability. Even with these two showing this much variance, the Aggregate Personal Adjustment Score shows no variability of note.

The Scheffe's F was computed to locate which of the three marriage counseling forms might have accounted for the differences. Table XI shows the Scheffe's F comparisons between concurrent interview marriage counseling and the two other marriage counseling modalities. It also gives the mean and standard deviation for each of the three modalities. In this table a larger mean represents a greater improvement in personal adjustment.

Table XI shows that those subjects in concurrent interview marriage counseling increased their Self-Control Score significantly more than did those in conjoint interview marriage counseling. However, the Self-Control Score comparison between concurrent interview and conjoint group marriage counseling proved statistically insignificant. Incidentally, the conjoint group and conjoint interview comparison for this and all other CPI personal adjustment scales were also statistically insignificant.

Since only one of the ten measures of personal adjustment varied as predicted, Hypothesis B is rejected. Subjects in concurrent marriage counseling were not found to have shown
TABLE XI

LOCATION OF CPI INDIVIDUALS' PERSONAL ADJUSTMENT DIFFERENCES BETWEEN CONCURRENT INTERVIEW MARRIAGE COUNSELING AND TWO OTHER MARRIAGE COUNSELING MODALITIES USING MEANS, STANDARD DEVIATIONS, AND SCHEFFE'S F

<table>
<thead>
<tr>
<th>CPI Personal Adjustment Scales</th>
<th>Concurrent Interview Marriage Counseling</th>
<th>Two Other Marriage Counseling Modalities</th>
<th>Conjoint Interview</th>
<th>Conjoint Group</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Cs) Capacity for Status</td>
<td>Mean 4.33 S.D. 7.70</td>
<td>Mean 4.66 S.D. 7.64 F 0.02</td>
<td>Mean 3.88 S.D. 7.28</td>
<td>F 0.03</td>
<td></td>
</tr>
<tr>
<td>(Sa) Self-Acceptance</td>
<td>Mean 4.26 S.D. 8.87</td>
<td>Mean 1.04 S.D. 9.12 F 1.55</td>
<td>Mean 2.76 S.D. 6.96</td>
<td>F 0.33</td>
<td></td>
</tr>
<tr>
<td>(Wb) Sense of Well-Being</td>
<td>Mean 8.09 S.D. 10.32</td>
<td>Mean 5.26 S.D. 8.08 F 0.81</td>
<td>Mean 7.42 S.D. 11.69</td>
<td>F 0.04</td>
<td></td>
</tr>
<tr>
<td>(Re) Responsibility</td>
<td>Mean 1.57 S.D. 7.39</td>
<td>Mean 3.16 S.D. 8.69 F 0.43</td>
<td>Mean 2.90 S.D. 7.30</td>
<td>F 0.30</td>
<td></td>
</tr>
<tr>
<td>(Sc) Self-Control</td>
<td>Mean 5.19 S.D. 6.51</td>
<td>Mean 1.07 S.D. 6.16 F 4.44*</td>
<td>Mean 3.40 S.D. 6.28</td>
<td>F 0.83</td>
<td></td>
</tr>
<tr>
<td>(To) Tolerance</td>
<td>Mean 4.40 S.D. 10.37</td>
<td>Mean 3.76 S.D. 11.43 F 0.04</td>
<td>Mean 5.50 S.D. 8.07</td>
<td>F 0.12</td>
<td></td>
</tr>
<tr>
<td>(Ie) Intellectual Efficiency</td>
<td>Mean 3.11 S.D. 9.40</td>
<td>Mean 3.95 S.D. 6.86 F 0.12</td>
<td>Mean 4.38 S.D. 6.28</td>
<td>F 0.28</td>
<td></td>
</tr>
<tr>
<td>(Py) Psychological-Mindedness</td>
<td>Mean 4.26 S.D. 8.63</td>
<td>Mean 1.57 S.D. 8.12 F 0.95</td>
<td>Mean 6.16 S.D. 9.97</td>
<td>F 0.47</td>
<td></td>
</tr>
<tr>
<td>(Fx) Flexibility</td>
<td>Mean 3.11 S.D. 8.66</td>
<td>Mean 1.95 S.D. 8.87 F 0.20</td>
<td>Mean 4.76 S.D. 7.35</td>
<td>F 0.40</td>
<td></td>
</tr>
<tr>
<td>Personal Adjustment Aggregate</td>
<td>Mean 39.35 S.D. 35.08</td>
<td>Mean 27.21 S.D. 43.18 F 0.91</td>
<td>Mean 39.00 S.D. 44.74</td>
<td>F 0.00</td>
<td></td>
</tr>
</tbody>
</table>

*Significant beyond the .05 level of confidence (fairly significant).
significantly greater mean gains in personal adjustment than were subjects in conjoint interview or conjoint group marriage counseling.

**Discussion of the CPI Personal Adjustment Findings**

Although the hypothesis concerning the CPI scales and personal adjustment is rejected, several comments are deemed in order. First, all of the CPI scales and the CPI Aggregate Scale were found to have increased from pre- to post-testing. This is covered in greater detail under the heading of "Additional Findings" located further along in this chapter. Suffice it to say here that all three forms of marriage counseling, taken together, at least do not seem to have severely hampered people in making some improved personal adjustments. Concurrent interviews, however, did apparently work somewhat better than conjoint interviews in helping a client increase his ability in improving self-control.

This self-control improvement is a fairly broad-ranging concept. Gough states that the Self-Control Scale assesses "the degree and adequacy of self-regulation and self-control and freedom from impulsivity and self-centeredness" (4, p. 10). Thus, it is concluded that concurrent interview marriage counseling achieved an increase in this factor and that conjoint did not. Whether or not conjoint group also achieves this increase was not ascertainable from this data. Gough (4) also indicates that an increased score shows a person to have
become more calm, honest, patient, conscientious, practical, slow, and thoughtful, as well as more self-denying and deliberate, and also to have become more inhibited and strict in expectations for others. Increased scores are also considered to represent a person who has become less impulsive, shrewd, excitable, irritable, aggressive, and self-centered with less emphasis placed on personal pleasure and self-gain. Almost all of these traits can probably be considered as beneficial to both personal and marital adjustment.

Why self-control may be improved with concurrent and not conjoint interviews is not known. It may be that a concurrent session acts something like a planning session for future encounters with one spouse and that, much like a football team's drill, it leads to self-control. Also, perhaps a concurrent session works to give a person more self-understanding, and that results in greater self-control. Whatever the reason, these findings suggest that a marriage counselor would do well to consider concurrent interviews as the treatment modality of choice if he sees a client is in need of improved self-control.

The mean gain of .06 on the Psychological-Mindedness Scale also bears some comment. As Table XI shows, conjoint interviews provided for a mean gain of only 1.57 points, while concurrent interviews produced a mean gain of 4.26 points, and conjoint group had a gain of 6.16 points so closely approaches the .05 level of significance, further research
seems quite merited. These findings are interpreted as hinting at a possible inferiority of conjoint interview's ability to assist improvement in helping a client to be interested in, and responsive to others, which is what this scale is said to measure (4).

**Improving Marital Adjustment via Conjoint Interview Marriage Counseling**

Hypothesis C stated that: "Subjects in conjoint interview marriage counseling would show a significantly greater mean gain in marital adjustment as measured by the Marital Adjustment Inventory (MAI) than would subjects in concurrent interview or conjoint group marriage counseling."

As with Hypotheses A and B, an analysis of variance was used to determine whether or not there were significant differences between the outcomes produced by the three forms of marriage counseling. Also, as with Hypotheses A and B, a Scheffe's Test of all possible comparisons was used to determine which, if any, of the three treatment forms had produced a significant difference.

Table XII shows the MAI marital adjustment total scores for individuals to have dropped approximately fifteen points and that the outcome variability between the three treatment modalities is significant beyond the .01 level of confidence. On the MAI a decreased score represents an improvement in marital adjustment. Table XIII, however, shows that the variability is not due to a superiority in the conjoint
TABLE XII

MAI ANALYSIS OF VARIANCE RESULTS SHOWING TOTAL MEAN DIFFERENCES BETWEEN PRE- AND POST-COUNSELING TESTING OF INDIVIDUAL'S MARITAL ADJUSTMENT WITH F RATIOS AND LEVEL OF SIGNIFICANCE

<table>
<thead>
<tr>
<th>Marriage Adjustment Inventory</th>
<th>Total Mean Pre- to Post-Counseling Difference</th>
<th>F Ratio</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAI Individual's Total Score</td>
<td>-15.29</td>
<td>4.5857</td>
<td>.01*</td>
</tr>
</tbody>
</table>

*Very significant

interview approach as predicted. Rather, the significant difference is attributable to a combination effect of both conjoint forms compared to the concurrent one. The conjoint

TABLE XIII

LOCATION OF INDIVIDUALS' MAI MARITAL ADJUSTMENT DIFFERENCES BETWEEN CONJOINT INTERVIEW MARRIAGE COUNSELING AND TWO OTHER MARRIAGE COUNSELING MODALITIES USING MEANS, STANDARD DEVIATIONS, AND SCHEFFE'S F

<table>
<thead>
<tr>
<th>Marriage Adjustment Inventory Score</th>
<th>Conjoint Interview Marriage Counseling</th>
<th>Two Other Counseling Modalities</th>
<th>Conjoint Group</th>
<th>Concurrent Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
<td>F</td>
</tr>
<tr>
<td>Individual's Scores</td>
<td>-17.90</td>
<td>29.59</td>
<td>-21.42</td>
<td>22.09</td>
</tr>
</tbody>
</table>

NOTE: While these figures were nonsignificant, the Scheffe's F between conjoint group and concurrent interview was 4.20 which was significant at the .05 level.
interview form of marriage counseling showed a decrease of almost eighteen points after treatment and the conjoint group form a decrease of approximately twenty-one points. The conjoint interview decrease was only about six and one-half points. The difference between conjoint group and concurrent interview was significant at the .05 level.

Since the MAI findings did not show a significant difference favoring the conjoint form of marriage counseling, Hypothesis C is not confirmed. Subjects in conjoint interview marriage counseling did not show a significantly greater mean gain in marital adjustment than did subjects in the other two treatment conditions.

Discussion of the MAI Marital Adjustment Findings

Although Hypothesis C is not supported, several points are worth noting. First, from the findings presented in Table XIII, it appears that the concurrent interview form may be inferior to the two conjoint forms in improving marital adjustment. The .01 significance level shown on Table XII suggests that it may be better to use the two conjoint forms together rather than concurrent interviews. If there were a choice of using only one form of marriage counseling, these results would support the choice of conjoint group since that form showed the greatest mean decrease, and conjoint group was significantly more effective than concurrent interviews at the .05 level. The standard deviations on these tables
also suggest a superiority for the conjoint group form, since it resulted in a narrower range of deviation than did conjoint interviews. Thus, it appears both were somewhat superior and more dependable than conjoint interviews.

This data, on the whole, moderately tends to support the contention that conjoint forms are superior to concurrent ones. It also seems to suggest that of the three forms compared with each other, conjoint group was the best for improving marital adjustment, although conjoint interview also demonstrated strengths. Although more research is definitely needed, the general trend of the evidence seems to indicate the concurrent interview form to be inferior for improving marital adjustment.

**Decreasing Marital Maladjustment via Conjoint Marriage Counseling**

Hypothesis D stated "Subjects in conjoint interview marriage counseling would show a significantly greater mean reduction in marital maladjustment as measured by the Polyfactor Test for Marital Difficulties (Polyfactor) than would subjects in concurrent interview or conjoint group marriage counseling."

An analysis of variance was used to test the varying pre-to post-test differences occurring between the three forms of marriage counseling. This was followed by a Scheffe's $F$ to find how much difference there was between forms and whether
or not a difference reached or surpassed the .05 level of significance.

Table XIV shows the *Polyfactor* marital maladjustment total score for individuals to have decreased almost twenty-six points and that the outcome variability between the three counseling modalities is significant beyond the .001 level. Therefore, the findings demonstrated that very strong differences in marital outcome were produced among the three forms of counseling.

**TABLE XIV**

**POLYFACTOR ANALYSIS OF VARIANCE RESULTS SHOWING TOTAL MEAN DIFFERENCES BETWEEN PRE- AND POST-COUNSELING TESTING OF INDIVIDUAL'S MARITAL MALADJUSTMENT WITH F RATIOS AND LEVEL OF SIGNIFICANCE**

<table>
<thead>
<tr>
<th>Polyfactor Test For Marital Difficulties</th>
<th>Total Mean Pre-To Post-Counseling Difference</th>
<th>F Ratio</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polyfactor Total Individual's Score</td>
<td>-25.67</td>
<td>6.73</td>
<td>.001*</td>
</tr>
</tbody>
</table>

*Extremely significant

Table XV shows that the conjoint interview form was measured as being significantly superior to the concurrent interview approach. Conjoint interviews resulted in an almost forty point measured reduction in marital maladjustment while concurrent interviews resulted in only about an eight point mean reduction. Conjoint interviews were not found to
be significantly superior to conjoint group sessions, although their mean reduction in marital maladjustment was about ten points greater than the one for conjoint group. Conjoint group also proved to be significantly superior to concurrent interviews at the .05 level of significance.

**TABLE XV**

LOCATION OF INDIVIDUALS' POLYFACTOR MARITAL MALADJUSTMENT DIFFERENCES BETWEEN CONJOINT INTERVIEW MARRIAGE COUNSELING AND TWO OTHER MARRIAGE COUNSELING MODALITIES

<table>
<thead>
<tr>
<th>Polynfactor Test for Marital Difficulties</th>
<th>Conjoint Interview</th>
<th>Two Other Counseling Modalities</th>
<th>Conjoint Group</th>
<th>Concurrent Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual's Scores</td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td></td>
<td>-39.34</td>
<td>38.69</td>
<td>30.38</td>
<td>38.77</td>
</tr>
</tbody>
</table>

*Significant at beyond the .01 level (very significant).

NOTE: The conjoint group comparison with concurrent interview resulted in a Scheffe's F of 3.28 which was significant at the .05 level of confidence.

Interpretation of these findings indicates that Hypothesis D is partially supported. Subjects in conjoint interview marriage counseling did show a significantly greater mean reduction in marital maladjustment than did subjects in concurrent interview marriage counseling, but this was not so for subjects in conjoint group marriage counseling.
Discussion of the Polyfactor Marital Maladjustment Findings

The Polyfactor Marital Maladjustment findings clearly indicate that, at least in this section of the study, concurrent interviews were shown to be inferior in reducing marital difficulties. The evidence is interpreted to mean that concurrent interviews did help but not nearly as well as the two conjoint modalities.

Which of the two conjoint forms of marriage counseling was best in reducing marital troubles is not known, although some of the evidence suggests conjoint interviews to have a slight superiority over conjoint group sessions. It should, however, be remembered that although both had twelve hours of marriage counseling, the subjects in conjoint group had only about six weeks of intervening time, while those in conjoint interviews had twelve. Given more intervening time or an equality in the number of sessions rather than the number of counseling hours, conjoint group sessions might have been found superior.

Improving Social Adjustment via Conjoint Group Marriage Counseling

Hypothesis E in the Experimental Study stated "Subjects in conjoint group marriage counseling would show a significantly greater mean gain in social adjustment as measured by the CPI scales defined as measuring social adjustment than would subjects in conjoint interview or concurrent interview marriage counseling."
As in the previous hypotheses, an analysis of variance followed by a Scheffe's F Test was used to yield data relevant to testing the hypothesis. As with the MMPI clinical scales and the CPI personal adjustment scales, an aggregate scale was compiled, made up of all the CPI social adjustment scores.

Table XVI shows the CPI social adjustment scales' mean and F ratios resulting from the analysis of variance along with their respective significance levels. Only one scale, the CPI Good Impression Scale, was found to have yielded an increase which significantly varied as to treatment form. One other scale, the Achievement via Independence Scale, came somewhat close to showing significant variability. However, even though there was considerable variability, as Table XVI indicates, the Aggregate Social Adjustment Scale shows insignificance.

Table XVII shows the results of the Scheffe's F Test which places the location of the significant difference as occurring between the conjoint group and concurrent interview conditions. The conjoint group form's mean on the Good Impression Scale is considerably smaller than that of the concurrent interview modality. Likewise, the standard deviations suggest a narrower range of scores for those in the conjoint group condition. Also, the Achievement via Independence Scale mean gain is considerably larger than those of either conjoint or concurrent interviews, but the standard deviation is too large to allow for a registering of significance.
<table>
<thead>
<tr>
<th>CPI Social Adjustment Scales</th>
<th>Total Mean Pre- to Post-Counseling Difference</th>
<th>F Ratio</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scale 1 Dominance (Do)</td>
<td>3.07</td>
<td>.77</td>
<td>.46</td>
</tr>
<tr>
<td>Scale 3 Sociability (Sy)</td>
<td>4.10</td>
<td>1.56</td>
<td>.21</td>
</tr>
<tr>
<td>Scale 4 Social Presence (Sp)</td>
<td>3.94</td>
<td>1.21</td>
<td>.29</td>
</tr>
<tr>
<td>Scale 8 Socialization (So)</td>
<td>3.07</td>
<td>.43</td>
<td>.64</td>
</tr>
<tr>
<td>Scale 11 Good Impression (Gl)</td>
<td>4.15</td>
<td>4.15</td>
<td>.01**</td>
</tr>
<tr>
<td>Scale 13 Achievement via Conformance (Ac)</td>
<td>4.05</td>
<td>.48</td>
<td>.61</td>
</tr>
<tr>
<td>Scale 14 Achievement via Independence (Ai)</td>
<td>2.53</td>
<td>2.56</td>
<td>.08*</td>
</tr>
<tr>
<td>Social Adjustment Aggregate Scale</td>
<td>27.46</td>
<td>1.80</td>
<td>.16</td>
</tr>
</tbody>
</table>

*Approaching, but not reaching, the statistical significance of the .05 level of confidence.

**Surpassing the .01 level of confidence (very significant).
### TABLE XVII

**LOCATION OF CPI SOCIAL ADJUSTMENT DIFFERENCES BETWEEN CONJOINT GROUP MARRIAGE COUNSELING AND TWO OTHER MARRIAGE COUNSELING MODALITIES USING MEANS, STANDARD DEVIATIONS, AND SCHEFFE'S F**

<table>
<thead>
<tr>
<th>CPI Social Adjustment Scales</th>
<th>Conjoint Group Marriage Counseling</th>
<th>Two Other Marriage Counseling Modalities</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
<td>F</td>
<td>Mean</td>
<td>S.D.</td>
<td>F</td>
</tr>
<tr>
<td>Scale 1 (Do) Dominance</td>
<td>4.21</td>
<td>7.96</td>
<td>2.14</td>
<td>7.20</td>
<td>.75</td>
<td>2.88</td>
<td>8.02</td>
<td>.31</td>
</tr>
<tr>
<td>Scale 2 (Sy) Sociability</td>
<td>5.35</td>
<td>7.23</td>
<td>4.26</td>
<td>5.49</td>
<td>.26</td>
<td>2.69</td>
<td>7.86</td>
<td>1.55</td>
</tr>
<tr>
<td>Scale 4 (Sp) Social Presence</td>
<td>5.35</td>
<td>7.21</td>
<td>2.61</td>
<td>9.20</td>
<td>1.21</td>
<td>3.85</td>
<td>7.58</td>
<td>.36</td>
</tr>
<tr>
<td>Scale 8 (So) Socialization</td>
<td>3.85</td>
<td>6.19</td>
<td>2.66</td>
<td>6.41</td>
<td>.34</td>
<td>2.71</td>
<td>7.15</td>
<td>.31</td>
</tr>
<tr>
<td>Scale 11 (Gi) Good Impression</td>
<td>6.57</td>
<td>6.88</td>
<td>4.19</td>
<td>7.05</td>
<td>.99</td>
<td>1.71</td>
<td>9.03</td>
<td>4.15*</td>
</tr>
<tr>
<td>Scale 13 (Ac) Achievement via Conformance</td>
<td>3.59</td>
<td>8.59</td>
<td>5.11</td>
<td>7.70</td>
<td>.32</td>
<td>3.45</td>
<td>9.50</td>
<td>.00</td>
</tr>
<tr>
<td>Scale 14 (Ai) Achievement via Independence</td>
<td>4.92</td>
<td>10.11</td>
<td>1.90</td>
<td>8.80</td>
<td>1.25</td>
<td>.76</td>
<td>6.87</td>
<td>2.40</td>
</tr>
<tr>
<td>Social Adjustment Aggregate</td>
<td>35.14</td>
<td>35.88</td>
<td>26.97</td>
<td>34.40</td>
<td>.53</td>
<td>20.26</td>
<td>37.55</td>
<td>1.79</td>
</tr>
</tbody>
</table>

*Beyond the .05 level of confidence (fairly significant).*
Since only one of the eight measures of personal adjustment varied as predicted, Hypothesis E is rejected. Subjects in conjoint group marriage counseling did not show a significantly greater mean gain on the social adjustment scales of the CPI as compared to subjects in conjoint interview or concurrent interview marriage counseling. There was, of course, the exception of the Good Impression Scale and the near exception of the Achievement via Independence Scale.

Discussion of the CPI Social Adjustment Findings

Gough states that the Good Impression Scale is "to identify persons capable of creating a favorable impression, and who are concerned about how others react to them" (4, p. 10). Improved scores are thought to represent an improved ability to be cooperative, enterprising, outgoing, sociable, warm, helpful, diligent, and persistent, as well as concern with making a good impression. Improved scores are also thought to represent less of a tendency to be inhibited, cautious, shrewd, very aloof, resentful, cool, distant in relationships, self-centered, and too little concerned with the needs and wants of others (4). The evidence suggests that if a marriage counselor wishes to improve these "good impression" factors he should seriously consider using conjoint group marriage counseling to achieve the best results. Likewise, it may be similarly advantageous to use conjoint group when aiming at improvement of "achievement via
independence," although the evidence justifying this idea is by no means sufficiently established.

It is interesting to note that using a group modality increased the Good Impression Scores significantly but did not affect the Achievement via Conformance Scores. In fact, there is little evidence to suggest that there is a greater increase in independence than there is in conformance produced by the group form of marriage counseling. Thus, there is present in this data some contradiction to the idea that group counseling produces conformity.

In assisting a marriage, it is easy to see that many of the good impression traits might also improve the impression one spouse is making on another. Also, if further research corroborates the "hint" in this data suggesting that independence is improved by conjoint group, this information may be useful in decreasing over-dependency.

Reducing Social Maladjustment via Conjoint Group Marriage Counseling

Hypothesis F in the Experimental Study stated that "subjects in conjoint group marriage counseling would show a significantly greater mean reduction in social maladjustment as measured by the Social Introversion Scale of the MMPI than would subjects in conjoint interview or concurrent interview marriage counseling."

An analysis of variance followed by a Scheffe's Test of all possible comparisons was conducted measuring the location
and level of significant differences between the three forms of marriage counseling. Table XVIII shows the mean difference between pre- and post-tests, the F ratio and its level of significance.

**TABLE XVIII**

**MMPI SOCIAL INTROVERSION SCALE ANALYSIS OF VARIANCE**

**RESULTS SHOWING TOTAL MEAN DIFFERENCES, F RATIO, AND SIGNIFICANCE**

<table>
<thead>
<tr>
<th>MMPI Social Introversion</th>
<th>Mean Pre- and Post-Difference</th>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-2.73</td>
<td>7.40</td>
<td>0.0009*</td>
</tr>
</tbody>
</table>

*Extremely significant*

Table XVIII shows that although only an overall reduction of not quite three points occurred, it was measured as occurring at an extremely significant frequency well beyond the .001 level of confidence. Table XIX indicates which of the three forms of marriage counseling produced this result.

Tables XVIII and XIX show that the conjoint group condition of marriage counseling demonstrated a very significant reduction in the post-test Social Introversion Scale scores and that such a reduction did not occur with the other two marriage counseling forms. Furthermore, Table XIX shows that the conjoint group form was significantly more effective than the concurrent or conjoint interviews in reducing social introversion.
TABLE XIX

LOCATION OF THE MMPI SOCIAL INTROVERSION SCALE DIFFERENCES BETWEEN THREE MARRIAGE COUNSELING MODALITIES USING MEANS, STANDARD DEVIATIONS, AND SCHEFFE'S F'S

<table>
<thead>
<tr>
<th>MMPI Social Introversion Scale</th>
<th>Marriage Counseling Modalities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>Concurrent Interview</td>
<td>Conjoint Interview</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
</tr>
<tr>
<td>Scale (0)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scale</td>
<td>-6.28</td>
<td>6.94</td>
<td>-1.78</td>
</tr>
</tbody>
</table>

*Significant beyond the .05 level (fairly significant).
**Significant beyond the .01 level (very significant).

This evidence is interpreted as meaning that Hypothesis F of the Experimental Study is strongly supported. Subjects in group marriage counseling did indeed show a significantly greater mean reduction in social maladjustment as measured by the Social Introversion Scale of the MMPI than did subjects in conjoint interview or concurrent interview marriage counseling.

Discussion of the Social Introversion Scale Findings

The Social Introversion Scale findings are interpreted to indicate that if a marriage counseling case involves, or is complicated by, one or both of the marital partners being socially maladjusted, or more particularly socially introverted, conjoint group marriage counseling can be strongly recommended over concurrent or conjoint interview. How social introversion may affect a marriage is told by a description of what the
Social Introversion Scale (Si) is considered to measure. A high score on the Si Scale can mean a person who is unsharing in his thoughts, not emotionally demonstrative or involved, and socially quite a nonparticipant. A high Si score has also been related to denying impulses and spontaniety, being highly self-deprecatory and highly conservative in behavior, as well as being generally uneasy when dealing with any other person in an emotional context, be it serious or "light hearted" (2). While few high Si scores strongly demonstrate more than a portion of these behavior traits, any one of them might cause considerable consternation in a marriage.

These characteristics are those often attributed to the schizoid personality syndrome. The importance of this syndrome is indicated by Rollo May, who states

the typical kind psychic problem in our day is not hysteria, as it was in Freud's time, but the schizoid type--that is to say, the problem of persons who are detached, unrelated, lacking in affect, tending toward depersonalization, and covering up their problems by means of intellectualizations (5, p. 3).

This social or interpersonal isolation and withdrawal type has been strongly related to marital and family problems among aerospace engineers and scientists (7).

The results of this study suggest that neither conjoint interviews nor concurrent interviews can be expected to be as effective as conjoint group sessions in reducing problems of social isolation and withdrawal.
These results provided the basis for the development of another theorem: the more social isolation or social maladjustment apparently affecting a marriage, the more reason to utilize conjoint group marriage counseling. One caution is advised. Few group counselors would recommend a group composed mostly of social isolates.

**Trends in the Measurement of Personal, Social, and Marital Maladjustment**

Hypotheses A through F were predicted on the usual concept of establishing significance among relationships of various factors. However, since this investigation is something of a pioneering effort, it was decided that trends in the resulting data would also be well worth examining even though they might not be directly amenable to tests of significance. For that reason, Hypotheses G, H, and I were formulated.

Hypothesis G stated that "measurements relating to personal adjustment would show that

1. the greatest mean gain and most significant improvement in personal adjustment would be measured as occurring in concurrent interview marriage counseling;

2. the next greatest mean gain and next most significant improvement in personal adjustment would be measured as occurring in conjoint interview marriage counseling;

3. the third greatest mean gain and third most significant improvement in personal adjustment would be measured as occurring in conjoint group marriage counseling."
It should be noted here that the term "adjustment" was used in these hypotheses to denote its broader definition which includes, but is not limited to, "decreases in maladjustment."

Table XX, Part I gives the trend data applicable to Hypothesis G. In the first column appear the names of the scales used in measuring personal adjustment. This is followed by three columns listing each of the counseling forms used in the Experimental Study. Under each of the column headings listing a form of counseling there appears subcolumns titled respectively, "Mean," "Sig." for significance, and "Rank" for rank order. Mean refers to the mean difference between the pre-counseling and post-counseling testings. Significance refers to how statistically significant that change was. Rank order refers to the ranked order level of improvement that a form of counseling achieved among the other two forms. A form of counseling ranked "1" means that its mean and significance demonstrated a greater improvement on a specific measurement than the other two forms. Likewise, a rank of "2" indicates second place, and a rank of "3" indicates third place or least improvement among the three. The clinical MMPI scales show negative numbers, but on the MMPI a score reduction represents a mean gain in improvement. The CPI scores are positive, and thereby, represent a mean gain in improvement.
## TABLE XX

TREND INDICATIONS OF PERSONAL, SOCIAL, AND MARITAL IMPROVEMENT AMONG THREE FORMS OF MARRIAGE COUNSELING

<table>
<thead>
<tr>
<th>Measuring Instrument</th>
<th>Concurrent Interview</th>
<th>Concurrent Interview</th>
<th>Conjoint Interview</th>
<th>Conjoint Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNPI Scales</td>
<td>Mean</td>
<td>Sig.</td>
<td>Rank</td>
<td>Mean</td>
</tr>
<tr>
<td>Hypochondriasis</td>
<td>-4.85</td>
<td>.01</td>
<td>1</td>
<td>-3.12</td>
</tr>
<tr>
<td>Depression</td>
<td>-10.97</td>
<td>.001</td>
<td>1</td>
<td>-3.00</td>
</tr>
<tr>
<td>Hysteria</td>
<td>-3.83</td>
<td>.01</td>
<td>1</td>
<td>-1.82</td>
</tr>
<tr>
<td>Psychopathic</td>
<td>-4.00</td>
<td>.01</td>
<td>1</td>
<td>-1.63</td>
</tr>
<tr>
<td>Paranoia</td>
<td>-4.83</td>
<td>.01</td>
<td>1</td>
<td>-0.95</td>
</tr>
<tr>
<td>Psychasthenia</td>
<td>-6.88</td>
<td>.001</td>
<td>1</td>
<td>-1.60</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>-3.40</td>
<td>.01</td>
<td>2</td>
<td>-3.34</td>
</tr>
<tr>
<td>Hypomania</td>
<td>-0.78</td>
<td>NS</td>
<td>3</td>
<td>-2.72</td>
</tr>
<tr>
<td>MNPI Aggregate</td>
<td>-43.14</td>
<td>.001</td>
<td>1</td>
<td>-11.36</td>
</tr>
<tr>
<td>CPI Scales</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Cap. for Status</td>
<td>4.33</td>
<td>.01</td>
<td>2</td>
<td>4.66</td>
</tr>
<tr>
<td>Self-Acceptance</td>
<td>4.26</td>
<td>.01</td>
<td>1</td>
<td>1.04</td>
</tr>
<tr>
<td>Well Being</td>
<td>8.09</td>
<td>.001</td>
<td>1</td>
<td>5.26</td>
</tr>
<tr>
<td>Responsibility</td>
<td>1.57</td>
<td>NS</td>
<td>3</td>
<td>3.16</td>
</tr>
<tr>
<td>Self-Control</td>
<td>5.19</td>
<td>.01</td>
<td>1</td>
<td>1.07</td>
</tr>
<tr>
<td>Tolerance</td>
<td>4.40</td>
<td>.01</td>
<td>2</td>
<td>3.76</td>
</tr>
<tr>
<td>IQ efficiency</td>
<td>3.11</td>
<td>.01</td>
<td>3</td>
<td>3.95</td>
</tr>
<tr>
<td>Psych.-Mind.</td>
<td>4.26</td>
<td>.01</td>
<td>2</td>
<td>1.57</td>
</tr>
<tr>
<td>Flexibility</td>
<td>3.11</td>
<td>.01</td>
<td>2</td>
<td>1.95</td>
</tr>
<tr>
<td>CPI Aggregate</td>
<td>39.35</td>
<td>.001</td>
<td>1</td>
<td>27.21</td>
</tr>
</tbody>
</table>
### TABLE XX—Continued

| Part 2--Social |  |  |
|----------------|-----------------|-----------------|-----------------|
| Measuring Instrument | Concurrent Interview | Conjoint Interview | Conjoint Group |
| CPI Scales | Mean | Sig. | Rank | Mean | Sig. | Rank | Mean | Sig. | Rank |
| Dominance | 2.88 | .01 | 2 | 2.14 | .05 | 3 | 4.21 | .01 | 1 |
| Sociability | 2.69 | .05 | 3 | 4.26 | .01 | 2 | 5.35 | .01 | 1 |
| Social Presence | 3.85 | .01 | 2 | 2.61 | .05 | 3 | 5.35 | .01 | 1 |
| Socialization | 2.71 | .05 | 2 | 2.66 | .05 | 3 | 3.87 | .01 | 1 |
| Good Impression | 1.71 | NS | 3 | 4.19 | .01 | 2 | 6.57 | .001 | 1 |
| Achiev. Conform. | 3.45 | .01 | 3 | 5.11 | .01 | 1 | 3.59 | .01 | 2 |
| Achiev. Indepen. | 3.76 | NS | 3 | 1.90 | NS | 1 | 4.92 | .01 | 1 |
| CPI Soc. Aggra. | 20.26 | .001 | 3 | 26.97 | .001 | 2 | 35.14 | .001 | 1 |
| MMPI Si Scale | -1.78 | NS | 2 | - .07 | NS | 3 | -6.28 | .001 | 1 |

| Part 3--Marital |  |  |
|----------------|-----------------|-----------------|-----------------|
| Individual Scores | Concurrent Interview | Conjoint Interview | Conjoint Group |
| MAI | Mean | Sig. | Rank | Mean | Sig. | Rank | Mean | Sig. | Rank |
| Polyfactor | -6.61 | .001 | 3 | -17.90 | .001 | 2 | -21.42 | .001 | 1 |
| Polyfactor | -7.61 | .001 | 3 | -39.34 | .001 | 1 | -30.38 | .001 | 2 |

NS = Nonsignificant
The first thing to notice on Table XX is that all scales show improvement in all three conditions of marriage counseling. This is interpreted as meaning that no form of marriage counseling caused impairment of personal adjustment. Indeed, since all measures show an improvement, although some are miniscule, it may be that all forms actually helped. However, without a noncounseled control group this cannot be accurately ascertained.

Secondly, it should be noted that none of the individual scales show a large gain. Indeed, the average improvement is only about two points. Since the average marriage counseling client probably enters marriage counseling in a somewhat acutely distressed state, it can be supposed that the first MMPI and CPI scores might have been made worse temporarily. Also, since many studies show a general trend toward "spontaneous" improvement after a disruption with only the passage of time intervening, the counseling cannot be said to have resulted in the improved scores. Thus, the mean gains may be due largely to a general recovery phenomena. Hence, considerable caution is needed in interpreting these findings which at first glance seem so instructive.

The first part of Hypothesis G indicates that concurrent interview marriage counseling should more often be ranked first on the personal adjustment measures than the other two counseling forms. This, indeed, proves to be true. The concurrent interview form received seven of the nine first
place rankings possible on the MMPI clinical scales. Its mean rank on the MMPI clinical scales was 1.3, while conjoint interviews received a mean rank of 2.5, and conjoint group a mean rank of 2.1. On the CPI scales concurrent interviews and conjoint group both received four first place rankings. The mean rank for concurrent interviews on the CPI personal adjustment scales was 1.8, while the mean rank for the conjoint interviews was 1.7. This adjustment represents a virtual tie. Conjoint interviews' mean CPI rank was 2.5 for personal adjustment. The overall mean personal adjustment ranks using all nineteen scales were 1.5 for concurrent interview, 2.5 for conjoint interview, and 1.8 for conjoint group.

The trend established by this data seems to indicate that concurrent interviews may be best for reducing personal maladjustment but that it and conjoint group are equal in assisting personal development. This lends some credence to the concept that decreasing a person's maladjustment or psychopathology may not be the same as improving his adjustment or psychological growth and development. Taken as a whole, the evidence in Table XX, Part 1 does seem to indicate that the first prediction of Hypothesis G is somewhat supported. There is evidence of a trend indicating that the greatest mean gains and most significant improvements in personal adjustment were measured as occurring in concurrent interview marriage counseling.
The second part of Hypothesis G predicted the second greatest improvement in personal adjustments would occur in conjoint interviews. This was not found to be the case. Conjoint interviews received thirteen third place rankings, only three second place rankings, and three first place rankings. Thus, in regard to improving personal adjustment it ranked last in overall ranking, last in the CPI ranking, and last in the MMPI ranks. Clearly, the trend indicated conjoint interviews to be the least successful of the three forms in reducing personal maladjustment or improving personal adjustment. This is, therefore, evidence tending to repudiate the idea that since a conjoint interview is more similar to an individual therapy session than a group session, it will be more individually therapeutic than group sessions. The second part of Hypothesis G is, therefore, not supported.

The second greatest mean gain and second most significant improvements in personal adjustment were not measured as occurring in conjoint group marriage counseling.

The third part of Hypothesis G was predicated on both the other two parts being supported. Since one part is not supported the third part of Hypothesis G cannot be supported either. This section predicted that conjoint group would rank third in assisting personal adjustment. Table XX shows that conjoint group received only three of nineteen possible third place rankings. In the overall ranking it had a mean of 1.8, placing it a close second to concurrent interviews.
and well ahead of conjoint interviews. It was clearly second in the MMPI clinical scales with a mean rank of 2.1, and it ranked first, although barely so, in the CPI personal adjustment ranks with a mean of 1.7. This is interpreted as a trend suggesting conjoint group possibly to be quite successful in assisting the improvement of personal development and perhaps fairly successful in reducing personal psychopathology. It is supposed that the general therapeutic nature of group counseling may account for conjoint group marriage counseling having been shown to be more useful in improving personal adjustment than was conjoint interview. Naturally, this data provided only a trend indicator and considerable research is needed before these findings can be considered rejected or supported.

Taken as a whole, Hypothesis G is found to be more rejected than supported by the evidence. It was discovered that the trends suggest concurrent interviews may be best for reducing psychopathology and equally useful in helping improve personal adjustment along with the conjoint group approach. Conjoint group sessions were second best in reducing psychopathology. Conjoint interviews clearly tended to be third best in assisting personal adjustment.

Hypothesis H stated that "measurements relating to social adjustment would show that

1. the greatest mean gain and most significant improvement in social adjustment would be measured as occurring in conjoint group marriage counseling;"
2. the next greatest mean gain and next most significant improvement in social adjustment would be measured as occurring in conjoint interview marriage counseling;

3. the third greatest mean gain and third most significant improvement in social adjustment would be measured as occurring in concurrent interview marriage counseling."

Part 2 of Table XX gives the data relevant to Hypothesis H. The scales measuring social adjustment are listed in the first column. In the row following each scale name there is listed the mean change from pre-test to post-test followed by the significance level of that change and the rank order for each of the three counseling conditions. All the CPI scales listed show a gain indicating improvement. The MMPI Si Scale shows a reduction, also indicating improvement. Most of the scales show significant variation occurring. Hypothesis H predicted that conjoint group would be ranked first in providing improvements in personal adjustment. This part of Hypothesis H is definitely supported. Conjoint group received eight of nine first place rankings. Conjoint interviews were predicted to have a second place, and concurrent interviews a third place ranking. These two counseling forms resulted in a virtual tie. Both received four second place rankings. Conjoint interview received one first place rank. Conjoint interview also received a moderately higher CPI mean Social Adjustment Aggregate Score. However, the MMPI Si Scale showed a greater decrease, but it
was nonsignificant. All in all, the trend does seem to show conjoint interviews to have been perhaps slightly better than concurrent interviews in helping the subjects improve their social adjustments.

Hypothesis H is therefore moderately confirmed, although the second and third sections of the hypothesis were only very weakly supported. Nevertheless, conjoint group marriage counseling was shown to have been definitely more helpful in improving social adjustment than were either concurrent or conjoint interviews. The conjoint interview was shown to have had a slight advantage over the concurrent interview in assisting social adjustment.

This finding is interpreted as meaning that if a marriage counselor sees a need for a client to improve his or her social adjustment, then conjoint group marriage counseling may be the counseling form of choice.

Hypothesis I stated that "measurements relating to marital adjustment would show that

1. the greatest mean gain and most significant improvement in marital adjustment would be measured as occurring in conjoint interview marriage counseling;

2. the next greatest mean gain and next most significant improvement in marital adjustment would be measured as occurring in conjoint group marriage counseling;

3. the third greatest mean gain and third most significant improvement in marital adjustment would be
measured as occurring in concurrent interview marriage counseling."

Part 3 of Table XX gives the results relevant to this hypothesis. The first column gives the names of the two marital adjustment tests used. In the row following the name, the mean decrease, which on both tests represents improvement, is presented. After this the row gives the significance level of the change and the rank order by improvement of each of the three counseling conditions.

All three forms of counseling showed that significant improvement had occurred. Test results show that both conjoint forms produced considerably more improvement than did the concurrent interview form. This was evident in concurrent interview having made a much smaller mean reduction on both the Polyfactor and the MAI than did the two conjoint forms. The MAI measurement showed conjoint group to have been slightly more helpful than conjoint interviews. However, conjoint interviews were shown to have been more helpful than conjoint group sessions on the Polyfactor measurement. The MAI is considered to be more of an adjustment indicator and the Polyfactor a maladjustment measure. Thus, perhaps the conjoint group form produced more adjustment, and the conjoint interviews reduced more maladjustment.

The findings only partially support the hypothesis. Conjoint interviews were not clearly shown to rank first, and they may be considered to be in something of a tie with
Conjoint interviews were clearly shown to rank third and to be inferior to the two conjoint forms. These results are interpreted as meaning that a counselor seeking to assist a marriage would do well to consider conjoint forms of treatment as likely to be more beneficial than concurrent interviews.

Discussion of the Personal, Social, and Marital Adjustment Rank Order Findings

The findings of Hypotheses G, H, and I suggest some definite trends significant to the theories and practices of marriage counseling.

First of all, the theoretical position that helping an individual to personally adjust via concurrent interviews is the best marriage counseling approach is definitely not supported. While concurrent interviews were found to be more helpful than the other two forms in dealing with personal adjustment problems, they were definitely only a poor third in helping marital improvement. Therefore, these findings rather strongly tend to negate the concept that marital problems are due to personal problems. These results suggest that concurrent interviews would be best used only to supplement a conjoint form of treatment when some individual problem is seen as hampering the general progress of marriage counseling.

The theoretical position that social maladjustment causes marital maladjustment, and therefore, group marriage counseling is to be preferred is neither confirmed nor negated. Some of
the evidence suggests that social ineptitudes and their improvement may at least partially be involved in marital problems. The evidence does strongly indicate that the suggested approach to a marriage problem complicated by social problems, such as are measured by the CPI and Si Scale of the MMPI, should be group marriage counseling.

Conjoint interview marriage counseling was measured as being considerably better than concurrent interview marriage counseling in alleviating marital problems. It was, however, measured as only about equal to conjoint group marriage counseling in treating marital counseling cases. Conjoint interviews were considerably less effective in alleviating social adjustment problems than were conjoint group sessions. Taken together, these two findings suggest support for the concept that many marital problems are unique and not merely a reflection of personal or social difficulties and deficiencies.

This evidence definitely supports the trend away from concurrent interviews and toward conjoint and group approaches to marriage counseling.

Additional Findings From the Experimental Study

Several findings emerged which were not directly related to the hypotheses testing. These findings are organized as evidence toward answering several questions. Does marriage counseling do any good? How do the three forms of marriage
counseling differ in the outcomes they produce? What do the results concerning couples demonstrate? Are there differences as to sex, age, or severity of marital problem?

"Does marriage counseling do any good?" This is a question the public often asks. There is surprisingly little research to point to which can be used in answering this question. Presumably, this is largely because it is unusually difficult to form an untreated control group against which to make comparisons in the marriage counseling field. The research reported here can yield only some hints as to the answer.

Table XXI shows the means and standard deviations for the pre-counseling and post-counseling measurements of all experimental subjects regardless of counseling form. In addition, it also shows the mean difference between the two and those means' standard deviations. Following this is the value of the difference and the significance level. These are shown for all MMPI, CPI, MAI, and Polyfactor measurements made on individuals. As before, the T scores were used rather than raw scores on the MMPI and CPI. Thus, a mean of fifty and a standard deviation of ten was to be expected on all MMPI and CPI measurements if normalcy was to be anticipated.

The MMPI mean pre-counseling scores were on the average about thirteen points higher than normal. This was as expected since people coming for counseling can be supposed to be in something of an agitated state. The standard
### TABLE XXI

**PRE- AND POST-MARRIAGE COUNSELING t-TEST RESULTS FOR ALL EXPERIMENTAL SUBJECTS**

<table>
<thead>
<tr>
<th>Measuring Instruments</th>
<th>Pre-Counseling Test</th>
<th>Post-Counseling Test</th>
<th>Pre-to Post-Test Difference</th>
<th>t Value</th>
<th>Level of Significance</th>
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<td><strong>Part 1 Per. Adj. MMPI Scales</strong></td>
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<td>D</td>
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<td>15.22</td>
<td>59.38</td>
<td>10.61</td>
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<td>Hysteria</td>
<td>Hy</td>
<td>64.98</td>
<td>11.72</td>
<td>62.30</td>
<td>9.81</td>
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<tr>
<td>Psychopathic</td>
<td>Pd</td>
<td>70.06</td>
<td>13.58</td>
<td>67.43</td>
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<td>10.17</td>
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<td>Schizophrenia</td>
<td>Sc</td>
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<td>12.49</td>
<td>59.83</td>
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<td>Hypomania</td>
<td>Ma</td>
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<td>10.85</td>
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<td><strong>Part 2 CPI Per. Adj. Scales</strong></td>
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<td>Self Acceptance</td>
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<td>Well Being</td>
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<td>10.03</td>
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<tr>
<td>Self Control</td>
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<td>47.94</td>
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<td>Tolerance</td>
<td>(To)</td>
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<td>Intellectual Efficiency</td>
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<td><strong>CPI Per. Adj. Agg</strong></td>
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<tr>
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<td>(50.31)</td>
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<td>(3.92)</td>
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TABLE XXI--Continued

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<th>Part 3 CPI and MMPI Soc. Adj. Scales</th>
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<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>t Value</th>
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<td>Sociability (Sy)</td>
<td>45.96</td>
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<td>50.06</td>
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<td>4.10</td>
<td>6.97</td>
<td>6.60</td>
<td>.001</td>
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<tr>
<td>Social Presence (Sp)</td>
<td>46.91</td>
<td>10.78</td>
<td>50.85</td>
<td>10.43</td>
<td>3.94</td>
<td>8.06</td>
<td>5.49</td>
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<tr>
<td>Socialization (So)</td>
<td>41.23</td>
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<td>44.30</td>
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<td>6.56</td>
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<td>Good Impression (Gi)</td>
<td>42.95</td>
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<tr>
<td>Achievement via Conformance (Ac)</td>
<td>44.29</td>
<td>12.15</td>
<td>48.34</td>
<td>10.54</td>
<td>4.05</td>
<td>8.59</td>
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<tr>
<td>Independence (Ai)</td>
<td>54.30</td>
<td>12.47</td>
<td>53.83</td>
<td>10.54</td>
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<tr>
<td>CPI Soc. Adj. (Agg)</td>
<td>319.96</td>
<td>56.04</td>
<td>347.23</td>
<td>53.23</td>
<td>27.26</td>
<td>36.13</td>
<td>8.47</td>
<td>.001</td>
</tr>
<tr>
<td>MMPI Si Scale (Si)</td>
<td>55.21</td>
<td>10.68</td>
<td>52.48</td>
<td>10.45</td>
<td>2.73</td>
<td>7.96</td>
<td>3.84</td>
<td>.001</td>
</tr>
<tr>
<td>CPI Aggregate Av.</td>
<td>(45.99)</td>
<td>---</td>
<td>(49.81)</td>
<td>---</td>
<td>(3.56)</td>
<td>---</td>
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</table>

<table>
<thead>
<tr>
<th>Part 4 MAI and Polyfactor Marital Adjustment Scales</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>t Value</th>
<th>Level of Sig.</th>
</tr>
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<tr>
<td>MAI</td>
<td>47.53</td>
<td>27.74</td>
<td>31.94</td>
<td>21.44</td>
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<td>-7.23</td>
<td>.001</td>
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<td>Polyfactor</td>
<td>132.07</td>
<td>42.32</td>
<td>106.48</td>
<td>39.34</td>
<td>-25.59</td>
<td>42.34</td>
<td>-6.78</td>
<td>.001</td>
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</tbody>
</table>
deviations are wider than ten which is also to be expected for a group seeking counseling, since some will be scoring normally and others higher due to their distressed state. Thus, those pre-counseling scores in Part 1 of Table XXI showing the MMPI scores for personal adjustment are as one might surmise them to be.

The post-counseling mean scores all showed a reduction but not one which reduced them to the normal mean of fifty. On the average they remained about five points above normal. The accompanying standard deviations, however, remained hovering around a normal score range of ten. The average mean score reduction was shown to be about three points. Except for the Hypomania Scale, all MMPI clinical scale score reductions were shown to be significant at the .01 level or better.

While an average clinical scale reduction of only three points can be accounted for by "spontaneous recovery," this interpretation is not a certainty without a nontreated control group. Certainly some of it may be attributed. However, five of the eight clinical scales showed a reduction significant at the .001 level or better. This very high significance seemed most unlikely to be only due to a "spontaneous recovery" phenomenon.

From this evidence it is concluded that the MMPI data suggests, or at least hints, at a conclusion favoring the usefulness of marriage counseling. Formally stated, the
MMPI data suggests that some personal psychopathology was probably reduced by marriage counseling and some by the phenomena of "spontaneous recovery." Therefore, competent marriage counseling should be expected to assist in making a small but significant reduction in a client's psychopathology if said pathology does exist.

Part 2 of Table XXI gives the results for the CPI personal adjustment scales. The major difference between CPI and MMPI scales is that personal inadequacy or deficiency is registered on the CPI scores below fifty rather than above fifty as on the MMPI. The standard deviation from the CPI t scores is ten.

The pre-counseling mean scores average about four points below the mean while the standard deviations are slightly above ten. Thus, in the pre-counseling condition the subjects as a group were measured as being below average or inadequate and deficient on each of the CPI personal adjustment measurement areas. In the post-counseling testing the scores averaged right at a score of fifty, and the standard deviations were a bit narrower but still hovering around ten. The average increase was almost four points, bringing the scores up to about normal. The levels of significance between the two testings was .01 or better for each scale.

These findings are interpreted as hinting some support for the position that marriage counseling can assist personal adjustment. A gain of only four points is small and may be
due to a "spontaneous recovery" phenomenon. However, the high significance level suggested that perhaps not all of this gain was due to that phenomenon. It is concluded that the findings suggest or hint that marriage counseling can assist a client's personal adjustment at least a little, although some improvement may be due to "spontaneous recovery."

Part 3 of Table XXI shows the CPI scales and the one MMPI scale for measuring social adjustment. The mean CPI score is almost six points below the normal score of fifty. As previously, the standard deviation spread is slightly above ten. The post-counseling test shows a gain of about three and one-half points, bringing most of the means up somewhat closer to normal. Interestingly, the Achievement via Independence Score was above normal to begin with and went a bit higher. Also, the Socialization Score was well below normal for both testings though it rose about three points. Low scores on the Socialization Scale reportedly indicate being defensive, opinionated, deceitful, resentful, demanding, etc. (4). Perhaps marriage counseling clients have an unusual amount of these traits.

The MMPI Si Scale dropped about three points, representing a slight improvement but not one achieving normalcy.

All reductions from pre-counseling to post-counseling testings of social adjustment were significant at the .01 level or better. Once again the overall score gain showing
improvement was small but very significant. The smallness of the gains suggest they were due to "spontaneous recovery" effects. However, the large degree of significance suggests something more causes the improvements. The tentative conclusion drawn is that although "spontaneous recovery" probably accounts for some of the improvements, marriage counseling probably can assist in a small way a client's social adjustment improvement.

Part 4 of Table XXI shows the results for the measurements of marital adjustment itself. Standardization for the MAI and Polyfactor tests are not as comprehensive as the CPI and MMPI, owing to the dearth of research in marriage counseling. The MAI manual reports a mean score of fifty-one for those men unhappily married and a mean of nineteen for males having an average marriage. Female mean scores are forty-six for those unhappy and twenty-four for average. Standard deviations are not given (6).

The MAI scores for the unhappily married in this research were found to be comparable as Table XXI shows. The MAI mean before counseling was for all subjects a score of forty-seven and one half points. This decreased to almost thirty-two points after counseling. While this mean score is well above the score for average marriages, it shows a very significant improvement over pre-counseling scores.

The Polyfactor's standardization is somewhat more comprehensive. Williams (9) found a mean of 134.53 on the
Polyfactor for females seeking marriage counseling with a standard deviation of 38.55. For males seeking marriage counseling the mean was 114.76, and the standard deviation 29.35. Williams also found that the measures for individuals not seeking marriage counseling were as follows: a mean score of 46.80 with a standard deviation of 32.64 for females and a mean score of 46.66 with a standard deviation of 30.87 for males. In her research, Walker (8) found means of 144.63 and 153 on the Polyfactor for husbands and wives respectively. The men's standard deviation was 35.72 and the women's 33.15. Her study was also of couples seeking marriage counseling.

Comparing Walker's and Williams' results with those shown in Table XXI demonstrates several things. First, the pre-counseling testing showed very similar results to that of Walker and Williams for couples seeking marriage counseling. Secondly, post-counseling scores were considerably lower and the standard deviation was narrower. The reduction in the Polyfactor marital maladjustment score was about twenty-five points. That is approaching a reduction of more than one-half a standard deviation. The significance of this reduction was well beyond the point .001 level.

The MAI and Polyfactor seemed to show that a higher degree of improvement was obtained in marriage adjustment than was so in personal or social adjustment. This is so since no improvements even approaching a half a standard deviation were found for the overall measurements of personal and social
adjustment. Such a comparison is very difficult to make but the evidence does seem to indicate only slight improvements in social and personal adjustment, while a considerable improvement occurred in marriage adjustment. This is evidenced by the aggregate improvements of the MMPI and CPI being far less than one-half a standard deviation, while the total improvement on the MAI was one-half a standard deviation, and that of the Polyfactor was well above half a standard deviation. This large an improvement in marital adjustment seems not likely to be due to the "spontaneous recovery" phenomenon. This is especially so since most of the couples in this investigation reported that they were near divorce when they entered marriage counseling.

The conclusion drawn from these findings is that marriage counseling can make a considerable improvement in marital adjustment and also a slight improvement in personal and social adjustment. These findings are also interpreted as helping to negate the ideas that marital adjustment is dependent on either personal or social adjustment.

"How do the three forms of marriage counseling differ in the outcomes they produce?" is the second question in this "additional findings" section. Table XXII presents results relevant to this question. The table presents in the first column the tests and test scales used in this study. In the next three columns there appear each of the comparisons between each combination of the marriage counseling forms.
TABLE XXII
LOCATION AND AMOUNT OF DIFFERENCES BETWEEN CONCURRENT INTERVIEW, CONJOINT
INTERVIEW, AND CONJOINT GROUP MARRIAGE COUNSELING PRE- TO POST-TEST
OUTCOME SCORES SHOWING SCHEFFE'S F AND SIGNIFICANCE

<table>
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<tr>
<th>Experimental Section</th>
<th>Differences Between Three Forms of Marriage Counseling</th>
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</thead>
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<tr>
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<td>Concurrent Interview and Conjoint Interview</td>
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<td><strong>Part 1--Personal</strong></td>
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<td>Maladjustment MMPI</td>
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### TABLE XXII—Continued

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<th>Differences Between Three Forms of Marriage Counseling</th>
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<td>Polyfactor</td>
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*Fairly Significant

**Very Significant
Concurrent interview is compared with conjoint interview in the first column. Concurrent interview is compared with conjoint group in the second column. Conjoint interview is compared with conjoint group in the last column. Each of these three columns contains two subcolumns. The first subcolumn contains the Scheffe's F, which shows the amount of difference between the two forms of marriage counseling compared in that column on pre- to post-test differences. The second subcolumn shows that difference was nonsignificant, significant at or beyond the .05 level, or significant at or beyond the .01 level. These figures are given for each test or test scale used in the Experimental Study and their shortened names lead off each of the rows in which the comparison figures are given. The larger the Scheffe's F, the greater the difference produced between the two forms of marriage counseling.

Table XXII shows that there were four differences which were significant in the personal adjustment measures of Part 1. They were each significant at the .05 level. These differences all occurred in the comparison of concurrent interviews and conjoint interviews. The significant differences between the pre- to post-counseling measurements were on the scales labeled Depression, Psychasthenia, the MMPI Clinical Scales Aggregate Score, and the CPI Self-Control Scale score. The mean post-test scores shown on previous tables showed that the greater improvement occurred with the
concurrent interview form of marriage counseling for each of these four significant personal adjustment measures. There were no significant differences produced between concurrent interviews compared with conjoint group or between conjoint interviews compared with conjoint group.

The main conclusion is that concurrent interviews were moderately superior to conjoint interviews in improving certain limited areas of personal adjustment. Neither conjoint interviews nor conjoint group sessions were shown to be superior, one over the other, in improving personal adjustments.

In the Part 2 section of Table XXII the social adjustment measures are shown. This table shows that no significant differences were found to exist between the outcomes of concurrent interviews and conjoint interviews in regard to social adjustment. This data is shown in the second column of Table XXII. The third column compares the results of concurrent interview and conjoint group sessions. Two significant differences are shown here. They occur on the scale titled Good Impression and the MMPI Si or Social Introversion Scale. Both are significant at the .05 level. The pre- to post-test mean differences shown on previous tables indicate that conjoint group was superior to concurrent interviews in producing these improvements. The fourth column shows that a difference significant at the .01 level occurred between conjoint group and conjoint interviews on the MMPI Si Scale. A study of the means of this scale shown on previous tables indicates that
conjoint group sessions were superior to conjoint interview sessions in producing improvement on the Social Introversion Scale.

The main conclusion is that conjoint group sessions were shown to be superior to both conjoint and concurrent interviews in reducing social introversion. Conjoint group was also shown to have been superior to concurrent interviews in helping a client increase his ability to make good impressions. Concurrent and conjoint interviews were almost exactly equal in their comparison of social adjustment change.

Part 3 of Table XXII presents the results for marital adjustment. The column comparing the concurrent and conjoint interview forms shows that the results of the two on the MAI were insignificantly different. However, the Polyfactor measured a difference occurring between the two forms significant beyond the .01 level. Examining the mean scores and the difference means on previous tables shows the conjoint interview approach to be superior to the concurrent. The differences between the MAI and Polyfactor tests themselves are believed to account for one marriage test showing non-significant differences and the other significance at the high .01 level. The Polyfactor is an objectively scored sentence completion test allowing for a much wider range of marital difficulties to be reflected than the "yes or no" forced answer form used in the MAI. Thus, it is thought that
the Polyfactor is more "sensitive" and that this probably accounts for the differences.

Both the MAI and Polyfactor show significantly different outcomes occurred between the concurrent interview and the conjoint group forms of marriage counseling. Both measures were significant at the .05 level. An examination of the means presented on previous tables shows that the conjoint group form was superior to the concurrent interview modality. The differences between conjoint interview and conjoint group were measured as being both infinitesimal and nonsignificant.

The main conclusions are quite specific. The results indicate that conjoint interviews were superior to concurrent interviews in reducing marital maladjustment. Conjoint group sessions were also superior to concurrent interviews. Conjoint interviews and conjoint groups were equally effective in reducing marital disharmony according to the measurements used.

The results presented on Table XXII tend to negate the idea that marital adjustment is dependent on personal adjustment. If this were so, personal adjustment improvements would have been greatest in the same treatment conditions as marital adjustment. They were not. To a less clear extent this type of result was also true in the comparison of social and marital adjustments. Perhaps there is more overlap or mutual interface dependence between marital adjustment and
social adjustment than there is between marital adjustment and personal adjustment.

It should be noted that of the ninety measurement comparisons made, shown on Table XXII, which tested for differences between the three forms of marriage counseling investigated, only ten demonstrated statistical significance. Eighty did not. This suggests that in most ways these forms of marriage counseling do not seem to produce much difference of outcome. However, in the all-important area of marriage adjustment itself, three of the four comparisons of modalities demonstrated significance. This evidence is taken as further support for the ideas that marital adjustment is a separate entity and that marriage counseling should be seen as a form of treatment unique and apart from other forms of counseling and therapy. The evidence also supports the concept that marriage counseling may produce a large change in marital adjustment and small change in personal and social adjustment.

The third question in this "additional findings" section asks "What do the results concerning couples demonstrate?" The Polyfactor's makeup is such that two couple's scores are yielded. One is a Couple's Total Score which is simply the scores of two spouses added together. The second is the Couple's Difference Score. This is not simply the lesser subtracted from the greater but rather a sum of each difference on each of the Polyfactor subscales which leads to
a slightly different total difference score than the former procedure. The MAI husband's and wife's individual total scores were added to obtain an MAI Couple's Total Score, although this is an experimental procedure for that test and is not fully standardized. These couple's scores are, of course, an attempt to measure the marriage as a whole rather than just the individual spouses.

Table XXIII presents the pre- to post-counseling difference means and their standard deviations for these three types of couples' scores. These are given by form of counseling and for the total results by rows. The next to the last row contains the analysis of variance F ratio figure. The last row contains the probability test results for the F ratios.

Table XXIII shows that the pre- to post-counseling differences on the Polyfactor's Total Couples' Scores was significant at beyond the .01 level of confidence. The Polyfactor Difference Score was not significant. The MAI Couples' Total Score approached the minimum .05 level but did not quite reach it. Thus, the Polyfactor Couples' Total Score was the only one which was depended upon in analysis to show significant differences occurring among couples' scores.

A viewing of the mean Couples' Total Scores on the Polyfactor shows that conjoint interviews produced the largest decrease in marital maladjustment among the couples. The mean decrease was about seventy-eight points. Following close behind was the conjoint group form with a decrease of
TABLE XXIII

POLYFACTOR AND MAI COUPLES' SCORE DATA SHOWING PRE- TO POST-COUNSELING TEST DIFFERENCES

<table>
<thead>
<tr>
<th>Form of Counseling</th>
<th>Polyfactor Total Couples' Score</th>
<th>Polyfactor Couples' Total Difference</th>
<th>MAI Couples' Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Conjunct Interview</td>
<td>-78.04</td>
<td>51.46</td>
<td>-21.00</td>
</tr>
<tr>
<td>Conjunct Group</td>
<td>-61.38</td>
<td>51.65</td>
<td>-19.00</td>
</tr>
<tr>
<td>Total Results</td>
<td>-51.55</td>
<td>61.80</td>
<td>-18.28</td>
</tr>
<tr>
<td>F Ratio</td>
<td>6.93</td>
<td>.23</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>.002</td>
<td>.78</td>
<td></td>
</tr>
</tbody>
</table>

approximately sixty-one points. Far behind this was the concurrent interview form with a decrease of only about fifteen points. The MAI Couples' Total Score improvement for those in the concurrent interview form was also far less than those in the two conjoint forms, although the group modality showed a four point superiority over the conjoint interview form on the MAI.

These results indicate that for couples the concurrent interview form is definitely inferior to the two conjoint forms in reducing marital maladjustment. The evidence suggests that the conjoint interview form of marriage counseling is perhaps a slight bit better for reducing marital disharmony among couples than is the conjoint group form.
Table XXIV gives the results of the Cheffe's F tests and also shows the amount and the significance of the differences between the pre- and post-counseling tests of the couples. It does this by comparison of each form of marriage counseling with the other two. In the first column are the names of the forms being compared. In the second are the comparison factors of means, Scheffe's F's, and the significance. The third column presents the results for the Polyfactor Couples' Total Scores. The fourth column gives the Polyfactor Couples' Difference Scores. The fifth column gives the MAI Total Couples' Score results.

The results on Table XXIV show that the difference between concurrent and conjoint interview forms for couples was significant at the .01 level on the Polyfactor. Furthermore, the conjoint form yielded a score reduction average of seventy-eight points while concurrent interview's reduction was only fifteen points. The conjoint Polyfactor Difference Score reduction average was twenty-one points and the concurrent only about fifteen points, but this was nonsignificant. The MAI testing showed a reduction of almost thirty-eight points for the conjoint interview form, while the average Couples' Total Score reduction for concurrent interviews was not quite fourteen points. This difference on the MAI did not reach the .05 level.

The comparison of concurrent and conjoint interview approaches shown on Table XXIV shows a distinct advantage of
<table>
<thead>
<tr>
<th>Comparison by Counseling Forms</th>
<th>Comparison Factor</th>
<th>Polyfactor Total Couples' Score</th>
<th>Polyfactor Total Difference Score</th>
<th>MAI Total Couples' Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent Interview with Conjoint Interview</td>
<td>Concurrent Mean</td>
<td>-15.23</td>
<td>-14.85</td>
<td>-13.71</td>
</tr>
<tr>
<td></td>
<td>Scheffe's F</td>
<td>6.45</td>
<td>.22</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>.01**</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Concurrent Interview with Conjoint Interview</td>
<td>Concurrent Mean</td>
<td>-15.23</td>
<td>-14.85</td>
<td>-13.71</td>
</tr>
<tr>
<td></td>
<td>Group Mean</td>
<td>-61.38</td>
<td>-19.00</td>
<td>-42.90</td>
</tr>
<tr>
<td></td>
<td>Scheffe's F</td>
<td>3.48</td>
<td>.10</td>
<td>2.38</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>.05*</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Conjoint Interview with Conjoint Interview</td>
<td>Concurrent Mean</td>
<td>-78.04</td>
<td>-21.00</td>
<td>-37.90</td>
</tr>
<tr>
<td></td>
<td>Group Mean</td>
<td>-61.38</td>
<td>-19.00</td>
<td>-42.90</td>
</tr>
<tr>
<td></td>
<td>Scheffe's F</td>
<td>.45</td>
<td>.02</td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

NS = Nonsignificant

* = Fairly significant

** = Very significant
the conjoint forms over the concurrent. It is thus concluded that for couples and, therefore, for marriages as a whole, the conjoint interview form of marriage counseling was superior to the concurrent interview form.

The comparison of concurrent interviews with conjoint group sessions showed somewhat similar results. Couples in conjoint group reduced their Polyfactor Couples' Total Scores an average of sixty-one points. Those in concurrent interview treatment reduced their Polyfactor Couples' Total Scores by only fifteen points. This difference was significant at the .05 level. The Polyfactor Difference Score measurements were insignificant and showed a spread of only five points, although the conjoint group form demonstrated the greater reduction. While not reaching a level of statistical significance, the MAI Couples' Total Scores in the conjoint group condition showed an average reduction of about forty-three points, while the MAI reduction for those in concurrent interview counseling had a reduction of only about fourteen points.

The conjoint group and concurrent interview comparison shown on Table XXIV demonstrates that for couples and, therefore, marriages, conjoint group treatment was superior to the concurrent interview form. It did not, however, yield quite as good a set of outcome results as the conjoint interview modality.
The conjoint interview and conjoint group comparisons were nonsignificant, but they also suggested a possible slight superiority exists for conjoint interviews. The three conjoint interview score reductions were slightly greater than those of conjoint group.

The conclusions drawn from Table XXIV are quite simple. Both conjoint forms of marriage counseling were shown to have been superior to the concurrent interview form in the measurements for couples. There were some indicators that the conjoint interviews were slightly more effective at reducing a couple’s marital difficulties than was conjoint group marriage counseling.

The last question in the "additional findings" part of this report asked "Are there differences as to sex, age, or severity of marital problem?" Since there were no hypotheses formulated concerning this question, only significant and highly relevant data are presented here. Only data showing a definite difference to have existed between the three forms of marriage counseling studied in the Experimental Study were considered important enough to include here.

Concerning sex, there were no significant differences between concurrent interview, conjoint interview, or conjoint group marriage group counseling on the MMPI, CPI, MAI, or Polyfactor. That is to say, husbands and wives did not differ significantly, one from the other, in these treatment
conditions according to these measurements. Thus, the findings are considered to apply equally well both for men and women.

The findings concerning age are quite different and, also, a much more difficult matter to translate into meaning. To make this translation, several factors concerning the age distribution must be considered. First, all the subjects' mean ages in the three counseling conditions are important. The mean age of the subjects counseled in the concurrent interview condition was 36.21 years. The mean age of the subjects counseled in the conjoint interview condition was 35.20. The mean age of the subjects counseled in the conjoint group condition was 33.85. Thus, those in the concurrent condition were somewhat older and those in conjoint group somewhat younger than the overall mean.

The subjects were divided into six age groupings. These are shown in Table XXV as column headings. Table XXV also shows the number of subjects in each category and the Polyfactor pre- to post-counseling difference mean with its standard deviation, all of which were given for each age category and according to each of the three treatment conditions. The total number of subjects in each age grouping is shown in the totals row. An examination of the totals shows the subjects to be fairly evenly dispersed except the last column, which drops to fifteen. The majority of the subjects are in the thirty-one to thirty-five age bracket. In the concurrent
TABLE XXV

DISTRIBUTION OF EXPERIMENTAL SUBJECTS INTO AGE CATEGORIES

<table>
<thead>
<tr>
<th>Treatment Conditions</th>
<th>18 - 25</th>
<th></th>
<th>26 - 30</th>
<th></th>
<th>31 - 35</th>
<th></th>
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</thead>
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<tr>
<td></td>
<td>Ss</td>
<td>M</td>
<td>SD</td>
<td>Ss</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Concurrent Interview</td>
<td>5</td>
<td>5.40</td>
<td>39.64</td>
<td>4</td>
<td>24.25</td>
<td>66.41</td>
</tr>
<tr>
<td>Conjoint Interview</td>
<td>8</td>
<td>20.42</td>
<td>42.50</td>
<td>7</td>
<td>44.75</td>
<td>25.44</td>
</tr>
<tr>
<td>Conjoint Group</td>
<td>7</td>
<td>51.42</td>
<td>31.64</td>
<td>10</td>
<td>25.00</td>
<td>42.43</td>
</tr>
<tr>
<td>Totals</td>
<td>20</td>
<td>x</td>
<td>x</td>
<td>21</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Treatment Conditions</td>
<td>36 - 40</td>
<td>41 - 45</td>
<td>45+</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>--------</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ss</td>
<td>M</td>
<td>SD</td>
<td>Ss</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Concurrent Interview</td>
<td>9</td>
<td>24.33</td>
<td>48.38</td>
<td>12</td>
<td>44.41</td>
<td>37.21</td>
</tr>
<tr>
<td>Conjoint Interview</td>
<td>6</td>
<td>42.16</td>
<td>44.65</td>
<td>6</td>
<td>34.80</td>
<td>46.09</td>
</tr>
<tr>
<td>Conjoint Group</td>
<td>6</td>
<td>8.16</td>
<td>55.72</td>
<td>2</td>
<td>63.50</td>
<td>16.26</td>
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<tr>
<td>Totals</td>
<td>21</td>
<td>x</td>
<td>x</td>
<td>20</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
interview condition the table shows that there was a fairly imbalanced distribution skewed so that there were more older than younger subjects. The table shows that the subjects in the conjoint interview condition were quite evenly distributed in all six age brackets. The subjects in the conjoint group condition were distributed in a fashion which was slightly skewed in favor of more younger subjects.

Understanding the distribution of the difference means presented in Table XXV was made easier by the construction of a line graph. Figure 1 presents this line graph. The vertical axis presents a spread of Polyfactor mean difference points. The figures above zero represent the amount of reduction of marital difficulty which occurred from pre- to post-counseling testing. The scores below zero represent a worsened condition existing, according to the Polyfactor, at the time of the second testing. The horizontal axis gives the age groupings. The difference means for the concurrent condition are shown by a solid line, those for conjoint interview by a dotted line, and those for conjoint group by a dashed line.

The concurrent interview condition shows a most interesting rise from below the zero line in the younger age groups to well above it in the older ones. Thus, it seems that concurrent interview marriage counseling may have actually been harmful to the younger couples but decidedly more beneficial to the older spouses. This data is interpreted
as suggesting that the older a couple is, the more reason there may be to use a concurrent interview approach. The converse also seemed to be suggested by this evidence. The conclusion is that the younger a couple, the less reason to use a concurrent interview approach.
The graph shows conjoint interviews to have been most effective with those in the middle age ranges and to fall off at either end of the age continuum. Conjoint group showed the reverse trend. It was apparently least beneficial to those in the middle age brackets and more helpful to those at either end. One caution is needed here. The highest conjoint group score was yielded by a category with only two subjects in it, as is shown in Table XXV.

The data on conjoint interview counseling suggests this may be the preferred approach in working with the twenty-six to forty-year-old clients, but it should, perhaps, be used sparsely with young couples and older spouses.

The data concerning conjoint group presented in Table XXV and depicted in Figure 1 suggests that conjoint group was best with the younger and older couples but not as useful with clients in the middle age brackets, especially those thirty-six to forty years of age.

These interpretations are considered highly tentative and useful only for further research since they are based on categories containing as few as three and no more than fourteen subjects each. Nevertheless, these trends are considered well worth noticing for the purpose of constructing research in the future.

In examining the F ratios and probability figures for the data presented in Table XXV, it was found that all approached significance but did not quite reach the .05 level.
of confidence. For that reason, the analysis of variance data is not presented here. The significance levels were, however, all between .31 and .07, suggesting that if a larger sample size had been used, statistical significance might have been achieved. This data concerning age is considered worth reporting since it does suggest that certain trends exist which bear further investigation.

The next issue regarded the question "Would different degrees of problem severity be differentially affected by different forms of marriage counseling?" One of the instruments did yield what seemed to be an important pattern of results having to do with the severity of the original marital problems. This pattern is revealed in Table XXVI and is represented more clearly in Figure 2. The table presents figures for marital adjustment according to the original severity ratings and treatment forms. The original measurements of severity were made with the MAI. The Polyfactor coefficient of correlation with the MAI measurements was .91, which of course approached a very excellent correlation between the Polyfactor and the MAI pre-treatment scores. Thus, the severity categories of mild, moderate, and severe were substantiated by measurements made with two instruments.

Table XXVI shows in the far left column the three forms of treatment used in this comparison. To the right of that is shown the means of the changes in the individual Polyfactor
<table>
<thead>
<tr>
<th>Form of Treatment</th>
<th>Mild M</th>
<th>SD</th>
<th>Moderate M</th>
<th>SD</th>
<th>Severe M</th>
<th>SD</th>
<th>Totals M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent Interview</td>
<td>8.84</td>
<td>47.02</td>
<td>-10.60</td>
<td>35.18</td>
<td>-16.11</td>
<td>45.65</td>
<td>-7.61</td>
<td>44.24</td>
</tr>
<tr>
<td>Conjoint Interview</td>
<td>-19.23</td>
<td>40.73</td>
<td>-55.50</td>
<td>24.74</td>
<td>-49.80</td>
<td>35.10</td>
<td>-39.34</td>
<td>38.69</td>
</tr>
<tr>
<td>Conjoint Group</td>
<td>-17.00</td>
<td>42.93</td>
<td>-34.18</td>
<td>19.84</td>
<td>-37.33</td>
<td>44.85</td>
<td>-30.38</td>
<td>38.77</td>
</tr>
<tr>
<td>Totals</td>
<td>-9.90</td>
<td>44.17</td>
<td>-33.45</td>
<td>31.98</td>
<td>-33.86</td>
<td>43.84</td>
<td>-25.67</td>
<td>42.51</td>
</tr>
</tbody>
</table>
Fig. 2--Bar graph comparison of marital adjustment improvement according to severity of marital problems and treatment form as measured by individual Polyfactor Scores and depicted by mean score improvements.

Scores from the pre- to post-counseling measurements. The standard deviations for these mean changes is also shown. The far right column shows the means and standard deviations for the total number of subjects in each of the three treatment forms. The bottom row of Table XXVI gives the totals for the severity category, and in the far right column is the total mean change for all the subjects combined along with that mean's standard deviation.
The table reveals that those subjects who were measured as having only mild marital difficulties and who were seen in concurrent marriage counseling actually worsened their marital situation. The table shows an increase of almost nine points in marital difficulty for these subjects. The standard deviation was quite wide, shown in the table as 47.02 points. The conjoint interview and conjoint group did much better by obtaining mean reductions of marital disharmony of about seventeen and nineteen points respectively. Both, however, also had rather wide standard deviations of better than a forty point spread. These three standard deviations contributed to a less than significant analysis of variance finding which was, however, at the .18 level of probability.

The subjects who had been measured as starting counseling with moderate difficulties produced results quite different from those with only mild problems. Concurrent interview counseling produced a mean decrease of better than ten points. The standard deviation was only about thirty-five points, indicating more uniform results. Subjects with moderate difficulties in conjoint interview counseling produced the largest mean reduction in marital difficulty, a score of better than fifty-five points. The mean's standard deviation narrowed to only 24.74 points. Conjoint group produced a mean of about thirty-four points with an even narrower standard deviation of just under twenty points. These narrow
standard deviations contributed to an analysis of variance F ratio of 6.85 which was significant beyond the .01 level of confidence. The Scheffe's F Test located this significant difference as having occurred between the conjoint interview and conjoint group conditions in favor of the former counseling modality. The other comparison of forms in the moderate column approached but did not reach significance.

The subjects with severe difficulties produced a different sort of result. The standard deviations once again spread out, as was true with the mild category subjects. The mean improvement for those in concurrent interview marriage counseling rose to about sixteen points. The mean for those in conjoint interview marriage counseling fell below that of the subjects in the moderate condition. The mean improvement of the subjects starting counseling in the conjoint group form rose to around thirty-seven points. The F ratio in the severe group was significant at the .08 level.

Figure 2 presents a bar graph comparison of the means which more clearly demonstrates the patterns produced by these findings. This pattern includes the following elements. First, as the graph shows, conjoint interview produced superior results as compared to the other two forms in all three severity categories. However, with mild difficulty subjects it resulted in almost the exact same mean improvement as that obtained by the conjoint group form of marriage counseling. Conjoint interview, as the graph shows, appeared
markedly better than the concurrent interview form and rather better than the conjoint group form in the moderate and severe difficulty categories.

Concurrent interview apparently produced a slight increase in marital difficulty among the subjects starting marriage counseling with mild problems. Perhaps this merely represents an increased awareness of problems on their part produced by a closer examination in counseling. However, it might also mean that separate counseling sessions for the spouses actually produces more problems if the severity of the marital problem is only mild.

Concurrent interview, among the mild difficulty group, produced a mean of 8.84 points. Among the moderate group this increased to 10.60 points. Among the severe group subjects this rose to 16.11 points. Thus, the more severe the problem, the more concurrent sessions were likely to have resulted in improved results. They, however, were, in no case, as good as the results produced by the two conjoint conditions. Therefore, concurrent interviews, it is concluded, tend to be seen as increasingly appropriate with increased problem severity. Since the concurrent form was inferior to the conjoint forms, concurrent interviews, it is concluded, should only be used with conjoint forms and not by itself.

Conjoint group produced a mean improvement of 17.00 points among the mild subjects, a mean improvement of 34.18 points among the moderate, and a mean improvement of 37.33
points among those with severe marital problems. Thus, the more severe the difficulty, the higher the measured improvement produced by conjoint group marriage counseling. However, since conjoint group was shown to be inferior to conjoint interviews, it was also seen as a better adjunctive form, especially for those in only a moderate severity condition.

Conjoint interview produced mean improvements of 19.23 points among the mild group, 55.50 points among the moderate group, and 49.80 points among the severe group. Thus, the conjoint interview form produced the greatest amount of improvement among those with moderate difficulties. In this category it was far superior to the concurrent interview form and rather superior to the conjoint group form.

In the mild difficulty category, using either of the two conjoint forms seemed to produce about the same results. There was, of course, less overall improvement in this category because there was less room for improvement due to the mildness of the problems. In the moderate difficulty column there appeared the obvious and marked superiority of the conjoint interview approach. The overall improvement was considerably larger than found in the mild category. This was, no doubt, due to the increased room for improvement offered by subjects in the moderate difficulty category.

The severe difficulty group probably had even more room for improvement, but since improvement in this category was presumably harder, the overall improvement was only about
equal to that of the subjects in the moderate category. Thus, the total improvements went from about ten points in the mild difficulty category to about thirty-three points in the moderate and then to about thirty-four points in the severe. The standard deviations were wide in the mild, much narrower in the moderate, and wide again in the severe category of marital difficulty. Thus, a significant level of confidence was possible only in the narrow moderate category. Nevertheless, a pattern to the findings did seem to be evident.

The data regarding severity of difficulty were interpreted as suggesting trends needing further research. A summary of these trends is as follows:

1. Conjoint interview produces better marriage counseling results than conjoint group or concurrent interview marriage counseling in the moderate and severe difficulty classifications.

2. Conjoint interview and conjoint group produce equal marriage counseling results in the mild difficulty classification and are both superior to concurrent interview.

3. Concurrent interview may be harmful or useless to subjects with mild marital difficulties but is likely to increase its usefulness as the severity of difficulties increase, but only as an adjunct to conjoint forms.

4. Conjoint group is useful for reasons of economy with subjects having mild difficulties and useful mainly as an adjunct to subjects with severe difficulties, and to a lesser
extent for those of a moderate condition, if both are receiving conjoint interview counseling.

An additional concept arose in discussing these three treatment modalities with the marriage counselors involved. This was that severity was of two types, chronic and acute. Chronic difficulties were those that were long lasting and might eventually become acute but generally were not thought to bring on a quick deterioration in the marital relationship. Acute difficulties were thought of as those which are likely to suddenly erupt into a rapid deterioration or destructive breaking apart of the marital relationship. The consensus was that the more acute the problems, the more reason there was to use concurrent interviews and the less reason there was to use a group modality. This is due to the need for lengthy, uninterrupted interaction with one client in an acute phase of difficulty. The chronic problems were seen in reverse of the acute ones. The more chronic but less acute, the more reason to use a group modality and the less reason to use concurrent interviews. The expressed reason for this was that a group tended to be slower but much more powerful in altering long established and "rooted-in" problem patterns. Thus, conjoint interviews were seen as useful in treating average problems, concurrent interviews as useful in "patching up" or helping clients "ride through" an acute difficulty, and group forms were seen as most useful for helping people get over "long haul, deep set" chronic nonacute difficulties.
The severity classifications used in this study make no differentiation between chronic and acute. They, therefore, probably contain a mixture of both. These findings, then might well be considered contaminated by this undifferentiated mixture of acute and chronic amounts of severity. Thus, much further research is in order.

In examining the rest of the data relating to severity of marital problems and forms of marriage counseling, no particular differences were discovered. Therefore, no one form of marriage counseling was definitely shown to be particularly useful, useless, or detrimental in dealing with a particular level of marriage problem severity. The closest exception to this was the finding that conjoint interviews were significantly more effective than concurrent interviews with subjects having moderate marital difficulties. This, however, may have been more a function of accidental narrow standard deviation ranges, rather than actual differences in treatment effectiveness. This is not to say that the forms are not more or less effective according to severity, but rather that the evidence was inconclusive. Further research is definitely needed to resolve the questions concerning different amounts of marital difficulty and what variations are caused with different counseling forms.

This concludes the results for the Experimental Study, a section which attempted an experimental comparison of sixty-three couples randomly divided equally among three conditions of marriage counseling.
The Quasi-Experimental Study Findings

The purpose of this section of the investigation was to provide a comparison of subjects treated in multiple forms of marriage counseling with those treated in single forms. Since it was thought that clients having serious marriage problems are often seen in multiple forms of marriage counseling, this section included only subjects measured as having serious marital difficulties. Therefore, this section is also an outcome comparison of varying treatments used with seriously conflicted marriages.

Results of the Quasi-Experimental Hypotheses

Hypothesis A for the Quasi-Experimental Study stated that "subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in personal adjustment as measured by the MMPI clinical scales than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study."

Table XXVII gives the results pertinent to this hypothesis. Presented in the first column are the row titles which are the names of each of the MMPI subscales used here. The next major column presents the mean and standard deviations of the pre-to post-testing differences for those subjects who were seen in multiple forms of marriage counseling. The column to the right of that gives the data relevant to a comparison between
TABLE XXVII

MMPI ANALYSIS OF VARIANCE RESULTS SHOWING PRE- TO POST-COUNSELING DIFFERENCES COMPARING THE MULTIPLE FORMS CONDITION WITH EACH OF THE THREE SINGLE FORMS

<table>
<thead>
<tr>
<th>MMPI Clinical Scales</th>
<th>Multiple Forms</th>
<th>Concurrent Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Scale 1 (HS) Hypochondria</td>
<td>-3.76</td>
<td>9.07</td>
</tr>
<tr>
<td>Scale 2 (D) Depression</td>
<td>-5.21</td>
<td>9.11</td>
</tr>
<tr>
<td>Scale 3 (Hy) Hysteria</td>
<td>-1.72</td>
<td>8.88</td>
</tr>
<tr>
<td>Scale 4 (Pd) Psychopathia</td>
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<td>9.66</td>
</tr>
<tr>
<td>Scale 6 (Pa) Paranoia</td>
<td>-1.22</td>
<td>7.41</td>
</tr>
<tr>
<td>Scale 7 (Pt) Psychasthenia</td>
<td>-2.34</td>
<td>7.91</td>
</tr>
<tr>
<td>Scale 8 (Sc) Schizophrenia</td>
<td>-3.10</td>
<td>8.41</td>
</tr>
<tr>
<td>Scale 9 (Ma) Hypomania</td>
<td>-1.10</td>
<td>7.61</td>
</tr>
<tr>
<td>Aggregate Scale</td>
<td>-28.12</td>
<td>50.09</td>
</tr>
</tbody>
</table>
TABLE XXVII--Continued

<table>
<thead>
<tr>
<th>MMPI Clinical Scales</th>
<th>Conjoint Interview</th>
<th>Conjoint Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Scale 1 (HS) Hypochondri a</td>
<td>-2.01</td>
<td>4.21</td>
</tr>
<tr>
<td>Scale 2 (D) Depression</td>
<td>-2.87</td>
<td>10.16</td>
</tr>
<tr>
<td>Scale 3 (Hy) Hysteria</td>
<td>-1.12</td>
<td>6.39</td>
</tr>
<tr>
<td>Scale 4 (Pd) Psychopathia</td>
<td>-1.33</td>
<td>4.48</td>
</tr>
<tr>
<td>Scale 6 (Pa) Paranoia</td>
<td>-.56</td>
<td>6.68</td>
</tr>
<tr>
<td>Scale 7 (Pt) Psychasthenia</td>
<td>-1.33</td>
<td>9.31</td>
</tr>
<tr>
<td>Scale 8 (Sc) Schizophrenia</td>
<td>-2.94</td>
<td>6.45</td>
</tr>
<tr>
<td>Scale 9 (Ma) Hypomania</td>
<td>-2.21</td>
<td>6.72</td>
</tr>
<tr>
<td>Aggregate Scale</td>
<td>-27.11</td>
<td>38.16</td>
</tr>
</tbody>
</table>
the multiple forms condition and the subjects treated with the concurrent interview form of marriage counseling. This consists of the pre- to post-counseling testing difference mean, its standard deviation, the analysis of variance F ratio comparing the concurrent interview condition with the multiple forms condition, and its level of significance. The next major column gives the same data for the comparison of conjoint interview marriage counseling with the multiple forms condition. The major column on the far right then presents similar data for the comparison between conjoint group marriage counseling and the multiple forms conditions.

Table XXVII shows that there were no significant F ratios. Also, inspection of the table reveals the mean, standard deviation, F ratios, and significance levels to all be rather similar. Thus, no trends were in evidence and Hypothesis A of the Quasi-Experimental section is rejected. Subjects in multiple forms of marriage counseling did not show a significantly greater mean gain in personal adjustment as measured by the MMPI clinical scales than did subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study.

Hypothesis B of the Quasi-Experimental Study stated that "subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in marital adjustment as measured by the Polyfactor than
would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study."

Table XXVIII gives the results pertinent to this hypothesis. This table is organized just like the previous one except that Polyfactor scores replace the MMPI scores. The Polyfactor scores which were used are the Wife's Total Score, the Husband's Total Score, the Couple's Total Score, and the Couple's Difference Score. The Couple's Difference Score refers to a particular formula for measuring the score difference between two spouses and not their difference from one test to another or the simple subtracting of the lesser from the greater.

Table XVIII shows that none of the F ratios reached significance. Also, an examination of the means and standard deviations found no evidence suggesting any particular trend was evident in the data. Thus, Hypothesis B for the Quasi-Experimental Study is rejected. Therefore, subjects with serious marital difficulty in multiple forms of marriage counseling were not shown to have had a significantly greater mean gain in marital adjustment than were subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study.

Hypothesis C for the Quasi-Experimental Study stated that "subjects with serious difficulties in multiple forms of marriage counseling would show a significantly greater mean
TABLE XXVIII

POLYFACTOR ANALYSIS OF VARIANCE RESULTS SHOWING PRE- TO POST-COUNSELING DIFFERENCES COMPARING THE MULTIPLE FORMS CONDITION WITH EACH OF THE THREE SINGLE FORMS

<table>
<thead>
<tr>
<th>Polyfactor Total Scores</th>
<th>Multiple Forms</th>
<th></th>
<th>Single Forms Concurrent Interview</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Husband's Total Scores</td>
<td>-6.31</td>
<td>32.81</td>
<td>-5.43</td>
<td>40.58</td>
</tr>
<tr>
<td>Wife's Total Scores</td>
<td>-7.16</td>
<td>39.21</td>
<td>-6.90</td>
<td>33.71</td>
</tr>
<tr>
<td>Couple's Total Scores</td>
<td>-13.38</td>
<td>74.06</td>
<td>-12.62</td>
<td>91.17</td>
</tr>
<tr>
<td>Couple's Difference Scores</td>
<td>-2.74</td>
<td>10.11</td>
<td>-2.51</td>
<td>11.06</td>
</tr>
<tr>
<td>Polyfactor</td>
<td>Single Forms</td>
<td>Conjoint</td>
<td>Group</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>------------------------------</td>
<td>-----------------------------------</td>
<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Scores</td>
<td>M</td>
<td>SD</td>
<td>F</td>
<td>P</td>
</tr>
<tr>
<td>Husband's Total Scores</td>
<td>-10.26</td>
<td>35.24</td>
<td>1.44</td>
<td>.23</td>
</tr>
<tr>
<td>Wife's Total Scores</td>
<td>-8.05</td>
<td>33.31</td>
<td>1.31</td>
<td>.41</td>
</tr>
<tr>
<td>Couple's Total Scores</td>
<td>-17.97</td>
<td>83.29</td>
<td>1.59</td>
<td>.22</td>
</tr>
<tr>
<td>Couple's Difference Scores</td>
<td>-3.74</td>
<td>9.65</td>
<td>1.83</td>
<td>.17</td>
</tr>
</tbody>
</table>
gain in social adjustment as measured by the Social Introversion Scale of the MMPI than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study."

Table XXIX gives the data relevant to this hypothesis. This table is organized just like the two previous ones except that the first column gives the title of the MMPI Social Introversion Scale. Examining the data shown in this scale reveals that none of the F ratios reached the significance of the .05 level of confidence. The group condition did come closest but was not sufficient for considering interpretation. Thus, Hypothesis C of the Quasi-Experimental Study is rejected. Subjects in multiple forms of marriage counseling did not show a significantly greater mean gain in marital adjustment than did subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study.

**Discussion of the Quasi-Experimental Study Findings**

The three hypotheses of the Quasi-Experimental Study were an attempt to find evidence that would answer the question, would multiple forms used together produce better results than single forms of marriage counseling? The three hypotheses are rejected. Thus, an answer in the affirmative is untenable. The question was then asked, does this evidence answer the question in the negative? Two of the important
TABLE XXIX

SOCIAL INTROVERSION ANALYSIS OF VARIANCE RESULTS SHOWING PRE- TO POST-COUNSELING DIFFERENCES COMPARING THE MULTIPLE FORMS CONDITION WITH EACH OF THE THREE SINGLE FORMS

<table>
<thead>
<tr>
<th>MMPI Si Scale</th>
<th>Multiple Forms</th>
<th>Single Forms</th>
<th>Concurrent Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Social Introversion</td>
<td>-4.32</td>
<td>8.44</td>
<td>-5.24</td>
</tr>
</tbody>
</table>

TABLE XXIX--Continued

<table>
<thead>
<tr>
<th>MMPI Si Scale</th>
<th>Single Forms</th>
<th>Conjoint Interview</th>
<th>Conjoint Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>F</td>
</tr>
<tr>
<td>Social Introversion</td>
<td>-5.82</td>
<td>5.16</td>
<td>2.31</td>
</tr>
</tbody>
</table>
circumstances existing in the design and conducting of the Quasi-Experimental Study had to be considered before a negative answer could be accepted or rejected.

The first circumstance bearing on these findings was that the subjects were all considered to have serious marital difficulties. Thus, the results could not be interpreted as applicable to clients who had only moderate or mild marital problems. Also, the severity of the marital problem might have meant that the subjects would have experienced only very small changes in their adjustment. These might have been too small to have registered with significance on the measuring instrument used.

The second circumstance affecting the interpretation of these results is the small sample size. There were only seven severely disturbed marriages in each of the three experimental treatment conditions available for use in this section. The multiple marriage counseling forms condition also dealt with only seven marriages.

Thus, there were only fourteen subjects for comparison in each of the four conditions of counseling being compared. The Quasi-Experimental Study dealt with only twenty-eight married couples divided evenly into the four comparison categories. With so few subjects in each category the differences would have had to be considerable for there to be a chance that they would have been shown as statistically significant. It was decided that the sample was in all
likelihood just too small for measuring subjects with severe problems where measured differences were likely to be rather small.

These two circumstances led to the conclusion that the data has to be considered inconclusive. Ideas such as the use of several forms may dilute the singular benefits of each, or a form which helps with a milder problem may not with a more severe one, remain just as unanswered as they were before this section of the study was conducted. Hopefully, better research efforts will someday answer whether or not using a multiple marriage counseling form is better than using a single form.

The Survey Study Findings

The purpose of the Survey Study was to survey the opinions of subjects immediately after various types of marriage counseling sessions to see in which of three areas they thought they were most helped. The areas were those of personal, social, and marital adjustment.

Results of the Survey Study Hypotheses

Hypothesis A of the Survey Study stated that "subjects who had just completed a concurrent interview marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of personal adjustment than in the areas of marital or social adjustment."
As in the Experimental Study the results were treated with an analysis of variance followed by a Scheffe's F Test. First, however, multiple $t$ tests were used to analyze the differences among the rank orders and ratings produced by the subjects of each counseling condition.

Table XXX gives the results on Questionnaire B for the forty-six subject observations which occurred among those in concurrent interview marriage counseling. The first column shows the ranking and rating rows. The second column gives the mean and standard deviation for personal adjustment. The second column shows the mean for ranking and rating of marital adjustment. It also gives the $t$ ratio comparison between personal and marital adjustment. In the last column the mean and standard deviation for the concurrent interview rankings and ratings of social adjustment are shown. In this column the $t$ ratio comparison between personal and social adjustment is also shown.

The lower the mean, the higher the ranking, is the manner in which row one of this table is read. From that it can be seen that the subjects who were in concurrent interview marriage counseling tended to rank marital adjustment as the area in which they were helped most immediately after concurrent interview sessions. Close behind this was personal adjustment followed by social adjustment. Personal adjustment was not measured as being significantly different from the way these subjects ranked marital or social adjustment.
## TABLE XXX

CONCURRENT INTERVIEW MARRIAGE COUNSELING SUBJECTS' PERSONAL ADJUSTMENT RANKINGS AND RATINGS ON QUESTIONNAIRE B COMPARED WITH THOSE OF MARITAL AND SOCIAL ADJUSTMENT SHOWING MEANS, STANDARD DEVIATIONS, AND *t* RATIOS

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Personal Adjustment</th>
<th>Marital Adjustment</th>
<th>Social Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Ranking</td>
<td>2.02 (2nd)</td>
<td>.88</td>
<td>1.91 (1st)</td>
</tr>
<tr>
<td>Rating</td>
<td>5.13 (1st)</td>
<td>1.84</td>
<td>4.36 (2nd)</td>
</tr>
</tbody>
</table>
It would seem fairly natural that subjects who had sought marriage counseling would rate it as the area in which they were receiving the most assistance on a very obvious three-point rank order questionnaire. However, the less obvious seven-point rating scale came much closer to supporting the hypothesis. This was interpreted as suggesting that simple rank ordering by subjects in this kind of research may have been overly simplistic. These results are interpreted as showing Hypothesis A of the Survey Study to be for the most part unsupported.

Hypothesis B of the Survey Study stated that "subjects who had just completed a conjoint interview marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of marital adjustment than in the areas of personal or social adjustment."

Table XXXI is organized the same as Table XXX, except that the figures for marital adjustment appear in the second column and those for personal adjustment in the third column.

The ranking results in the first row reveal that marital adjustment was, as hypothesized, ranked by the subjects in conjoint interview counseling as the area in which they were most helped. Personal adjustment ranked second and social adjustment third. However, the differences were measured as differing nonsignificantly.

The ratings produced the same results as the rankings. Marital adjustment was rated first, personal adjustment second,
TABLE XXXI
CONJOINT INTERVIEW MARRIAGE COUNSELING SUBJECTS' MARITAL ADJUSTMENT RANKINGS AND RATINGS ON QUESTIONNAIRE B COMPARED WITH THOSE OF PERSONAL AND SOCIAL ADJUSTMENT SHOWING MEANS, STANDARD DEVIATIONS, AND t RATIOS

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Marital Adjustment</th>
<th>Personal Adjustment</th>
<th>Social Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Ranking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.90</td>
<td>.98</td>
<td>2.01</td>
</tr>
<tr>
<td></td>
<td>(1st)</td>
<td></td>
<td>(2nd)</td>
</tr>
<tr>
<td>Rating</td>
<td>5.03</td>
<td>1.76</td>
<td>4.68</td>
</tr>
<tr>
<td></td>
<td>(1st)</td>
<td></td>
<td>(2nd)</td>
</tr>
</tbody>
</table>
and social adjustment third. All were sufficiently close enough, however, to produce nonsignificant differences. Thus, the hypothesis is not sufficiently supported.

Hypothesis C of the Survey Study stated that "subjects who had just completed a conjoint group marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of social adjustment than in the areas of personal or marital adjustment."

Table XXXII gives the results for the subjects who were sampled at the end of conjoint group marriage counseling sessions. This table is organized in the same manner as the preceding two except that in the second column the figures for social adjustment are shown. In the third column the figures for personal adjustment and in the last column the figures for marital adjustment are shown.

The row presenting the rank order results shows that, as before, marital adjustment was ranked first, personal adjustment second, and social adjustment third. However, none of these quotients demonstrated statistical significance.

The figures for the ratings show the same results. Marital adjustment received the highest rating, personal adjustment the next highest, and social adjustment was third. The figures were sufficiently close enough, however, to be statistically nonsignificant. Therefore, it is concluded that Hypothesis C is also not supported.
<table>
<thead>
<tr>
<th>Measurement</th>
<th>Social Adjustment</th>
<th>Personal Adjustment</th>
<th>Marital Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Ranking</td>
<td>2.12</td>
<td>.83</td>
<td>2.04</td>
</tr>
<tr>
<td>(3rd)</td>
<td></td>
<td></td>
<td>(2nd)</td>
</tr>
<tr>
<td>Ratings</td>
<td>4.91</td>
<td>1.42</td>
<td>4.94</td>
</tr>
<tr>
<td>(3rd)</td>
<td></td>
<td></td>
<td>(2nd)</td>
</tr>
</tbody>
</table>
The data does suggest a definite trend existed. It was that the subjects exiting marriage counseling sessions, regardless of form used, ranked and rated the areas they were helped in most as (1) marital adjustment, (2) personal adjustment, and (3) social adjustment. Of course, the lack of establishing any statistical significance caused all three hypotheses of the Survey Study to be unsupported.

Additional Findings of the Survey Study

Since all three of the counseling forms showed a similar trend perhaps existed, a question arises. Did the three counseling conditions differ significantly from each other in producing this apparent trend? The analysis of variance and Scheffe's Test suggest an answer.

Table XXXIII gives the pertinent statistical information. The first column presents the rank order and rating scale areas of measurement on Questionnaire B. The second column gives the analysis of variance with F's having asterisks marking significant levels. The next three columns present the two treatment form comparisons according to Scheffe's Test of all possible comparisons.

The rank ordering results shown in Table XXXIII did not demonstrate significant variance. Thus, no particular form of marriage counseling was shown to have significantly differed in the rank ordering of either personal, social, or marital adjustment. The analysis of variance and Scheffe's
### TABLE XXXIII

ANALYSIS OF VARIANCE AND SCHEFFE'S F RESULTS OF QUESTIONNAIRE B COMPARISONS AMONG THE THREE TREATMENT FORMS OF THE SURVEY STUDY

<table>
<thead>
<tr>
<th>Variables Measured</th>
<th>Analysis of Variance (F)</th>
<th>Concurrent Interview &amp; Conjoint Interview</th>
<th>Concurrent Interview &amp; Conjoint Group</th>
<th>Conjoint Interview &amp; Conjoint Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Adjustment Ranking</td>
<td>.66</td>
<td>.32</td>
<td>.01</td>
<td>.63</td>
</tr>
<tr>
<td>Marital Adjustment Ranking</td>
<td>.89</td>
<td>.19</td>
<td>.14</td>
<td>.88</td>
</tr>
<tr>
<td>Social Adjustment Ranking</td>
<td>.10</td>
<td>.00</td>
<td>.08</td>
<td>.05</td>
</tr>
<tr>
<td>Personal Adjustment Rating</td>
<td>1.27</td>
<td>1.25</td>
<td>.34</td>
<td>.47</td>
</tr>
<tr>
<td>Marital Adjustment Rating</td>
<td>3.45*</td>
<td>2.94*</td>
<td>3.04</td>
<td>.00</td>
</tr>
<tr>
<td>Social Adjustment Rating</td>
<td>8.32**</td>
<td>.71</td>
<td>7.25**</td>
<td>3.72*</td>
</tr>
</tbody>
</table>

* significant at the .05 level

** significant at the .01 level

Test of the personal adjustment ratings also did not vary significantly. However, the marital and social adjustment ratings did.
The Scheffe's Test showed that conjoint and concurrent interviews differed significantly on the seven point scale ratings of how much subjects were helped in marital adjustment. The subjects in concurrent interview marriage counseling had a mean "helped" rating in marital adjustment of 4.36 with a standard deviation of 1.52. The subjects in conjoint interview marriage counseling obtained a mean "helped" in marital adjustment rating of 5.03 with a standard deviation of 1.76. Thus, subjects in conjoint interview marriage counseling rated themselves as significantly more helped in marital adjustment than did subjects in concurrent interview marriage counseling immediately after marriage counseling sessions.

The Scheffe's Test results shown on Table XXXIII also demonstrate that a significant difference occurred on the rating of help received in marital adjustment between those exiting concurrent interview and those exiting conjoint group marriage counseling sessions. The mean for those in conjoint group sessions was 5.04 and the standard deviation was 1.32. Thus, those exiting conjoint group sessions rated themselves more helped by those sessions than did subjects immediately after concurrent interview marriage counseling.

Conjoint group and conjoint interview sessions showed virtually no statistical difference with a Scheffe's F of .00 and were thus considered equal in marriage adjustment help value according to the ratings of subjects in these two forms of marriage counseling.
The results concerning the rating of social adjustment are interesting. The analysis of results show a very significant variation existed among the three counseling conditions. However, as Table XXXIII shows, this significant difference was not between the two interview forms of counseling. It was, in fact, in both of the other comparisons.

The mean rating of social adjustment for those exiting concurrent interviews was 3.91 while the standard deviation was 1.69. The mean rating of social adjustment for those ending conjoint group sessions was 4.94 while the standard deviation was 1.42. This difference helped produce the very significant Scheffe's F of 7.25 which was beyond the .01 level of statistical confidence. The higher mean for conjoint group sessions was interpreted as meaning the subjects in this group form of marriage counseling thought they received more social adjustment benefit than did the subjects in concurrent interview counseling.

The Scheffe's F for the comparison between conjoint interviews and conjoint group sessions was also significant at the .05 level. Since the social adjustment mean for conjoint interviews was 4.26 with a standard deviation of 1.48, and the mean for conjoint group was 4.94 with a standard deviation of 1.42, conjoint group produced more social adjustment than did conjoint interviews, according to the subjects' ratings.
Discussion of the Survey Study Findings

The results of the hypothesis testing and the additional findings taken together suggest the following interpretations. First, marriage counseling clients, as they see it, are primarily helped most in the area of marital adjustment itself. Furthermore, they see assistance in personal and social adjustment as quite secondary to assistance in marital adjustment. Those clients in conjoint forms see themselves as helped more than those clients in concurrent interview marriage counseling. Also, those clients in conjoint group see themselves as helped in the area of social adjustment to a much greater degree than those in interview forms. All marriage counseling clients, regardless of the form by which they are treated, see themselves as helped second most in the area of personal adjustment, and third most in social adjustment.

The above interpretations are formulated primarily as hypotheses for further testing and not as definite conclusions. They are seen as trends in the data, rather than actual findings and are thus in need of further confirmation or denial.

This ends the results for the Survey Study, a section which attempted to survey the responses of 200 marriage counseling clients immediately upon their exit from marriage counseling sessions in order to ascertain their ranking and rating of what areas they felt they were most helped in without the contamination of an intervening time variable.
The Poll Study Findings

This section was designed to be a follow-up of former clients' opinions concerning the outcome of their own previous marriage counseling experiences. The mail poll utilized two Questionnaires labeled A and C and two hypotheses.

Results of the Poll Study Hypothesis Relating to Questionnaire A

Hypothesis A of the Poll Study stated that "there would be significant differences among the categories of subjects used in this section with regard to personal, social, and marital adjustment when measured by Questionnaire A." In addition to the data resulting from testing this hypothesis, there is a presentation of results showing a number of other trends not directly related to the hypothesis. The next several tables present such trend data as a background for the later presentation of results directly related to the above hypothesis.

Table XXXIV shows the number and percentages of former client respondents to Questionnaire A who reported remaining married or becoming divorced or permanently separated some time after marriage counseling. The data also is presented according to the form of marriage counseling in which each client was seen. The first column gives the row titles of the six forms of marriage counseling. The remaining columns give the marital status outcome reported by the
**TABLE XXXIV**

NUMBER AND PERCENT OF CLIENTS REPORTING REMAINING MARRIED OR BECOMING DIVORCED AND/OR SEPARATED AFTER COUNSELING ACCORDING TO THE SIX FORMS OF MARRIAGE COUNSELING FROM REPLIES TO QUESTIONNAIRE A

<table>
<thead>
<tr>
<th>Form of Marriage Counseling</th>
<th>Marital Status</th>
<th>Outcome</th>
<th>Remaining Married</th>
<th>%</th>
<th>Becoming Divorced</th>
<th>%</th>
<th>Total No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Interview</td>
<td></td>
<td></td>
<td>5</td>
<td>45</td>
<td>6</td>
<td>55</td>
<td>11</td>
<td>100</td>
</tr>
<tr>
<td>Concurrent Interview</td>
<td></td>
<td></td>
<td>9</td>
<td>53</td>
<td>8</td>
<td>47</td>
<td>17</td>
<td>100</td>
</tr>
<tr>
<td>Conjoint Interview</td>
<td></td>
<td></td>
<td>23</td>
<td>63</td>
<td>9</td>
<td>37</td>
<td>32</td>
<td>100</td>
</tr>
<tr>
<td>Conjoint Group</td>
<td></td>
<td></td>
<td>6</td>
<td>38</td>
<td>10</td>
<td>62</td>
<td>16</td>
<td>100</td>
</tr>
<tr>
<td>Concurrent Group</td>
<td></td>
<td></td>
<td>9</td>
<td>50</td>
<td>9</td>
<td>50</td>
<td>18</td>
<td>100</td>
</tr>
<tr>
<td>Conjoint Group</td>
<td></td>
<td></td>
<td>14</td>
<td>60</td>
<td>9</td>
<td>40</td>
<td>23</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>66</td>
<td>56%</td>
<td>51</td>
<td>44%</td>
<td>117</td>
<td>100</td>
</tr>
</tbody>
</table>

This is broken down into those becoming divorced, those remaining married, and the totals of the two previous categories added together. The data is presented in the number of respondents and in corresponding percentage breakdowns of the row totals.

Table XXXIV reveals that there were 117 respondents who recorded being in only one form of marriage counseling. It also shows that conjoint group and conjoint interviews nearly tied in producing the fewest number of divorces, although conjoint interview was first. The third fewest divorces was produced in concurrent interviews, and not far behind that
came concurrent group marriage counseling, which was at the fifty percent mark. Individual interview was next, followed by individual group, the form of marriage counseling registering the greatest portion of divorces.

Thus, the results of Table XXXIV suggest that the use of some forms of marriage counseling tends to result in fewer divorces than does the use of other forms. These findings also indicate that in using certain forms of marriage counseling, couples may have a better than fifty percent, perhaps even as high as sixty percent, chance of remaining married. Using other forms may decrease their odds to less than forty percent. The conjoint forms were shown to be superior in this measurement. The concurrent forms were next most effective. As expected, the individual forms, where only one of the two spouses was counseled, proved to contain the highest number of divorces. In particular, individual group counseling, where a spouse is put in rather intimate contact with others whose spouses are not coming to counseling, obtained the highest proportion of divorces.

It must be remembered that these results are those of a mail-back poll. There is no guarantee that the majority of clients who did not return their questionnaire conformed to the configuration of results represented in Table XXXIV. Nevertheless, these measurements can be taken as at least one set of indicators showing rather firm results.
Table XXXV indicates the number and percent of clients reporting their "state of happiness" after marriage counseling according to the six forms of marriage counseling. This table is organized much like the preceding one except that "happiness outcome" categories replace the "marital status outcome" categories which serve as column headings. The respondents to Questionnaire A replied with one of five answers ranging from "very happy" to "very unhappy." These responses were in response to a question asking them how they would rate their marital situation at the time they were polled (Appendix D). It will be remembered that for many this meant responding to their state of happiness several years after they were seen in marriage counseling.

Table XXXV shows that conjoint group and conjoint interviews were again virtually tied for containing the greatest percentage of respondents who rated their post-counseling marital state as "very happy." The third place rating, which was only about half as large as the first and second, went to those who had been in concurrent interview marriage counseling. Close after that came those who had been in individual interview and those from individual group sessions. Concurrent group yielded no respondents rating themselves as "very happy" in outcome.

In the "fairly happy" column, conjoint interview had the largest proportion of respondents. Conjoint group was next largest, then came concurrent group followed by individual
TABLE XXXV
NUMBER AND PERCENT OF CLIENTS REPORTING STATE OF "HAPPINESS" AFTER COUNSELING ACCORDING TO THE SIX FORMS OF MARRIAGE COUNSELING REPLIES TO QUESTIONNAIRE A

<table>
<thead>
<tr>
<th>Form of Marriage Counseling</th>
<th>Happiness Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Happy</td>
</tr>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Individual Interview</td>
<td>3</td>
</tr>
<tr>
<td>Concurrent Interview</td>
<td>4</td>
</tr>
<tr>
<td>Conjoint Interview</td>
<td>8</td>
</tr>
<tr>
<td>Individual Group</td>
<td>3</td>
</tr>
<tr>
<td>Concurrent Group</td>
<td>0</td>
</tr>
<tr>
<td>Conjoint Group</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>26</td>
</tr>
</tbody>
</table>
group and then by concurrent interviews. The smallest percentage listing themselves as "fairly happy" occurred among those who had been in individual interview marriage counseling. Once again the conjoint forms were measured as being superior to the others. Concurrent forms seem to have been only slightly better than individual ones as measured in this category.

In the "equally happy and unhappy" column some trend differences begin to occur. Conjoint interviews still received the most choices, although concurrent group received the next most, which was then followed by conjoint group. The other three forms then followed in a tie.

The "fairly unhappy" category shows the concurrent interview form to have received the most choices. Individual group received the second largest proportion. Conjoint interview and concurrent group followed in a tie. The forms receiving the fewest "fairly unhappy" choices were individual interview and conjoint group. Those forms receiving a "very unhappy" rating were evenly proportioned, and the number of responses was only one each except for conjoint group which received none.

The overall major trends indicated in Table XXXV are taken to imply that the conjoint forms produced the most happiness in outcomes of marriage counseling. The individual and concurrent forms were quite similar to each other in their outcomes and were much less happiness producing than
were the conjoint forms. No particular happiness difference was noted between group and interview forms of marriage counseling in these results.

Table XXXVI combines the results of two previous tables. The table is organized like the previous two with one exception. That is, the first column combines the happiness rating categories with those of remaining married and becoming divorced.

In studying the results for individual interview it is easy to see that happy marriages were not the preponderant result with this form of marriage counseling. However, the "happily divorced" categories did have a small but distinct advantage. Also, "unhappily divorced" responses were non-existent. In fact, six of the eleven cases in this treatment form did acquire a divorce but none were more "unhappily" than "happily" divorced. Indeed, three of the six who became divorced judged themselves to be "very happy" in living divorced. Those who remained married faired much worse. Of those, only one reached even the "fairly happily married" status. It is worth noting that the client had been treated with a training in behavior modification approach which she applied to her husband with his consent. Even though he did not directly participate in marriage counseling, its effects on him and the marital relationship were thought to have been fairly successful.
TABLE XXXVI

QUESTIONNAIRE A RATINGS OF MARITAL OUTCOME SITUATION AND "HAPPINESS" FOR SUBJECTS WHO WERE IN SINGLE FORMS OF MARRIAGE COUNSELING

<table>
<thead>
<tr>
<th>Outcome Rating</th>
<th>Single Forms of Marriage Counseling</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Interview</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Very Happily Married</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Fairly Happily Married</td>
<td>1</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td>8</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>Equally Happily and Unhappily Married</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Fairly Unhappily Married</td>
<td>2</td>
<td>18</td>
<td>4</td>
<td>24</td>
<td>3</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Very Unhappily Married</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome Rating</td>
<td>Single Forms of Marriage Counseling</td>
<td>Individual Concurrent Group</td>
<td>Conjoint Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Happily Divorced</td>
<td>3</td>
<td>28</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly Happily Divorced</td>
<td>2</td>
<td>18</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equally Happily and Unhappily Divorced</td>
<td>1</td>
<td>18</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly Unhappily Divorced</td>
<td>0</td>
<td>0</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Unhappily Divorced</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>11</td>
<td>100</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE XXXVI--Continued
Eleven cases is far too small a number on which to base a conclusion. However, if a trend did actually manifest itself in these results it is one well worth noting. The trend was that individual interview marriage counseling tended to result in rather satisfactory, even "very happy" divorces. Perhaps much of the misery that most people experience, or at least expect, at the ending of a marriage is quite avoidable through individual counseling. Of course, with individuals who come to counseling without their spouses, one can imagine considerable misery. Therefore, these happiness ratings may merely represent a reduction in misery.

There were very wide scatterings of results with concurrent interview but the form also produced a fair number of respondents with "happily divorced" self-judgments. However, those whose outcome judgment was married but in an "unhappily so" bracket equaled the "happily divorced." Perhaps separate counseling sessions are better for separation results. It is noteworthy that there were three cases treated in the concurrent form whose outcome self-judgment was "happily married." The overall trend, if there really was one, seemed to be that concurrent interviews tended to produce either "unhappy marriages" or rather "happy divorces." This preliminary trend finding is, of course, in need of much supporting evidence from more thorough research.

Conjoint interviews produced very different results when compared to the previous two forms. "Happily married"
outcomes predominated. Of those remaining married only a very small number used the "unhappily" self-judgment. Of those who ended their marriage, most also judged themselves to fall in the "happily divorced" categories. The trend implied here shows conjoint interview produced more "happily married" outcomes than any other result. This form also did fairly well in producing respondents whose self-judgment was "happily divorced." Clearly, of the interview forms, the conjoint approach yielded the most successful results on this survey.

Individual group, as shown in Table XXXVI produced quite similar results to those of the individual interview form. The preponderance of the respondents' self-choices fell in the "happily divorced" categories. The second greatest number resided in the "unhappily married" category. Individual group, like individual interview, tended to have been more effective as a divorce counseling modality rather than a marriage counseling modality for the subjects responding to the questionnaire.

Concurrent group resulted in slightly better findings than those of individual group. Also, like the results for concurrent interview, there was quite a scattering of responses. The two "equally happy" and "unhappy" categories obtained a rather sizable percentage of the responses. The only apparent trend was one of scattered results.
Conjoint group produced results which were quite like those produced by conjoint interviews. The preponderance of responses fell in the "happily married" categories. Next largest were those responses grouped in the "happily divorced" categories, the married but "equally happy and unhappy" range came next, followed by those married but "unhappily" so, and then the "unhappily divorced." In fact, this evidence suggests that those in conjoint group were very likely to have completely avoided an outcome of "unhappily divorced," a very interesting finding. If research with larger numbers were to confirm this, it would mean that using the conjoint group form would provide a very high likelihood of being able to avoid much of the miseries of divorce when it does occur. In any case, conjoint group was shown to have manifested results more therapeutically successful than all but conjoint interview marriage counseling.

Several factors are seen as having been revealed in Table XXXVI. The first is that the conjoint forms produced more happiness and fewer divorces. The second is that the concurrent forms tended to result in a wide scattering of outcomes for both happiness and marital status. The third trend noted was that both individual forms more often tended to result in happy divorces. Also, there were indications that conjoint group might have "protected" its participants from unhappy divorce. Other than for that finding, differences between interview and group treatment were not found.
Table XXXVII shows the analysis of variance results on Questionnaire A for those former clients who had been treated with one form of marriage counseling which greatly predominated. This table is organized much as were the other tables showing data relevant to the analysis of variance findings. To the left is found the titles of the six forms of marriage counseling along with their total number of respondents given in parentheses. Following this to the right is a column giving the row titles of Mean, Standard Deviation (SD), Analysis of Variance, F ratio (F), amount of Probability by chance (P), and the rank order (Rank) a treatment form has among the six forms. All data are given according to each of the three areas of adjustment.

Under the column heading of personal adjustment there are F ratios of significance. None of the six forms of counseling emerged as significantly differing in personal adjustment from any of the others. It is concluded, therefore, that personal adjustment was affected to approximately the same degree by the six forms of marriage counseling.

By using the means, a rank order measurement of the improvement in personal adjustment was possible. This showed most improvement to have occurred with individual interviews, the second most with conjoint group, the third most with individual group, the fourth most with concurrent group, the fifth with concurrent interview and the least with conjoint interview. However, the point spread from first to last is
TABLE XXXVII

QUESTIONNAIRE A ANALYSIS OF VARIANCE RESULTS FOR SUBJECTS WHO HAD ONCE BEEN IN SINGLE FORMS OF MARRIAGE COUNSELING AND WERE MEASURED IN THREE FORMS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Forms of Marriage Counseling</th>
<th>Measuring Factor</th>
<th>Areas of Adjustment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Personal Adjustment</td>
<td>Social Adjustment</td>
</tr>
<tr>
<td>Individual (No=11)</td>
<td>Mean</td>
<td>25.21</td>
<td>20.43</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>8.21</td>
<td>9.01</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>.74</td>
<td>1.45</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.56</td>
<td>.12</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>First</td>
<td>Sixth</td>
</tr>
<tr>
<td>Concurrent (No=17)</td>
<td>Mean</td>
<td>24.07</td>
<td>20.46</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>9.11</td>
<td>7.79</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>.43</td>
<td>2.09</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.77</td>
<td>.81</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Fifth</td>
<td>Fifth</td>
</tr>
<tr>
<td>Conjoint (No=32)</td>
<td>Mean</td>
<td>24.03</td>
<td>20.55</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>7.63</td>
<td>8.63</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>1.82</td>
<td>1.29</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.13</td>
<td>.27</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Sixth</td>
<td>Fourth</td>
</tr>
<tr>
<td>Individual (No=16)</td>
<td>Mean</td>
<td>24.69</td>
<td>22.83</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>8.52</td>
<td>7.84</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>1.21</td>
<td>3.64</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.31</td>
<td>.05*</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Third</td>
<td>Second</td>
</tr>
<tr>
<td>Concurrent (No=18)</td>
<td>Mean</td>
<td>24.44</td>
<td>23.30</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>7.91</td>
<td>8.71</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>.47</td>
<td>3.74</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.75</td>
<td>.03*</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Fourth</td>
<td>First</td>
</tr>
<tr>
<td>Conjoint (No=23)</td>
<td>Mean</td>
<td>25.01</td>
<td>21.56</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>9.13</td>
<td>7.69</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>1.45</td>
<td>2.60</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.22</td>
<td>.07</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Second</td>
<td>Third</td>
</tr>
</tbody>
</table>

Total No=117

*Fairly Significant
only from 24.3 to 25.21. This rank ordering was, therefore, considered meaningless. This evidence was taken to mean that the amount of personal adjustment improvement was uniformly the same for all six of the marriage counseling modalities according to this measurement.

The social adjustment column shows measurements which are somewhat more meaningful. Asterisks mark two of the six forms of marriage counseling as having altered social adjustment differently from the other forms. These are concurrent group with the highest mean and, second, individual group with the next highest mean. Third, and approaching the significance of the .05 level, was conjoint group. The rankings continued with conjoint interview fourth, concurrent interview fifth, and individual interview last. These results showed a strong trend in two different ways. First, the group modalities all showed a greater amount of social adjustment improvement than did the interview forms. Secondly, two of these group improvements were significantly greater than the rest of the forms at the .05 level of confidence. Clearly, the indications were that the respondents' self-judgments showed themselves to have improved more in social adjustment via the group modalities than via the interview forms. Interestingly, the least effective of the three group forms was the one in which it could be said the marriage itself was there due to the presence of both spouses.
The marital adjustment column shows the most dramatic results. All six of the marriage counseling forms manifested an F ratio significant at the .05 level or beyond. Thus, the amount of variance between these forms is significant. The rank ordering according to the mean scores showed conjoint interviews first, conjoint group second, concurrent interviews third, concurrent group fourth, individual group fifth, and individual interviews sixth.

Several trends are evident in Table XXXVII. The first is that the conjoint forms were shown to produce the greatest amount of marital adjustment. The second greatest amount of improvement stemmed from the concurrent forms. The least amount came from the individual forms of treatment. The evidence also demonstrated a tendency for the group forms to produce significantly more social adjustment than the interview forms. Also, personal adjustment improvement was not shown to vary much between the six forms. These findings, when integrated, lead to a fairly strong support for the concept that marital adjustment is an independent variable apart from personal or social adjustment. Thus improvement in marital adjustment was not found to correspond with improvement in personal or social adjustment. If it had corresponded with personal adjustment, both would have either shown mutual significant or nonsignificant F ratios. Since none of the personal adjustment F ratios were significant, and all of the marital adjustment F ratios were significant, exactly the
opposite finding occurred. Thus, this evidence strongly suggests that marital adjustment was shown to have apparently been largely independent of personal adjustment.

If the marital adjustment of the respondents were to have been dependent on social adjustment, then the best marital adjustment improvements would have all been in the group modalities. The fact is that the best marital adjustment was shown to have occurred in an interview form of treatment. However, the second and third greatest improvements were found in group conditions. This suggests that there might have been a weak connection between some types of marital and social adjustment improvement. However, the majority of evidence in Table XXXVII indicates marital adjustment was independent of personal and social adjustment improvement for the respondents.

Table XXXVIII gives the Scheffe's F Test results for those subjects who had once been in single forms of marriage counseling. The left hand column gives the row titles. Each row shows the comparison figures for the personal adjustment section of Questionnaire A. The next column does the same for the social adjustment part of Questionnaire A. The far right hand column gives the Scheffe's F Test results for marital adjustment according to Questionnaire A results. Asterisks signify significance beyond the .05 level.

The first things to be noted on Table XXXVIII are the differences in the three columns. The personal adjustment
TABLE XXXVIII

QUESTIONNAIRE A SCHEFFE'S F TEST RESULTS FOR SUBJECTS WHO HAD ONCE BEEN IN SINGLE FORMS OF MARRIAGE COUNSELING

<table>
<thead>
<tr>
<th>Comparison of Marriage Counseling Forms</th>
<th>Personal Adjustment</th>
<th>Social Adjustment</th>
<th>Marital Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Interview &amp; Concurrent Interview</td>
<td>.94</td>
<td>.23</td>
<td>.91</td>
</tr>
<tr>
<td>Individual Interview &amp; Conjoint Interview</td>
<td>1.28</td>
<td>1.41</td>
<td>3.55*</td>
</tr>
<tr>
<td>Individual Interview &amp; Individual Group</td>
<td>1.22</td>
<td>2.48</td>
<td>1.07</td>
</tr>
<tr>
<td>Individual Interview &amp; Concurrent Group</td>
<td>.35</td>
<td>2.51*</td>
<td>1.21</td>
</tr>
<tr>
<td>Individual Interview &amp; Conjoint Group</td>
<td>2.16</td>
<td>2.42</td>
<td>3.57*</td>
</tr>
<tr>
<td>Concurrent Interview &amp; Conjoint Interview</td>
<td>1.35</td>
<td>1.01</td>
<td>3.55*</td>
</tr>
<tr>
<td>Concurrent Interview &amp; Individual Group</td>
<td>1.26</td>
<td>2.41</td>
<td>.35</td>
</tr>
<tr>
<td>Concurrent Interview &amp; Concurrent Group</td>
<td>.74</td>
<td>2.69*</td>
<td>2.20</td>
</tr>
<tr>
<td>Concurrent Interview &amp; Conjoint Group</td>
<td>1.75</td>
<td>2.43</td>
<td>3.91*</td>
</tr>
<tr>
<td>Conjoint Interview &amp; Individual Group</td>
<td>1.44</td>
<td>2.42</td>
<td>2.88*</td>
</tr>
<tr>
<td>Conjoint Interview &amp; Concurrent Group</td>
<td>2.12</td>
<td>2.81*</td>
<td>2.60*</td>
</tr>
<tr>
<td>Conjoint Interview &amp; Conjoint Group</td>
<td>1.11</td>
<td>2.48</td>
<td>.70</td>
</tr>
<tr>
<td>Individual Group &amp; Concurrent Group</td>
<td>.29</td>
<td>.91</td>
<td>.79</td>
</tr>
<tr>
<td>Individual Group &amp; Conjoint Group</td>
<td>.87</td>
<td>.86</td>
<td>2.81*</td>
</tr>
<tr>
<td>Concurrent Group &amp; Conjoint Group</td>
<td>.40</td>
<td>.34</td>
<td>3.02*</td>
</tr>
</tbody>
</table>

*Significant beyond the .05 level
column contains no figures which were significant beyond the .05 level of confidence. This suggests that no form of marriage counseling was better than another in helping people improve their personal adjustment. It should be remembered here that many of these former marriage counseling clients had spent a considerable number of sessions in marriage counseling and had advanced to a termination of their marriage counseling. Therefore, these were probably not subjects who had had too few sessions for a personal adjustment difference to become evident. Of course, it is possible that awareness of personal adjustment differences may have faded in the time intervening between actual counseling and answering Questionnaire A. A lack or a waning of awareness in one area and not another is, of course, a major potential weakness in this sort of "poll" research.

The column giving the social adjustment results shows three comparisons to have been significant at the .05 level. Twelve comparisons were not significant. This shows that in some cases one form of marriage counseling produced more social adjustment than did another, according to measurements made with Questionnaire A. One of these significant differences occurred between the comparison of individual interview and concurrent group. Since individual interview marriage counseling had produced a mean of 20.4 and concurrent group a mean of 23.3 in social adjustment, as shown on Table XXXVII, the conclusion is that concurrent group produced more social
adjustment than did the individual interview form of marriage counseling. The column entries to the left and right of this social adjustment measure show that no corresponding improvement difference was made in either personal or marital adjustment. Therefore, in this comparison the difference between individual interview and concurrent group outcome was in social rather than personal or marital adjustment improvement.

Another significant difference in social adjustment improvement occurred between concurrent interview and concurrent group marriage counseling. Subjects who had been treated with concurrent interview marriage counseling had obtained a mean of 20.5 in social adjustment improvement on Questionnaire A. Those treated with concurrent group obtained a mean of 23.3. Thus, the group form had produced a significantly greater amount of social adjustment when compared to the concurrent interview form. Once again, there was no corresponding improvement in personal or marital adjustment.

The third significant difference in the social adjustment comparisons occurred between conjoint interview and concurrent group marriage counseling. Concurrent group obtained a mean of 23.3 and conjoint interview a mean of only 20.5 on Questionnaire A. Thus, this measurement showed concurrent group to have been superior to conjoint interviews in improving social adjustment. The far righthand column of Table XXXVIII
also shows a significant difference for marital adjustment outcome in this comparison. However, the greater mean score in marital improvement belongs to the conjoint interview form. Thus, improvement in social adjustment could not be said to have led to improvement in marital adjustment according to these results.

The three significant differences in the social adjustment comparison all occurred between interview and group forms of marriage counseling. Furthermore, all three showed the group form to have been superior to the interview form in improving social adjustment. There are six other comparisons between interview and group forms of marriage counseling shown on Table XXXVIII. None of these showed significant differences. However, all six approached significance to a far greater degree than did comparisons of two interview forms or two group forms with each other. Furthermore, a close inspection of the mean scores on Table XXXVII reveals that the three interview forms obtained social adjustment mean scores which were all lower than those of the three group forms. Thus, the preponderance of evidence shown on Table XXXVII and Table XXXVIII indicates that social adjustment improvements were larger in group forms of marriage counseling than they were in interview forms of marriage counseling. The unmistakable conclusion is that group marriage counseling forms produced more social adjustment than did interview forms. However, marital adjustment was not found to be
dependent on social adjustment, since marital adjustment improvements did not correspond with social adjustment improvements.

Significant differences occurred between eight of the fifteen comparisons of marital adjustment shown on Table XXXVIII. This in itself lends support to the idea that marital adjustment is an independent variable apart from social and personal adjustment, since only three significant comparisons occurred on the social adjustment measures and none on the personal adjustment measures.

Reading down Table XXXVIII, the first significant difference found is one that occurred between the marriage counseling forms of individual interview and conjoint interview. The mean for individual interview was 20.9 and the mean for conjoint interview 25.0. Thus, conjoint interviews were shown to have been superior to individual interviews on this measurement.

The data comparing individual interview with conjoint group also shows a significant difference in marital adjustment. Conjoint group with a mean of 24.8 is shown to have been superior to individual interviews which had a mean of only 20.9. Concurrent and conjoint interviews compared together demonstrated a significant difference and a superiority of the conjoint interview form with a mean of 25.0 points over the concurrent interview form which had a mean of only 22.8 points. Conjoint group with a mean of 24.8 is also
shown to have been significantly more effective than concurrent interviews which had a mean of 22.8. Conjoint interviews are shown to have been more effective with a mean score of 25.0 than individual group which produced a mean of only 21.7. Conjoint interviews with a mean of 25.0 were also found to have been superior to the concurrent group form with its mean score of 20.5. Conjoint group also was superior with a mean of 24.8 to individual group whose mean was 21.7. Concurrent group with a mean of 20.5 is shown to have been inferior to conjoint group which had produced a mean of 24.8.

In each of the eight comparisons showing significant differences, a conjoint form is shown to be superior in producing marital adjustment to an individual or a concurrent form. In two comparisons a group form is shown to have been superior to an interview form. In two other comparisons a group is shown to have been inferior to an interview form.

In a study of the seven comparisons in which no significant differences were found in marital adjustment outcome, two things are noticeable. The first is that no significant differences were found between the individual and the concurrent forms. This is most surprising since only half a couple is dealt with in the individual forms. Of course, this could have been a function of those who returned the Questionnaire as opposed to those who did not. Since both of these forms see only one of the two spouses in a couple during any single counseling session, it was expected that
similarities would exist but not to this degree. Of course, Questionnaire A may not have been sensitive enough to pick up the differences between these two forms. The second thing noticeable is that the two conjoint forms are not significantly different. This lack of difference led to the conclusion that it is not whether or not an interview or a group form is used but rather whether or not a conjoint form is used that seems to make a difference in marital adjustment outcome, at least according to these results comparing subjects who returned Questionnaire A.

The means on Table XXXVII, upon close examination, suggest that the concurrent form tended to seem superior to the individual form, in that concurrent mean scores tended to be higher than those of the individual forms.

The conclusions drawn from Table XXXVIII are that personal adjustment was not shown to differ as to the form of marriage counseling used; social adjustment improved more in the group forms; marital adjustment did not seem to have been dependent on social or personal adjustment but was independent; conjoint forms were superior to the others in assisting marital adjustment; conjoint group and conjoint interview were roughly equally effective; concurrent and individual forms were more or less equally inferior to conjoint forms of marriage counseling for improving marital adjustment.

Questionnaire A was also sent to and returned by former marriage counseling clients who had been in multiple forms of
marriage counseling. With these subjects the purpose was to discover which combinations of different forms seemed to have been the most helpful. Unfortunately, the usable returned Questionnaire A's were not numerous, and when they were divided into the various combination categories possible they were few indeed. Consequently, only five categories of combined forms of treatment contained a sufficient number of usable forms which could be subjected to a useful analysis. Thus, after culling the returned forms for those which fit these five categories and for those having been properly filled out, etc., there remained only ninety usable Questionnaire A's. Dividing these into various categories for analysis resulted in proportions often too small to make any really meaningful significance test possible. However, examining such results for trend data was deemed potentially fruitful, especially for future research as well as for making comparisons with more rigidly treated data gathered in the other sections of this study.

Table XXXIX compares the number and percent of former clients reporting that they remained married or divorced (or permanently separated) after marriage counseling had terminated according to five combinations of marriage counseling. On the left are located the row titles which present each of the five combinations of marriage counseling forms studied. To the right of these are the outcome categories of those remaining married and those becoming divorced.
TABLE XXXIX

NUMBER AND PERCENT OF CLIENTS REPORTING REMAINING MARRIED OR BECOMING DIVORCED
AND/OR SEPARATED AFTER COUNSELING ACCORDING TO COMBINED FORMS OF MARRIAGE
COUNSELING FROM REPLIES TO QUESTIONNAIRE A

<table>
<thead>
<tr>
<th>Combined Forms of Marriage Counseling</th>
<th>Marital Status Outcome</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Remaining Married</td>
<td>Becoming Divorced</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Concurrent Interview &amp; Conjoint Interview</td>
<td>21</td>
<td>80.7</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>Conjoint Interview &amp; Conjoint Group</td>
<td>10</td>
<td>100.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Conjoint Interview, Concurrent Interview, &amp; Conjoint Group</td>
<td>18</td>
<td>78.2</td>
<td>5</td>
<td>21.7</td>
</tr>
<tr>
<td>Concurrent Interview, Conjoint Interview, &amp; Conjoint Group</td>
<td>12</td>
<td>66.6</td>
<td>6</td>
<td>33.3</td>
</tr>
<tr>
<td>Concurrent Interview, Conjoint Interview, Conjoint Group, &amp; Conjoint Group</td>
<td>13</td>
<td>100.0</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Totals</td>
<td>74</td>
<td>82.2</td>
<td>16</td>
<td>17.7</td>
</tr>
</tbody>
</table>
Table XXXIX shows that by far the larger proportion of respondents remained married. The category showing those treated with a combination of the two conjoint forms and the categories with two conjoint and two concurrent forms produced the largest proportions of these remaining married. Since the treatment category having four forms contains the two conjoint forms, it is possible that the remaining results are due to conjoint treatment in both instances. If so, the concurrent counseling would seem to have been potentially unnecessary. However, the clients who received all four forms of counseling were probably considered to be quite seriously affected and were both needing and able to receive all the help they could get, and thus the therapists probably had very good reasons, not apparent in these statistics, for using multiple forms. These results suggested that multiple forms of marriage counseling can yield very high remaining married results if the multiple forms include both conjoint approaches. This suggested conclusion is additionally supported by the fact that the category of combined treatment forms, which included the least use of conjoint counseling, had the highest divorce percentage. Perhaps this suggests that concurrent counseling in which the spouses were seen separately led to a higher likelihood that they would themselves become separated and divorced. Perhaps separation in counseling sometimes leads to separation in marriage. At least in these results, the more concurrent counseling forms
prevailed over conjoint forms, the higher the divorce rate was. Naturally, these results can only be interpreted as representing trends.

Table XL gives the number and percent of former marriage counseling clients reporting their relative state of happiness on Questionnaire A after marriage counseling according to the five categories of multiple forms of marriage counseling studied here. Table XL is organized in the same manner as the previous table except that the columns giving numerical and percentage results show states of happiness responses rather than married or divorced responses.

In studying Table XL, it is easy to see that the category containing just the two conjoint forms produced the most favorable happiness results. The next most happiness producing category seems to be the one containing a combination of concurrent interview, conjoint interview, and conjoint group marriage counseling forms. Following that is the category with concurrent and conjoint interviews. Next is the group of counseling forms including concurrent interview, conjoint interview, and concurrent group, which produced rather even results. The category containing four forms did rather poorly in producing happiness, although that category is likely to have had the most seriously troubled cases. This category also produced the largest amount of "equally happy and unhappy" responses, although it is followed
### TABLE XI

**NUMBER AND PERCENT OF CLIENTS REPORTING STATE OF "HAPPINESS" AFTER COUNSELING ACCORDING TO MULTIPLE FORMS OF MARRIAGE COUNSELING FROM REPLIES TO QUESTIONNAIRE A**

<table>
<thead>
<tr>
<th>Combined Forms of Marriage Counseling</th>
<th>Happiness Outcome Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Happy</td>
</tr>
<tr>
<td></td>
<td>No.</td>
</tr>
<tr>
<td>Concurrent Interview &amp; Conjoint Interview</td>
<td>5</td>
</tr>
<tr>
<td>Conjoint Interview &amp; Conjoint Group</td>
<td>4</td>
</tr>
<tr>
<td>Concurrent Interview, Conjoint Interview, &amp; Conjoint Group</td>
<td>5</td>
</tr>
<tr>
<td>Concurrent Interview, Conjoint Interview, &amp; Concurrent Group</td>
<td>5</td>
</tr>
<tr>
<td>Concurrent Interview, Concurrent Group, Conjoint Interview, &amp; Conjoint Group</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>21</td>
</tr>
</tbody>
</table>
rather closely by the one above it on Table XL. No particular pattern is discernable among those "unhappy."

All in all, the table shows a few possible trends indicating that the conjoint forms produced more happiness. These seemed to be followed by the group forms. Concurrent forms tended to appear most in those categories having the lowest happiness ratings.

Table XLI presents a combination of the results shown in the two previous tables. It is organized exactly like Table XXXVI, except that the combinations of counseling form categories are used instead of single forms. These categories are given as column headings.

The first category which contains a combination of concurrent interview and conjoint interviews is shown to have a fair amount of subjects who rated themselves as "very happy" and "fairly happy" and who also remained married. It also, however, produced a fair number of subjects who remained married but were only "equally happy and unhappy." Those divorced in this category were rather evenly divided.

The second category, containing conjoint interview and conjoint group, did quite well in the two "happiness" brackets. Since there were no other brackets filled by the subjects treated with this combination of forms, it seems that it was by far the best combination.

The category containing concurrent interview, conjoint interview, and conjoint group forms also did quite well in the
### TABLE XLI

**QUESTIONNAIRE A RATINGS OF MARITAL OUTCOME SITUATION AND "HAPPINESS" FOR SUBJECTS WHO WERE IN MULTIPLE FORMS OF MARRIAGE COUNSELING**

<table>
<thead>
<tr>
<th>Outcome Ratings</th>
<th>Concurrent Interview &amp; Conjoint Interview</th>
<th>Conjoint Interview, Concurrent Interview,</th>
<th>Concurrent Interview, Concurrent Interview, Concurrent Interview,</th>
<th>Concurrent Interview, Concurrent Interview, Concurrent Interview,</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Very Happily</td>
<td>4</td>
<td>4.4</td>
<td>4</td>
<td>4.4</td>
<td>3</td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly Happily</td>
<td>8</td>
<td>8.8</td>
<td>6</td>
<td>6.6</td>
<td>10</td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equally Happily</td>
<td>6</td>
<td>6.6</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>&amp; Unhappily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>2.2</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>Very Unhappily</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>Married</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Happily</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly Happily</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equally Happily</td>
<td>1</td>
<td>1.1</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
</tr>
<tr>
<td>&amp; Unhappily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
</tr>
<tr>
<td>Very Unhappily</td>
<td>2</td>
<td>2.2</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>26</td>
<td>28.8</td>
<td>10</td>
<td>11.1</td>
<td>23</td>
</tr>
</tbody>
</table>
two "happiness" and "remaining married" brackets. Also, it produced fewer subjects in the "equally happy and unhappy" categories. Its "unhappy" and, also, its divorced cells are rather evenly filled, and no trend is notable there.

The category containing concurrent interview, conjoint interview, and concurrent group appears somewhat weak in producing subjects who rated themselves "happy and remaining married." Also, it tends to have more subjects in the only "equally happy and unhappy" class. In addition, it has a few more subjects in the two "happily divorced" classifications.

The category of combined forms having four modalities of marriage counseling appears stronger in producing subjects who were in the mediocre range of being "equally happily and unhappily married," although this group may have been the most seriously disturbed since their counselors thought they merited so many approaches.

Few obvious trends are evidenced in the data presented on Table XLI. The only one of real consequence seems to be that a combination of conjoint group and concurrent interview marriage counseling obtained the largest amount of clients rating themselves as "happily remaining married." At the same time this combination had the fewest "unhappy" and the fewest divorced ratings. All other combinations seem to, more or less, have obtained roughly the same or more diminutive spectacular results. The "divorced and unhappy" classifications show that the subjects filling these brackets
were widely spread among the categories. Therefore, no particular combination of treatment forms obtained a disproportionate amount of either of these two negative classifications.

It must be remembered that these results all came from subjects who acquired and returned their questionnaires through the mail. This may have strongly skewed some of the results. Trying to anticipate the direction of the skew is quite difficult. One argument is that the results would be skewed positively, because only the "satisfied customer" type of former client would tend to reply to a questionnaire involving such a personal and intimate area as outcome of marriage counseling. Another argument is that only the disgruntled and displeased who have a gripe tend to return questionnaires. Of course, these two arguments might refer to two different groups of people and both could be true. Thus, both could, indeed, be truly representative. Actually, since fewer respondents were divorced than married and fewer "unhappy" than "happy," a positive skew is considered a safer assumption.

Table XLII gives the Questionnaire A analysis results concerning three areas of adjustment for subjects who had once been in multiple forms of marriage counseling. To the left is shown each of the five groupings of various forms of marriage counseling. To the right of these are given in descending order the mean (\(M\)), standard deviation (SD), analysis of variance ratio (\(F\)), probability (\(P\)), and the rank
TABLE XLII

QUESTIONNAIRE A ANALYSIS OF VARIANCE RESULTS FOR SUBJECTS WHO HAD ONCE BEEN IN MULTIPLE FORMS OF MARRIAGE COUNSELING CONCERNING THREE AREAS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Forms of Marriage Counseling</th>
<th>Measuring Factor</th>
<th>Areas of Adjustment</th>
<th>Personal Adjustment</th>
<th>Social Adjustment</th>
<th>Marital Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concurrent</td>
<td>M</td>
<td>22.42</td>
<td>20.15</td>
<td>22.69</td>
<td></td>
</tr>
<tr>
<td>Interview &amp; Conjoint</td>
<td>SD</td>
<td>8.48</td>
<td>7.88</td>
<td>9.40</td>
<td></td>
</tr>
<tr>
<td>Interview</td>
<td>F</td>
<td>.74</td>
<td>.43</td>
<td>.82</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.56</td>
<td>.77</td>
<td>.13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Fourth</td>
<td>Third</td>
<td>Fourth</td>
<td></td>
</tr>
<tr>
<td>Conjoint</td>
<td>M</td>
<td>24.20</td>
<td>21.40</td>
<td>28.00</td>
<td></td>
</tr>
<tr>
<td>Interview &amp; Conjoint</td>
<td>SD</td>
<td>6.21</td>
<td>7.36</td>
<td>6.51</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>F</td>
<td>.81</td>
<td>.49</td>
<td>.88</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>.42</td>
<td>.61</td>
<td>.07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Third</td>
<td>Second</td>
<td>First</td>
<td></td>
</tr>
<tr>
<td>Conjoint</td>
<td>M</td>
<td>24.81</td>
<td>19.50</td>
<td>24.50</td>
<td></td>
</tr>
<tr>
<td>Interview, Concurrent</td>
<td>SD</td>
<td>7.04</td>
<td>6.29</td>
<td>9.15</td>
<td></td>
</tr>
<tr>
<td>&amp; Conjoint</td>
<td>F</td>
<td>.78</td>
<td>.37</td>
<td>.87</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>P</td>
<td>.59</td>
<td>.74</td>
<td>.15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>Second</td>
<td>Fourth</td>
<td>Second</td>
<td></td>
</tr>
<tr>
<td>Concurrent</td>
<td>M</td>
<td>21.68</td>
<td>19.25</td>
<td>18.93</td>
<td></td>
</tr>
<tr>
<td>Interview, Conjoint</td>
<td>SD</td>
<td>8.56</td>
<td>7.94</td>
<td>8.88</td>
<td></td>
</tr>
<tr>
<td>&amp; Concurrent</td>
<td>F</td>
<td>.82</td>
<td>.40</td>
<td>.80</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>P</td>
<td>.50</td>
<td>.70</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>Fifth</td>
<td>Fifth</td>
<td>Fifth</td>
<td></td>
</tr>
<tr>
<td>Conjoint</td>
<td>M</td>
<td>25.37</td>
<td>22.12</td>
<td>24.37</td>
<td></td>
</tr>
<tr>
<td>Interview, Concurrent</td>
<td>SD</td>
<td>7.52</td>
<td>7.74</td>
<td>9.21</td>
<td></td>
</tr>
<tr>
<td>&amp; Conjoint</td>
<td>F</td>
<td>.69</td>
<td>.45</td>
<td>.84</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>P</td>
<td>.54</td>
<td>.81</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td>First</td>
<td>First</td>
<td>Third</td>
<td></td>
</tr>
</tbody>
</table>
order by adjustment area (Rank). After this are three columns giving the results for personal, social, and marital adjustment.

The first thing notable in Table XLII is that there are no probability measurements reaching statistical significance. The closest one is .07 which occurred for marital adjustment in the multiple treatment category containing only the two conjoint forms of marriage counseling. Next, it is noted that the marital adjustment results all approached significance to a greater degree than did those of personal or social adjustment.

The rank order results show that the category containing four forms of marriage counseling was first in personal and social adjustment but only third in marital adjustment. The three-form category containing conjoint interview, concurrent interview, and conjoint group was second in rank for both marital and personal adjustment but fourth for social adjustment. Interestingly, the double conjoint forms' category was ranked first in marital adjustment, second in social adjustment, and third in personal adjustment; thereby, perhaps, indicating a potential for benefit in all three categories which is not adverse. The concurrent interview and conjoint interview category was third in social adjustment but fourth in both marital and personal adjustment. The three-form category containing concurrent interview, conjoint interview, and concurrent group was fifth in all three areas of adjustment.
Perhaps, this was a particularly poor combination of counseling forms, although why it would be so is not understood or even supported.

If there are trends represented in this data, they are minimumly indicated. The fact that the two conjoint forms category was ranked as most helpful in assisting marriage adjustment is perhaps of some consequence. Also, the category containing two forms instead of only one form of group counseling was ranked first in providing improvements in social adjustment. Thus, the ideas that conjoint forms of counseling best assist marital adjustment and group forms best assist social adjustment are both mildly supported. Other than that, the results presented in Table XLII do not seem to reveal any consequential derivations or trends.

Many of the clients who had been treated with more than one form of marriage counseling could probably be considered to have had more serious difficulties than those who had been treated with only one form. Thus, the spread of outcome results would likely have been narrowed with such multiple forms treated subjects. Hence, more nonsignificant results were, perhaps, to be expected in this table.

**General Trends in the Questionnaire A Results**

Questionnaire A resulted in a fair amount of evidence suggesting both definite and not so definite trends existed in the data. The following summarizes these trends.
The two conjoint forms, compared with the other four forms, definitely produced fewer divorces. This was even more true when the forms were used together. Individual group marriage counseling, which could be said to place a person in fairly intimate contact with others without the presence of his own spouse, had the greatest number of divorces. It did seem that the odds of a couple remaining married depended on the form of marriage counseling used. These odds ranged from about forty to sixty percent. The conjoint forms were best, followed by concurrent forms and then by individual forms. Whether a subject was counseled in a group or an interview form did not seem to affect the odds of becoming divorced.

The two conjoint forms of marriage counseling strongly tended to produce the best "happy and remaining married" results. The two concurrent forms and the two individual forms yielded much poorer happiness results and were surprisingly quite similar to each other. Again, no differences were demonstrated between the group and interview forms in happiness results. The individual interview form rendered the most "happy divorces" and is, therefore, potentially a more effective divorce counseling than marriage counseling form. This finding was interpreted as suggesting that much of the misery of divorce might be avoided by individual interview marriage counseling. Concurrent forms tended to more frequently result in either an "unhappy
marriage" or a "happy divorce." However, there was a very large spread of different outcomes up and down the happiness continuum. Conjoint group resulted in the fewest "unhappy divorces" and was apparently a good safeguard.

In regards to personal adjustment, all six of the marriage counseling forms produced rather uniform improvement results. Social adjustment definitely showed greater improvements in group forms than in interview forms of marriage counseling. For the improvement of both social and marital adjustment, conjoint group was shown to be best. Improvements in personal adjustment did not correspond positively or negatively to improvements in marital adjustment. Thus, the evidence pointed to marital adjustment being largely independent of personal adjustment. However, there did seem to be a weak relationship between social and marital adjustment.

All in all, the most important findings showed the two conjoint forms to be equal and superior to the others in helping achieve improvements in marital adjustment, including remaining married and happily so.

It must be remembered these trends were taken from the results of a mail poll. They are therefore subject to all the criticisms of this type of research.
Results of the Poll Study Relating to Questionnaire C,
Concerning Subjects' Choices of Which of Several
Forms of Marriage Counseling "Helped Most"

Questionnaire C was designed to be used with subjects
who had been in more than one form of marriage counseling.
Its purpose was to discover which forms former clients would
choose as having helped most in the areas of personal,
social, and marital adjustment. Hypothesis B of the Poll
Study was formulated for testing this purpose. Hypothesis
B stated that "there would be significant differences among
the categories of subjects used in this section with regard
to personal, social, and marital adjustment when measured by
Questionnaire C."

Unfortunately, the total of 209 subjects who returned
questionnaires were rather few in number when divided into
the numerous categories used. Some of these categories had
as few as two respondents. These quotients were considered
too small to make any really meaningful significance tests
possible. However, examining the results for trend data was
deemed quite fruitful for future research and for making
comparisons with the data gathered in the previous sections
of this project. No category having less than eight respondents
was used in this trend study.

Table XLIII shows the Questionnaire C results for
clients who had formerly been treated in a combination of
concurrent and conjoint interview sessions. The first
column gives the three adjustment areas. The second column
TABLE XLIII

QUESTIONNAIRE C RESULTS FOR SUBJECTS FORMERLY IN A COMBINATION OF CONCURRENT INTERVIEW AND CONJOINT INTERVIEW MARRIAGE COUNSELING SHOWING WHICH TYPE OF COUNSELING THEY THOUGHT HELPED MOST IN THREE AREAS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Form of Counseling Chosen as Helping Most</th>
<th>No. of Subjects</th>
<th>Percent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Adjustment</td>
<td>Concurrent Interview</td>
<td>13</td>
<td>41.94</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>18</td>
<td>58.06</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>31</td>
<td>100.00</td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>Concurrent Interview</td>
<td>15</td>
<td>48.39</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>16</td>
<td>51.61</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>31</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital Adjustment</td>
<td>Concurrent Interview</td>
<td>10</td>
<td>32.26</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>21</td>
<td>67.74</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>31</td>
<td>100.00</td>
</tr>
</tbody>
</table>

gives the forms of counseling judged by the subjects as to which one helped most in each of the three areas of adjustment. The third column lists the number of subjects choosing a particular form as having helped most. The fourth column gives the percentage breakdown of the figures shown in column three. Tables XLIV through XLVII are also organized in this fashion.

Table XLIII demonstrates no appreciable difference between the two interview forms of marriage counseling in their effect on personal or social adjustment. However, the marital adjustment area yielded a rather striking dissimilarity between the two interview forms. Conjoint interviews were
picked more than twice as often as having helped the most by subjects who had experienced both forms of counseling. Clearly, conjoint interviews seemed superior to concurrent interviews in assisting marital adjustment according to this measurement. Also, personal and social adjustment are judged about equal by the former clients.

Table XLIV compares conjoint interview sessions with conjoint group sessions. In this contrast the conjoint group form was found to be superior in all three forms of adjustment. However, since the respondents only total eight, little credibility can be given to these results. Still, this evidence does at least hint that perhaps marriage counseling clients see themselves as more helped by group sessions than by seeing the counselor without the presence of other couples. It is possible, of course, that high group esprit de corps could account for this trend.

Table XLV shows the results for those who compared concurrent interview, conjoint interview, and conjoint group marriage counseling. In the personal adjustment area conjoint interviews were rated as helping most. Very close behind that was concurrent interviews and then conjoint group. The frequency spread of six, nine, and ten is very close; in fact, so close as to suggest no real difference is really indicated. In the area of social adjustment concurrent interviews and conjoint interviews seem to have been measured rather similarly. Even with such small numbers there
TABLE XLIV

QUESTIONNAIRE C RESULTS FOR SUBJECTS FORMERLY IN A COMBINATION OF CONJOINT INTERVIEW AND CONJOINT GROUP SHOWING WHICH OF THESE MARRIAGE COUNSELING FORMS THEY THOUGHT HELPED MOST IN THREE AREAS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Form of Counseling Chosen as Helping Most</th>
<th>No. of Subjects</th>
<th>Percent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Adjustment</td>
<td>Conjoint Interview</td>
<td>2</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>6</td>
<td>75.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>100.00</td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>Conjoint Interview</td>
<td>3</td>
<td>37.50</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>5</td>
<td>62.50</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital Adjustment</td>
<td>Conjoint Interview</td>
<td>3</td>
<td>37.50</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>5</td>
<td>62.50</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>100.00</td>
</tr>
</tbody>
</table>

was a marked tendency for respondents to select conjoint group more often as most helpful in assisting social adjustment. This would be the expected result. It is reasonable to think that a group counseling procedure would produce more social adjustment than would interview counseling systems. It is also reasonable to suppose former clients might think this too.

The marital adjustment results on Table XLV are quite interesting. They show that the two conjoint marriage counseling forms received an almost equal portion of former client choices, while concurrent interviews received far fewer such choices. Thus, there was in the poll results the
TABLE XLV

QUESTIONNAIRE C RESULTS FOR SUBJECTS FORMERLY IN A COMBINATION OF CONJOINT INTERVIEW, CONCURRENT INTERVIEW, AND CONJOINT GROUP SHOWING WHICH OF THESE MARRIAGE COUNSELING FORMS THEY THOUGHT HELPED MOST IN THREE AREAS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Adjustment Area</th>
<th>Form of Counseling Chosen as Helping Most</th>
<th>No. of Subjects</th>
<th>Percent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Adjustment</td>
<td>Concurrent Interview</td>
<td>9</td>
<td>36.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>10</td>
<td>40.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>6</td>
<td>24.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>25</td>
<td>100.00</td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>Concurrent Interview</td>
<td>8</td>
<td>32.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>5</td>
<td>20.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>12</td>
<td>48.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>25</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital Adjustment</td>
<td>Concurrent Interview</td>
<td>6</td>
<td>24.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>10</td>
<td>40.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>9</td>
<td>36.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>25</td>
<td>100.00</td>
</tr>
</tbody>
</table>

suggestion that the conjoint forms may have been seen as superior to concurrent interviews by a majority of marriage counseling clients. Naturally, what a majority of clients think about which form of marriage counseling works best could be considered important for a wide variety of reasons. This data hints that a majority could come to regard conjoint forms more highly than the older, more common form of concurrent interviews.

Table XLVI compares the responses of former clients who experienced and judged the comparable worth of concurrent
### TABLE XLVI

**QUESTIONNAIRE C RESULTS FOR SUBJECTS FORMERLY IN A COMBINATION OF CONCURRENT INTERVIEW, CONJOINT INTERVIEW, AND INDIVIDUAL GROUP SHOWING WHICH OF THESE MARRIAGE COUNSELING FORMS THEY THOUGHT HELPED MOST IN THREE AREAS OF ADJUSTMENT**

<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Forms of Counseling Chosen as Helping Most</th>
<th>No. of Subjects</th>
<th>Percent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Adjustment</strong></td>
<td>Concurrent Interview</td>
<td>5</td>
<td>45.45</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>2</td>
<td>18.18</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>4</td>
<td>36.36</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>100.00</strong></td>
</tr>
<tr>
<td><strong>Social Adjustment</strong></td>
<td>Concurrent Interview</td>
<td>2</td>
<td>18.18</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>1</td>
<td>9.09</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>8</td>
<td>72.73</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>100.00</strong></td>
</tr>
<tr>
<td><strong>Marital Adjustment</strong></td>
<td>Concurrent Interview</td>
<td>5</td>
<td>45.45</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>5</td>
<td>45.45</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>1</td>
<td>9.09</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

Conjoint interviews seem to have fallen somewhat short in assisting personal adjustment according to these results. This finding lends a touch of support to the idea that marriage and individual counseling are very different things requiring very different approaches. It would seem that, perhaps, conjoint interviews are appropriate for marriage but not for personal development. Both concurrent interviews and individual group sessions were rated above conjoint interviews and about equal to each other in assisting personal adjustment.
Table XLVI results for social adjustment show the group form to appear far superior to the two interview forms. This is as might be expected. Social adjustment probably ought to be better fostered in a group situation than in two or even three person sessions.

Marital adjustment is shown to be far less helped by the individual group than by conjoint and concurrent interviews. Both of these interview forms were the type in which both spouses were included. The group form had only one spouse of each marriage. Thus, the idea that counseling both spouses is more helpful than counseling only one is supported.

It is also noteworthy that these results lend some hint of support to the concepts that individual sessions, be they group or interview, are more effective for personal adjustment; group sessions are more effective for social adjustment; and seeing both spouses, especially seeing them together, is more effective for marital adjustment than seeing only one. It was thought that a comparison of these particular forms would be especially good for testing the above concepts with a larger population. If, on repetition, the above type of findings were statistically significant, as could occur in a large enough sample, then the independence of personal, social, and marital adjustment would be more definitely established.

Table XLVII shows the results of the comparison among the marriage counseling forms of concurrent interview,
TABLE XLVII

QUESTIONNAIRE C RESULTS FOR SUBJECTS FORMERLY IN A COMBINATION OF CONCURRENT INTERVIEW, CONJOINT INTERVIEW, AND INDIVIDUAL GROUP, SHOWING WHICH OF THESE MARRIAGE COUNSELING FORMS THEY THOUGHT HELPED MOST IN THREE AREAS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Adjustment Area</th>
<th>Form of Counseling Chosen as Helping Most</th>
<th>No. of Subjects</th>
<th>Percent of Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal</td>
<td>Concurrent Interview</td>
<td>9</td>
<td>52.94</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>6</td>
<td>35.29</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>2</td>
<td>11.76</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17</td>
<td>100.00</td>
</tr>
<tr>
<td>Social</td>
<td>Concurrent Interview</td>
<td>6</td>
<td>35.29</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>8</td>
<td>47.06</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>3</td>
<td>17.65</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital</td>
<td>Concurrent Interview</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>6</td>
<td>35.29</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>3</td>
<td>17.65</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>8</td>
<td>47.06</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>17</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Conjoint interview, individual group, and conjoint group. It should be remembered that subjects treated with four forms were probably only those demonstrating severe problems and in which everything was being tried. Also, such subjects were probably only those who would stay in counseling long enough to receive four different methods of treatment. Thus, they should be considered more or less chronic but not acute in their difficulties. This, of course, represents a very different type of client than the average one commonly seen.
Table XLVII shows very intriguing results were obtained. First, in regard to personal adjustment, conjoint group and conjoint interviews received the poorest results. Concurrent interviews and individual group were markedly more helpful according to these results. These findings suggest that seeing a person with his/her spouse may hinder, or at least not help improve, a client's personal adjustment. Furthermore, the findings suggest that seeing a person without the spouse can better help a client with his personal adjustment. At least, this seems possibly true as reflected through this poll of former clients' judgments.

Table XLVII results concerning social adjustment show another intriguing oddity. Social adjustment seemed to have been best helped by concurrent interviews and individual group, but not by conjoint group or conjoint interviews. Again, seeing a client with a spouse may inhibit some improvement process not directly associated with marriage. Of course, the possibility that these results are merely chance occurrences is high.

Table XLVII findings on marital adjustment are also quite interesting. Concurrent interviews and individual group sessions were rated poorest in assisting marital adjustment. Conjoint interviews and conjoint group sessions fared markedly better. This evidence suggests that seeing the spouses together is likely to be much more effective than seeing them separately if improved marital adjustment is the goal.
The results, taken as a whole, seem to suggest that if one wants to improve marital adjustment the spouses should be counseled together, but if one wants to improve either personal or social adjustment the spouses should be counseled separately. Naturally, this lends some support to the concept that marriage adjustment is a phenomenon rather separate from social and personal adjustments.

The question of whether or not there is a difference between how divorced and married former clients responded to Questionnaire C is dealt with next. The next four tables are organized just like the preceding five, except that there are columns for those remaining married and those becoming divorced after marriage counseling. These tables give the statistical data comparing the opinions of former clients, those who had remained married and those who had become divorced, as to which of several forms of marriage counseling helped them most in the three areas of adjustment. As before, the areas are those of personal, social, and marital adjustment.

Table XLVIII compares the responses of those who had been counseled in a combination of concurrent interview and conjoint interview marriage counseling. As the table shows, the number divorced is only five, a group too small to provide basis for very meaningful interpretations. For assisting all three forms of adjustment, those remaining married seemed to prefer conjoint interviews in larger numbers.
<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Form of Counseling Chosen as Helping Most</th>
<th>Remaining Married</th>
<th>Becoming Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Personal</td>
<td>Concurrent Interview</td>
<td>10</td>
<td>38.46</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Conjoint Interview</td>
<td>16</td>
<td>61.54</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
<td>100.00</td>
</tr>
<tr>
<td>Social</td>
<td>Concurrent Interview</td>
<td>11</td>
<td>42.31</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Conjoint Interview</td>
<td>15</td>
<td>57.69</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital</td>
<td>Concurrent Interview</td>
<td>8</td>
<td>30.77</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Conjoint Interview</td>
<td>18</td>
<td>69.23</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26</td>
<td>100.00</td>
</tr>
</tbody>
</table>
than those preferring concurrent interviews. The evidence implies a slight possibility that those who became divorced were helped more in their social adjustment by concurrent interviews. This seems a reasonable conclusion. It is quite likely that when a spouse moving toward divorce was alone with a marriage counselor, a considerable amount of talk about how to make the social adjustment of being a single person might have occurred. The figures for personal and marital adjustment of those becoming divorced are approximately equal, and no differences are identifiable.

There were no divorces among those respondents who had received a combination of conjoint interview and conjoint group. Thus, the results for this comparison are the same as those appearing on Table XLIV. This, of course, implies that the two conjoint systems used together may be superior in preventing divorce to the other forms of marriage counseling. However, since there were only eight respondents in this category, such an interpretation is impossible. Of course, these poll results of former clients are only being used as potential trend indicators. If further research corroborates the trend indicated here, it would mean that a superiority does exist in using a combination of conjoint interviews with conjoint group sessions.

Table XLIX compares the results for those who were in a combination of concurrent interview, conjoint interview, and conjoint group marriage counseling. Most of those remaining
<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Forms of Counseling Chosen as Helping Most</th>
<th>Remaining Married</th>
<th>Becoming Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Personal Adjustment</td>
<td>Concurrent Interview</td>
<td>7</td>
<td>36.84</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>9</td>
<td>47.37</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>3</td>
<td>15.79</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>19</td>
<td>100.00</td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>Concurrent Interview</td>
<td>6</td>
<td>31.58</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>3</td>
<td>15.79</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>10</td>
<td>52.63</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>19</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital Adjustment</td>
<td>Concurrent Interview</td>
<td>3</td>
<td>15.79</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>8</td>
<td>42.11</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>8</td>
<td>42.11</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>19</td>
<td>100.00</td>
</tr>
</tbody>
</table>
married did not choose conjoint group as the form which helped them the most with personal adjustment. They were, more or less, evenly split between the two other interview forms. In the social adjustment area conjoint group was selected by more than half of the respondents, thus indicating that the group condition was possibly more favorable to the improvement of social adjustment. Concurrent interviews were selected by a very small portion of these respondents as the form most helping them in marital adjustment. The majority of respondents were equally divided between the two conjoint forms. Nothing even remotely approximating an identifiable trend occurred among the divorced respondents.

Table L gives the results for the concurrent interview, conjoint interview, and individual group comparisons. Conjoint interviews were picked by the fewest number of respondents in the areas of personal and social adjustment by a majority among those remaining married and those becoming divorced. However, conjoint interviews were selected as most helpful in marital adjustment by a majority of those remaining married. This suggests that perhaps marriage counseling is something very different from individual counseling and is best done with both spouses usually present. For both personal and marital adjustment those becoming divorced show no particular concentration. However, for social adjustment there was a clear preponderance of choosing individual group as having helped most. This was also true for those remaining married.
### TABLE L

**Questionnaire C Results Comparing Subjects Who Remained Married with Those Who Became Divorced After Receiving a Combination of Concurrent Interview, Conjoint Interview, and Individual Group and Showing Which of These Marriage Counseling Forms They Thought Helped Most in Three Areas of Adjustment**

<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Forms of Counseling Chosen as Helping Most</th>
<th>Remaining Married</th>
<th>Becoming Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Personal Adjustment</td>
<td>Concurrent Interview</td>
<td>4</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>2</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>2</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>100.00</td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>Concurrent Interview</td>
<td>2</td>
<td>25.00</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>1</td>
<td>12.50</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>5</td>
<td>62.50</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital Adjustment</td>
<td>Concurrent Interview</td>
<td>3</td>
<td>37.50</td>
</tr>
<tr>
<td></td>
<td>Conjoint Interview</td>
<td>4</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>1</td>
<td>12.50</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Evidently, the group condition was seen as definitely being more often most helpful in improving social adjustment than were either of the interview forms. No other proportions were sufficiently distinctive to seem worthy of comment in this particular comparison.

Table LI shows the comparison made between concurrent interview, conjoint interview, individual group, and conjoint group forms of marriage counseling. Among those remaining married, conjoint interview sessions were chosen by a majority of the respondents as being most helpful to personal adjustment. Those becoming divorced showed a tendency to pick individual group.

Among those remaining married, the group forms were more commonly chosen than were the interview forms in the area of social adjustment. No discernable trend indicator is noticed for social adjustment among those becoming divorced.

The two conjoint forms were chosen by far more respondents, both married and divorced, than were the interview forms in the area of marital adjustment. Those remaining married seemed more often to choose the conjoint form. Clearly, the indications imply that conjoint forms of marriage counseling were likely to be more often interpreted as most helpful than were interview forms. At least, this was apparently true for those whose problems were sufficiently difficult enough to be seen in four different modalities of marriage counseling.
TABLE LI

QUESTIONNAIRE C RESULTS COMPARING SUBJECTS WHO REMAINED MARRIED WITH THOSE WHO BECAME DIVORCED AFTER RECEIVING A COMBINATION OF CONCURRENT INTERVIEW, CONJUNCT INTERVIEW, INDIVIDUAL GROUP, AND CONJUNCT GROUP AND SHOWING WHICH OF THESE MARRIAGE COUNSELING FORMS THEY THOUGHT HELPED MOST IN THREE AREAS OF ADJUSTMENT

<table>
<thead>
<tr>
<th>Adjustment Areas</th>
<th>Form of Counseling Chosen as Helping Most</th>
<th>Remaining Married</th>
<th>Becoming Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Personal</td>
<td>Concurrent Interview</td>
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<td>61.54</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Conjoint Interview</td>
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<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>3</td>
<td>23.68</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>2</td>
<td>15.38</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>13</td>
<td>100.00</td>
</tr>
<tr>
<td>Social</td>
<td>Concurrent Interview</td>
<td>4</td>
<td>30.77</td>
</tr>
<tr>
<td>Adjustment</td>
<td>Conjoint Interview</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
<td>6</td>
<td>46.15</td>
</tr>
<tr>
<td></td>
<td>Conjoint Group</td>
<td>3</td>
<td>23.08</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>13</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital</td>
<td>Concurrent Interview</td>
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<tr>
<td>Adjustment</td>
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<td>4</td>
<td>30.77</td>
</tr>
<tr>
<td></td>
<td>Individual Group</td>
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<tr>
<td></td>
<td>Conjoint Group</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>13</td>
<td>100.00</td>
</tr>
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</table>

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**General Trends in the Questionnaire C Results**

The results of Questionnaire C as shown on the preceding nine tables indicate several trends occurred in the choices of those respondents who were counseled in multiple forms of marriage counseling.

First, the trends concerning personal adjustment were examined. This examination demonstrated that time and again, on the tables which compare conjoint and other modalities, the conjoint forms received the fewest choices for having helped most in the area of personal adjustment. The implication is that conjoint marriage counseling sessions were not as useful to the improvement of personal adjustment as were the other modalities. The forms of counseling in which a spouse was seen without his/her mate, whether they were in interview or group sessions, fared better. However, none of the non-conjoint forms was discernibly superior to the others.

Next, the trends concerning social adjustment were examined. The repeated indicators here were that the group forms were consistently rated as most helpful by more respondents than any other of the forms. In the one comparison of conjoint group and individual group, individual group received more choices than did conjoint. This possibly suggests that although group forms rated better than other forms, individual group was by far the most effective for assisting social adjustment. No other clear trend is evident in the social adjustment data for Questionnaire C.
In a review of the data for marital adjustment another recurrent theme emerged. The conjoint group and conjoint interview sessions consistently received the greatest number of choices as the counseling forms which helped most in improving marital adjustment. When another form was matched with a conjoint form, it received fewer choices than did the conjoint form in every instance. It is, however, impossible to determine whether or not one of the two conjoint forms was superior to the other.

Former clients who became divorced tended to favor individual group for both social and personal development to a larger degree than those who remained married. Other than that, the trends for those who remained married and those who became divorced were quite similar to each other and also were similar to the trends for both groups combined, which were mentioned previously.

These trends suggest some support for one of the theoretical positions being examined in this paper. Since the results for personal, social, and marital adjustment seemed so markedly different from one another, an interesting interpretation is conceivable. The results suggest that personal, social, and marital adjustment are largely independent factors requiring very different counseling approaches. Also, the concept that marital adjustment is dependent on either personal or social adjustment tends to be refuted by the Questionnaire C data for clients who had been in more than one form of marriage counseling.
The trends reported for the Questionnaire C data should be considered most tenuous and problematical. Both the sparse numbers of respondents in the various categories and the small proportion differences which have been used in discerning the above trends are too meager for forming genuine conclusions. These findings by themselves are considered fairly vapid except when compared to other research findings. They also have a potential use in hypothesis building and testing. In a more sufficiently researched field there would be little reason to report these meager results. However, since there is so very little reliable empirical data concerning marriage counseling, every empiricist finding is considered well worth reporting at this time.

Integration of the Findings

The section of the investigation reported here stemmed from an attempt to integrate the findings of the five research efforts and then to draw conclusions and inferences for application from the findings. The format in this section was to first present a question relevant to the findings, then a short summation of a few of the pertinent research results, followed by a conclusion, and finally a concluding inference appropriate for application in this marriage counseling field along with some discussion.
Question 1: Does marriage counseling do any good?--This is probably the question of most interest to the layman. Unfortunately, there is almost no substantial research which provides an empirical answer for this question. For that reason the findings of this investigation which bear on that question, although indirectly so, are surveyed here. Naturally, to answer this question properly, research involving control groups of noncounseled subjects would probably be necessary. This investigation had no such control groups, and therefore, these findings only obliquely apply to the question. However, since it is such a basic, all-important question and since it remains unanswered, the findings of this project that are relevant were considered important enough to present here.

The Pilot Study which involved 773 subjects representing 437 marriages and who collectively had been seen by one or another of twenty-one different marriage counselors resulted in chi square observed frequency distributions superior in judged outcome to the statistically expected distributions significant at the .001 level of confidence. These expected and observed outcome of marriage counseling distributions were based on comparing different forms with one another and not marriage counseled with non-marriage counseled subjects. Nevertheless, it seemed most unreasonable to assume that a significance level, which was as superior to expectations as this one was, could have been achieved without the marriage
counseling actually having done some good. Also, these figures were arrived at by comparing the observed distribution to a normal chance curve. It is reasonable to assume that people seeking marriage counseling would have outcomes poorer than that based on chance. Therefore, the subjects in the Pilot Study who were found to have variations in the outcome of their counseling independent from a chance distribution can be supposed to have also had variations independent of what might have occurred without marriage counseling. This, of course, is merely a reasonable conjecture offering no "hard" evidence answering the question: does marriage counseling do any good? However, it does offer a hint that the answer is yes.

In the Experimental Study which involved 126 subjects representing sixty-three marriages randomly assigned to matched groups for different counseling treatments, one set of findings was considered especially relevant to the above question. The MAI and Polyfactor measures of marital adjustment were significantly reduced in the three conditions of marriage counseling studied: concurrent interview, conjoint interview, and conjoint group. Thus, the subjects of this study in marriage counseling significantly improved their marital adjustment scores more than could be expected by chance. Once again, something worse than chance is what would be reasonable to expect in a noncounseled control group. Therefore, the Experimental Study's results are also
interpreted as suggesting that marriage counseling, at least with the subjects of this study, can be thought to have done more good than could have been expected by chance and much more good than would probably occur in a noncounseled control group. The significance levels for measured improvements ranged from .05 to considerably better than .001. The overall significance of improved marital adjustment scores for the MAI was .01 and for the Polyfactor was .001. These high significance levels lend credence to the idea that marriage counseling can indeed reduce marital maladjustment.

The Quasi-Experimental Study which dealt only with marriages assumed to be in very serious difficulty demonstrated results suggesting that the subjects were moving in the direction of greater marital adjustment. However, the Polyfactor results approached but did not reach statistical significance in each measurement of statistical significance. Results from the Quasi-Experimental Study will seldom be referred to further in this integration of the findings, because they were not considered indicative of anything. Also, this section of the investigation dealt only with severe cases in which very little, if any, changes occurred, and the study design was considered faulty.

The Survey Study which gathered 200 self-ratings immediately after various kinds of marriage counseling, included questions asking clients to rate how much they had improved in marital adjustment on a seven point scale ranging
from "excellent" to "good" then "fair" followed by "mild," "slight," "nonexistent," and finally by "things have gotten worse." The average reply was between "good" and "fair" and was statistically significant beyond chance at the .01 level. Thus, at least immediately after marriage counseling sessions, clients tended to see their marriage adjustment as improving. This is interpreted as somewhat more directly supporting the "yes" answer to the question: does marriage counseling do any good?

The Poll Study of the investigation which involved 209 respondents who had once been in marriage counseling provided several findings relevant to answering this question. Using slightly rounded figures, the results demonstrate that sixty percent of the respondents who had been involved in marriage counseling were still married, some as much as five years after they had been in marriage counseling. Fifty-six percent of the respondents reported being more happy than unhappy with the outcome of their marital situation. Another twenty-one percent were reportedly equally happy and unhappy. This left only twenty-three percent who were more unhappy than happy. Considering that probably almost all of these subjects had previously been quite unhappy and were weighing the advisability of divorce to one degree or another, this represents what seems like an improvement. These findings were significantly different than what could be expected by chance.
"Spontaneous recovery" phenomena, nonrandomization in the Poll Study, and many other factors could account for these results. However, since all five of the sections have data suggesting an affirmative answer to the question posed, although some findings are of an inconclusive nature, only one conclusion is considered appropriate. That conclusion is that for the subjects of this study, the findings indirectly indicate that the marriage counseling did significantly help.

The concluding inference is yes, marriage counseling does do some good, in fact probably quite a bit of good.

Question 2: Does it make any difference which forms of marriage counseling are used? More professionally and accurately stated this question asks do different forms of marriage counseling result in significantly different outcomes? This investigation had several sets of findings which directly bear on this question.

In the Pilot Study the chi square test for independence of judged outcomes between the six major forms of marriage counseling was beyond the .001 level of confidence. Thus, the Pilot Study data strongly supported answering this question in the affirmative.

In the Experimental Study certain forms of marriage counseling resulted in measurements of improvement on psychological and marital tests which were significantly different from the improvement measurements obtained with other forms of marriage counseling. These improvements ranged
in significance from .05 to beyond the .001 level of confidence. These differences were obtained by using both t tests and analysis of variance coupled with Scheffe's Test of all possible comparisons.

In the Quasi-Experimental Study, the results measuring outcome differences between forms of marriage counseling only approached, but did not reach, statistical significance. The results therefore, suggest that the answer to the above question is either no or that the matter is inconclusively dealt with in this section.

In the Survey Study the analysis of variance and Scheffe's F results on the rating scale, but not the rank ordering scale, combined to produce measurements of significant differences having occurred between the outcomes of several different forms of marriage counseling. The rating scale results are considered to support the affirmative answer to the question and the rank ordering to suggest a negative or, more likely, an inconclusive answer.

In the Poll Study former marriage counseling clients of different forms of marriage counseling demonstrated significant differences from each other on a variety of variables measured in that section. The results also showed consistent trends for certain forms of marriage counseling to be rated as having been more helpful than others and others to have been less helpful in improving different types of adjustment difficulties.
The vast preponderance of results in this investigation's five sections lead to the concept that, at least for these subjects, the question is answered yes, different forms of marriage counseling resulted in significantly different outcomes in more than several of the measurements used in this study. There were some minor indications tending to negate this answer, but it is concluded that this evidence is too weak and of too inclusive a nature to outweigh the data supporting an affirmative reply to the question.

The conclusion is, therefore, that these findings indicate that for the majority of subjects in this investigation, the form of marriage counseling they received did affect the outcome results of their marriage counseling. The concluding inference for the application of this data is that different forms of marriage counseling do result in significantly different outcomes. Therefore, those conducting marriage counseling should select each form they use with great care.

Question 3: Which forms of marriage counseling are best?--This, of course, is probably the question in which practitioners are the most interested. There are several different theoretical frameworks from which the answer to which forms are best might be structured. However, here the simple concept of "best" refers only to marital adjustment in all of the ways it was measured in this study.

In the Pilot Study, which used chi square tests for independence among the forms which were significant at the
.05 level or better, the two conjoint forms considered cumulatively ranked first and then a close second in having provided the most improvements in marital adjustments. The concurrent forms ranked third and fourth, and the individual forms ranked fifth and sixty. However, there were several special conditions in which one or the other of the conjoint forms was not rated first or second. These are discussed later in this section. The predominant finding in the Pilot Study is that, generally speaking, the conjoint forms were superior to concurrent and individual forms of marriage counseling in improving marital adjustment.

In the Experimental Study the MAI and Polyfactor measurements of marital adjustment improvement repeatedly showed the two conjoint forms to have produced significantly more measurable marital improvements than did the concurrent and individual forms. However, concurrent and individual forms did show advantageous strengths in certain conditions. There are discussed later.

The Quasi-Experimental Study results are considered inconclusive.

The Survey Study yielded ratings which via an analysis of variance and Scheffe's $F$ showed the conjoint sessions to have been superior to the concurrent and individual forms in improving marital adjustment. The significance levels ranged between .05 and .01.

The Poll Study showed that for both happiness ratings and remaining married the conjoint forms were significantly
superior and consistently ranked above the concurrent and individual forms for achieving better marriage counseling outcomes.

This data, therefore, leads to but one tenable conclusion: the conjoint interview and group forms were superior to both the concurrent interview and group forms and to the individual interview and group forms of marriage counseling in this study.

The concluding inference is that in most cases and situations where marriage counseling is to be conducted, a conjoint form of counseling should be used and should probably predominate.

**Question 4:** What are the special attributes of each of the six forms of marriage counseling?--The findings concerning individual interview marriage counseling are considered first. In the Pilot Study the individual interview form of marriage counseling ranked fifth, or next to the least effective form, in the overall ratings for providing a "good and remaining married" outcome. Generally, and especially for assisting clients to remain married, it was considered to be the least effective form in the Pilot Study.

In the Poll Study, subjects counseled primarily in individual interview marriage counseling were more likely to have gotten divorces than if they had been in any other marriage counseling form except one. Their outcome happiness
ratings were also rather poor and tended to be in last or next to last place.

These findings led to the conclusion that for the subjects of this investigation, individual interview marriage counseling was either the least or next to the least effective for resulting in an outcome of a happy marriage. The concluding inference from these findings is that, as is commonly believed, individual interview marriage counseling is the least effective of the six forms for resulting in a reasonably happy marriage.

In other conditions, however, individual interview marriage counseling did manifest some advantages and more positive attributes. Among those Pilot Study subjects who obtained divorces, the individual interview form of marriage counseling was measured by counselors' judgments as being second best in assisting clients to a successful divorce outcome. In the Poll Study, individual interview marriage counseling was measured as producing more "very happy" outcomes among those who divorced than any other form of marriage counseling. This form also tied with the conjoint form in producing the largest percentage of "fairly happy" outcomes among those obtaining divorces. Individual interview also produced very small "unhappy" ratings, smaller than the other forms produced among those getting divorced.

These findings lead to the conclusion that for the subjects of this study who became divorced, individual
interview marriage counseling tended to help produce more "happy" than "unhappy" outcomes. The concluding inference stemming from this data is that individual interview marriage counseling tends to help produce fairly happy, apparently adjusted divorces. It may, indeed, be more divorce counseling than marriage counseling. Therefore, individual interview marriage counseling can be seen as a rather effective way to avoid "sick" divorces and to obtain a healthy, compatible divorce instead.

The summary inference for individual interview marriage counseling is that it was shown to be very poor for leading to compatible, health marriages but very effective in resulting in compatible, healthy, non "sick" divorces.

The findings involving individual group marriage counseling are reviewed next. This is a form which produced a variety of results which are difficult to interpret in relationship to the other forms.

In the Pilot Study, individual group ranked fifth in its judged effectiveness in producing a successful outcome to marriage counseling. However, it was third for those remaining married and fourth for those becoming divorced. In each of those positions it was measured as well behind the forms above it and barely ahead of the forms below it in the rankings.

In the Poll Study, individual group marriage counseling resulted in the highest percentage of divorces of all the
marriage counseling forms studied. Also in the Poll Study, this form resulted in the second largest amount of "very happy" divorced outcomes, the largest amount of "fairly happy" divorced outcomes, but rather a high rate of "fairly unhappy" divorced outcomes. Thus, its spread on the amount of outcome happiness continuum was rather wide but still showed in favor of the positive or more "happy" than "unhappy" end of the continuum.

Also in the Poll Study, the subjects in individual group as well as in other forms of marriage counseling demonstrated a preference for choosing individual group as the form which helped them most in personal and social adjustment. This trend toward choosing individual group as having helped most in personal and social adjustment was to a markedly larger degree among those who divorced than among those who stayed married. Furthermore, in the Poll Study, although all three group forms of marriage counseling rated higher than any of the three interview forms in helping social adjustment improvement, individual group was rated well above conjoint group marriage counseling. This was so both for those subjects who stayed married as well as for those who became divorced.

From these findings four conclusions are drawn concerning the effect of individual group marriage counseling on the subjects of this study. One, individual group resulted in the highest number of divorces; two, it did, however, help
result in a large percentage of fairly happy divorces; three, due to the spread in the happiness of outcome continuum, it was less dependable for a happy divorced outcome than individual interview; and four, individual group was better for those acquiring divorces in helping them with personal and social adjustment than was conjoint group marriage counseling which was also rated high.

The concluding inferences for application are that individual group marriage counseling tends to produce the highest number of divorces of any of the six forms. However, although it tends to result in fairly happy divorces, it is less dependable for a happy divorce outcome than is individual interview marriage counseling, and for those getting divorces it is more effective in helping achieve better personal and social adjustment than conjoint group or any of the interview forms. In short, individual group is seen as a fairly effective divorce counseling modality but not a very effective marriage counseling one.

The findings involving conjoint interview marriage counseling are considered next. In regards to marital adjustment, the Pilot Study data showed that this form was ranked first for effectiveness for the total subject population and first for those remaining married. It, however, ranked second in the cumulative differences table and last, or least effective, for those obtaining divorces.
In the Experimental Study, subjects in conjoint interviews showed a greater reduction in Polyfactor marital maladjustment scores than did subjects in any other form. However, conjoint interview demonstrated only the second largest drop in the marital maladjustment scores of the MAI. Both of these reductions showed an insignificant difference between the two forms holding first and second place in these two measurements. The conjoint interview form produced the largest decrease in marital maladjustment among couples as measured by the Polyfactor Couples' Total Scores. This decrease was measured as significantly different from the decrease obtained by several other forms. Conjoint interview also obtained the best outcomes of all the forms when the severity of the problem is considered. It was measured as first, although barely so, in effectiveness with mild problems, and distinctly first in effectiveness with those measured as starting marriage counseling with both moderate and severe marriage problems.

In the Survey Study, subjects' ratings made immediately after counseling sessions showed that those in conjoint interview sessions judged themselves to have been helped more significantly in marital adjustment than did those subjects in concurrent interview marriage counseling.

In the Poll Study, those who had been in conjoint interview marriage counseling reported remaining married and being "very happy" to a greater extent than did former
clients treated primarily with other forms of marriage counseling. Conjoint interview was also rated no worse than a close second to conjoint group in the categories of "fairly happy and remaining married" or "fairly happy and becoming divorced." Also, conjoint interviews were measured in the Poll Study as being significantly different from all but conjoint group, but they definitely ranked as most effective in assisting marriage adjustment improvement.

The measurements made with marriage counselors in the Pilot Study, experimental subjects and marital adjustment test results in the Experimental Study, current clients in the Survey Study, and former clients in the Poll Study all tended to show that conjoint interview marriage counseling was the most successful form of marriage counseling. All in all, this form was measured as the most effective marriage counseling modality by more approaches than were any of the other forms, although conjoint group was a close second. These results, therefore, lead to the conclusion that for the subjects of this investigation, conjoint interview marriage counseling showed itself to be the most effective form for reducing marital maladjustment and resulting in a desirable outcome.

The concluding inference drawn from this data is that conjoint interview marriage counseling is the most effective form of assisting a troubled marriage.
There were, however, certain circumstances where the above conclusion and inference were counter indicated. Conjunct interviews were definitely ranked in the Pilot Study as least effective among those who divorce. In the Poll Study, conjoint interview marriage counseling did not result in the highest happiness of outcome ratings among those who divorced. Thus, for those whose outcome was divorce, conjoint interview was apparently not a very beneficial modality in which to be counseled. The tentative concluding inference is that conjoint interview has disadvantages for those who divorce, and therefore, other forms of marriage counseling should be coupled with it if a divorce seems imminent or highly likely.

Considering the age distribution findings, there was some evidence that conjoint interviews were more successful in the middle age ranges and less so with the very young married and older people. At least, this was so in the distribution of score means for marital improvement. The tentative concluding inference drawn from the age data is that conjoint interview appears to be somewhat less effective with very young and older couples but more effective with couples in the middle age ranges.

The personal adjustment results and to a lesser extent the social adjustment results, in the Poll Study in particular, showed a strong tendency to have conjoint interviews rated low in assisting improvement in these two areas. Other data
in the other sections tended to confirm this somewhat. Therefore, it is concluded that for the subjects of this investigation who needed personal or social adjustment improvements, conjoint interviews tended not to be very helpful. From this conclusion it is inferred that marriage counseling clients who have personal or social adjustment problems severely affecting their marital adjustment would probably best be treated by a combination of conjoint interview and some other form of counseling.

On the whole, the data concerning conjoint interview marriage counseling indicates that it is the best form for improving marital adjustment but that it is insufficient or inferior to other forms for those who are divorcing, for those who are quite young or old, and for those whose marital adjustment is markedly affected by personal or social adjustment problems.

The findings of the next form of marriage counseling considered here are for conjoint group. The modality of conjoint group was very effective compared to the other forms in improving marital adjustment and counseling outcome. In the Pilot Study the marriage counseling records resulted in it being rated second most effective for all subjects, most effective by the cumulative differences table, second most effective for those remaining married, and most effective for those obtaining divorces.
In the Experimental Study, conjoint group achieved the greatest improvement in MAI scores and the second greatest in Polyscore scores. It was also measured as being significantly different and superior to the other forms with the exception of conjoint interview.

In the Survey Study, conjoint group was rated as equally as good as conjoint interview marriage counseling and superior to all the other forms for improving marital adjustment. In the Poll Study, conjoint group demonstrated the second highest remaining married outcome rate, nearly the highest "very happy" outcome rate, the second highest "fairly happy" outcome rate, and also the lowest "unhappy" outcome rate.

The results demonstrated that conjoint group was consistently measured either as first most effective, second most effective, or in a tie with conjoint interview for being the most effective form in working with marital adjustment. However, the results were such that conjoint group was more often measured in the second best position. For that reason, it seems that conjoint group was slightly less effective than was conjoint interview marriage counseling.

It is concluded from these results that for the subjects of this investigation, the conjoint interview form was the second most effective marriage counseling modality for assisting marital adjustment. Likewise, the concluding inference is that, in general, conjoint group was the second best form of marriage counseling for working with marital problems.
Several other findings concerning conjoint group were considered important. In the Pilot Study, those who became divorced were rated as having better outcomes if they were in conjoint group than if they were in any other form studied.

In the Poll Study, conjoint group obtained the smallest "fairly unhappy" or "very unhappy" ratings among those who became divorced. Thus, it seemed that conjoint group might have been particularly useful in helping clients to avoid unhappy divorces.

The conclusion is that for those who became divorced, conjoint group was probably the form of marriage counseling which most helped their divorce be one that was adjustive and which helped to avoid much of the unhappiness traditionally thought to go along with divorce. Since conjoint group tended to be ranked second best with those who remained married, but best with those who divorced, this form was seen as being safest to use with those whose outcome might be considered difficult or likely to end in divorce.

Some of the findings regarding severity of the original problem suggested that conjoint group was much more useful with milder and perhaps moderate problems than it was with severe marital difficulties. The evidence was sufficient to suggest the tentative conclusion that conjoint group is not too useful for the more severe cases. Among age groups, conjoint group was found somewhat more successful with the
middle age ranges as opposed to quite younger or older couples than was conjoint interview marriage counseling.

Conjoint group demonstrated considerably significant reductions in social maladjustment measurements in the Experimental Study. This finding was supported by one finding in the Survey Study in which the subjects of that section in conjoint group significantly rated themselves as more helped in social adjustment than did subjects in other forms of marriage counseling. This infers that the more social isolation or social maladjustment apparently affecting a marriage, the more reason to utilize conjoint group marriage counseling. It is noted, however, that conjoint group was not as effective as the other group forms in reducing social adjustment problems. It was just that it was particularly effective as both a marriage and social adjustment treatment modality. Actually, most of the measurements showed individual group to provide the most effective assistance to social adjustment problems.

The summary concluding inference is that conjoint group marriage counseling is second in effectiveness to conjoint interviews as a method of assisting troubled marriages among those who remain married, the most effective modality for achieving an adjusted outcome among those who divorce, and therefore, a safer treatment of choice when divorce seems imminent. But it was not such an effective form to use with couples whose problems seem acutely severe or with couples
who were either rather young or rather old. Conjoint group is useful in helping marital problems compounded by social adjustment difficulties.

Next the findings related to concurrent interview marriage counseling are considered. The Pilot Study rankings for those subjects that remained married, and also for all subjects, showed the concurrent interview form to be ranked consistently as the least effective of all six forms. Surprisingly, it ranked even behind individual interview where only one spouse was seen. For those who divorced, concurrent interview was ranked fifth in providing satisfactory outcomes. In the Experimental Study concurrent interviews showed the least improvement in MAI scores, and it was, in a statistical sense, definitely significantly worse than other forms. Likewise, the Polyfactor improvement scores of the concurrent interview form showed the least desirable change of all three forms compared in the Experimental Study. Also, they were measured as significantly worse in concurrent interview than the other forms. In the under-thirty age brackets, subjects in concurrent interview marriage counseling showed that their MAI and Polyfactor mean scores actually got worse. This was not true for the other forms. Subjects whose original marital difficulty was measured as being mild also worsened their Polyfactor scores if they were treated by concurrent interviews. This was not true of the conjoint forms.
In the Poll Study, concurrent interview produced a wider variety of happiness and unhappiness ratings than did conjoint and individual forms. There were, however, fewer divorces than were produced by the individual forms but, also, lower happiness ratings. In the Poll Study, concurrent interviews did approximately equally well in judged marital adjustment improvement as did the individual forms. They were both, however, measured as inferior to the conjoint forms.

This data leads to the conclusion that for the subjects of this investigation, concurrent interview marriage counseling was either the least effective or equally as ineffective as any other form for assisting marital adjustment. It was shown to have been particularly poor for subjects under thirty and for those with mild difficulties. Also, it apparently produced less dependable happiness results but slightly fewer divorces than the individual forms. All in all, for couples seeking assistance for marital problems it seems that separate marriage counseling leads to marital separation.

The concluding inference drawn from this data is that concurrent interview marriage counseling, which many believe is still the most common form, may be the least effective or one of the most ineffective forms for assisting marital adjustment. It is apparently particularly poor for younger couples and for those with mild problems. The happiness of counseling outcome is also apparently most undependable with
with this form. It should be remembered here that while concurrent interview marriage counseling was measured as being the least effective of the six forms, it was, nevertheless, still measured as producing a few mild but significant reductions in marital maladjustment. Thus, concurrent interview marriage counseling is seen as somewhat successful, just not nearly as successful as other forms of marriage counseling.

There were some other findings also relevant to what concurrent interview marriage counseling produces. Concurrent interview improvement mean scores showed a constant rise according to age brackets. This suggests that for subjects in this investigation, concurrent interview marriage counseling was more appropriate for older subjects.

Concurrent interviews demonstrated the largest reductions in MMPI indicators of psychopathology. Significant reductions, which were better than those obtained by other forms, occurred in the measurement of depression and anxiety and also the Aggregate Clinical Scale. Also, the CPI Self-Control Scale showed significant improvements manifested in the concurrent interview form but did not in the other forms. Actually, concurrent interview marriage counseling was the only form which significantly differentially demonstrated marked improvements above those of the other forms in bettering Depression, Anxiety, and Self-Control Scales' scores.
In the Pilot Study, concurrent interviews were ranked lower in marital adjustment and higher in personal adjustment than were the conjoint forms. This also tended to be true of the results in the Experimental Study. In the Survey Study clients exiting concurrent interview sessions tended to rank personal adjustment as the area in which they were most helped, and this was not true of subjects in the other forms. From these findings it is concluded that for subjects in this investigation, concurrent interview marriage counseling was useful in reducing individual maladjustments, especially those of depression, anxiety, and self-control problems. Concurrent interview showed no signs of being very useful in assisting social adjustment.

The concluding inferences which are drawn from this data are that although concurrent interview marriage counseling is probably one of the least effective forms for improving marital adjustment, it is more useful than other forms when improvements are desired in personal maladjustments, especially those of depression, anxiety, and self-control. This form is, therefore, considered to be best used only as a supplement to a conjoint form when some individual problem is seen as hampering the general progress of marriage counseling. The evidence suggests that the more individual psychopathology, the more reason there is to use concurrent interview in marriage counseling. Also, the more a client is depressed, anxiety ridden, or lacking in self-control, the more reason there is to use concurrent interviews.
An aside interpretation suggests that concurrent interviews seemed more useful as an assisting approach to individual psychotherapy than as an assist to marriage counseling. This was because individual psychopathology improvements were generally shown to be increased more with the use of concurrent sessions than with the use of individual treatment modalities. This trend in the data seems to support family therapists who say that if the individual is to be cured, his family members must be treated. However, this study was not designed to compare these variables, and the most that can be said is that the data gives a hint of support to the above family therapists' position.

The findings relating to concurrent group marriage counseling are considered next. Generally, this form was quite similar in the results it produced to those of concurrent interview marriage counseling.

In the Pilot Study, concurrent group sessions were consistently rated between third and fourth most effective in the results they were thought to have provided. This was true for all subjects and for those remaining married, as well as for those acquiring divorces.

In the Poll Study, concurrent group produced a wide variety of happiness and unhappiness ratings. It was, therefore, considered less dependable in this factor than were the individual and conjoint forms. However, along with concurrent interview marriage counseling, concurrent group
sessions obtained a better remaining married ratio than did the individual forms.

In marital adjustment, improvement via concurrent group marriage counseling was ranked slightly superior to individual group, but significantly inferior to conjoint group. On the whole, concurrent interviews were inferior to concurrent group sessions. Both conjoint forms were markedly and significantly superior to concurrent group sessions.

The Poll Study results showed social adjustment findings rated concurrent group sessions as superior to conjoint group sessions, about equal to individual group, and also, superior to the interview forms of marriage counseling in assisting improvements in social adjustment.

From these findings it is concluded that for the subjects of this investigation, concurrent interview marriage counseling was an ineffective, or, at best, mediocre modality for improving marital adjustment.

The concluding inference is that, apart from some mild personal and social adjustment benefits, there are few reasons to use concurrent group marriage counseling.

Question 5: How is an individual's personal adjustment affected by the different forms of marriage counseling?—Naturally, the counseling professions can be expected to think or hope that marriage counseling would at least not thwart
improvements in personal adjustment. Occasionally, among the laity, it can be heard that one form or another of counseling "messed up someone's mind" or something of that sort. Since this investigation did not have untreated control groups, the most desirable form of comparison was not possible. However, a number of important trends are noted which do bear on the question.

In the Experimental Study all nineteen measurements of personal adjustment or maladjustment on the CPI and MMPI showed mean score improvements, many of which were significant at beyond the .05 level or better. This was true for all three conditions of marriage counseling. The Survey Study and the Poll Study data similarly showed significant data in support of the Experimental Study data. Thus, the data shows that the subjects of this investigation improved their personal adjustment over that which they had when beginning marriage counseling. Of course, it is just possible that control groups might have improved even more due to "spontaneous recovery" effects, etc. Therefore, it can only be concluded that for the subjects of this investigation, no form of marriage counseling increased personal adjustment impairment.

The concluding inference is that the evidence points to the concept that no form of marriage counseling increases impairment of personal adjustment. Indeed, the data also implies marriage counseling more than likely actually leads
to improvements in personal adjustment as well as decreases in personal maladjustment.

**Question 6:** How personally maladjusted is the average marriage counseling client?--The opinions on this question have been quite varied. The main data related to the question comes from the Experimental Study. There the MMPI pre-counseling scores manifested a mean overall average of only about thirteen T score points above the MMPI's standard mean. This score is only three points beyond one standard deviation above the mean into what is generally called the "sick range." Compared to psychiatric populations, this represents only mild personal problems. However, the pre-counseling MMPI standard deviations were quite wide. This suggested that at least some of the subjects scored well into the "sick range."

The pre-counseling scores on the CPI showed that, on the average, the subjects scored only about four T score points below the CPI standard mean per personal adjustment scale. This indicates that these subjects were measured as being only minimally deficient or inadequate in various areas of personal adjustment.

The Survey Study showed that its subjects registered less change in personal adjustment than marital or social adjustment. This was also true of the subjects in the Poll Study. One hypothetical reason explaining these poll and survey results is to suppose that less personal adjustment
improvement was possible because there was less personal maladjustment than marital or social maladjustment. If this reasoning is valid, then the poll and survey results are seen to have supported the MMPI and CPI findings in the Experimental Study.

From these findings it is concluded that the average subject in this investigation had only minor personal maladjustments and/or inadequacies, although a minority may have had considerable individual psychopathology or problems of inadequacy.

The concluding inference is that the average marriage counseling client has only minor personal maladjustments, and he suffers only mildly from various personal inadequacies when compared to the average person on which tests like the CPI and MMPI have been standardized. However, a minority of marriage counseling clients will, indeed, have severe personal difficulties.

Question 7: Which forms of marriage counseling help personal adjustment the most?—This is a question which would, of course, be very important to any marriage counselor working with people having personal adjustment difficulties along with their marital problems.

In the Experimental Study the aggregate score on the MMPI was reduced approximately forty-three points for those subjects in concurrent interview marriage counseling, twenty-four points for those in conjoint group, and only eleven
points for those in conjoint interview marriage counseling. The reduction in the concurrent interview form was the only one measured as statistically significant. In the Survey Study, concurrent interviews were rated as helping personal adjustment more than social or marital adjustment, and yet this was not true for other forms. In the Poll Study individual interviews were ranked as being of the most help in the area of personal adjustment, although conjoint group was ranked as being the second most assistance.

This data tended to show that individual and concurrent forms of marriage counseling were best for assisting improvements in personal adjustment. Thus, it is concluded that for the subjects in this investigation, nonconjoint forms of marriage counseling were the most help in reducing personal adjustment difficulties.

The concluding inference is that if personal adjustment problems are very severe, marriage counselors should consider using a nonconjoint form of counseling. However, if they are distinctly evident but not severe, a conjoint group form of marriage counseling may suffice.

**Question 8:** Do personal maladjustments cause marital maladjustments?—The consistent trend in the evidence is rather clear in each of the sections making some measurement of personal and marital adjustment.

The CPI scores in the Experimental Study were improved after counseling to a point of nearly exact normalcy in
comparison to the CPI standard mean. However, the MAI and Polyfactor scores were not reduced to showing a similar normalcy in marital adjustment. The MMPI clinical scales were reduced from almost one-and-a-half standard deviations above the standard deviations above the standard mean to approximately one half a standard deviation. However, the Polyfactor post-counseling standard deviations were, although much reduced, considerably beyond a standard deviation of the scores of a standardization group that had no reported marital difficulties. The over all MMPI Aggregate Clinical Scale drop had gone from thirteen points to five points above the mean, placing it well within the "normal range." The pre-counseling over all CPI scale was only four T score points into the maladjustment or "sick range." This meant the average client was measured as starting counseling with only mild personal problems, while the MAI and Polyfactor showed the average amount of marital difficulty to be much greater than mild. The Survey Study ratings and the Poll Study rankings showed the amount of personal adjustment improvement to have been much less than those of marital adjustment and, in some regards, social adjustment. However, since personal adjustment improvements were noted in all forms of marriage counseling, a connection does seem possible.

The most reasonable conclusion seems to be that for the subjects of this study, the evidence points to the concept that personal problems were perhaps in a small way related to
marital problems. The evidence is also interpreted as meaning that considerable, but not complete, independence between these two types of problems was strongly suggested.

The concluding inference is that personal maladjustments, ineptitudes, and inadequacies are in a partial way often involved in marital difficulties. Also, a casual relationship between marital and personal adjustment is more counter indicated than suggested by the data. Therefore, it is surmised that personal problems are probably occasionally involved in causing or sustaining marital problems, but often the existence of marital problems may be largely unrelated to personal problems.

An interesting "sidelight" finding was revealed concerning the possible difference between personal inadequacy and psychopathology. In the Experimental Study most of the MMPI scales showed a fairly notable reduction after counseling. Also, the Aggregate Clinical Scale was significantly reduced beyond the .05 level of confidence. However, the CPI Personal Adjustment Aggregate Scale did not show a significant reduction, and far fewer of the nine CPI individual personal adjustment scales showed a significant reduction. This is somewhat surprising in that the CPI and MMPI use a number of the same questions in the make-up of the tests. Thus, while there were a fairly sizable number of indications that some reductions in psychopathology did occur during marriage counseling, there were far fewer indications that significant improvements in
personal adjustment also occurred. Therefore, it is concluded that the evidence indicates that, at least as measured in this investigation, personal adjustment and psychopathology were perhaps two different things. This, then, supports the idea that psychological sickness is different from psychological inadequacy. Furthermore, this evidence is interpreted as suggesting that marriage counseling practitioners, researchers, and theoreticians should perhaps consider pathology and adjustment factors separately in relationship to marriage counseling. Of course, this data is insufficient to establish more than a need for further research to confirm or negate the idea that marital adjustment may be affected in one way, by a lack of personal adjustment, and in another way, by the presence of personal psychopathology.

The concluding inference is that some of the data suggested that individual psychopathology is moderately reduced in marriage counseling but that decrements of personal adjustment inadequacies may not be, and also, that these two are perhaps different factors.

In regard to the decrements of personal psychopathology and the improvements that did occur in the personal adjustment measures, another element must be considered. That is the element of "spontaneous recovery." Although personal maladjustment was measured as decreasing a significant amount in several of this investigation's sections, it was always measured as a small reduction. Also, the different forms of
marriage counseling did not result in very different personal maladjustment improvements. Thus, it seems logical to conclude that for the subjects of this investigation, some of the measured reductions in personal maladjustment were probably due to the "spontaneous recovery" phenomenon.

The concluding inference is that although some personal psychopathology and maladjustments are probably reduced in marriage counseling, a portion of those reductions is most likely due to "spontaneous recovery."

Question 2: How is a person's social adjustment related to his marital adjustment?—The Experimental Study's findings showed that the average subject's CPI Social Adjustment Aggregate Score was about six scaled score points below the mean into the deficiency range. After counseling, this improved to the standard mean. The MMPI Social Introversion Scale findings showed the average subject to have scored about five T score points into the deficient or "disturbed" range before counseling and only two points into this range after counseling. The Survey Study and the Poll Study also demonstrated what appeared to be indications of only mild social adjustment improvement. In the Pilot, Poll, Survey, and Experimental Studies conjoint group tended to be ranked or rated in various ways as either first or second in the improvement of both marital and social improvement. However, when conjoint group was rated second in improving marital
adjustment, the form rated first usually rated very poorly in assisting social adjustment. Also, sometimes conjoint group was ranked behind both the concurrent and individual group forms in assisting social adjustment. These findings are interpreted as suggestive of a small relationship having possibly existed between marital adjustment and social adjustment. However, these indications are considered weak. Therefore, a large amount, but not total, independence between the two adjustment areas appear to be the most appropriate interpretation of the data. It is concluded that for the subjects of this investigation, social maladjustments and their improvement were in a small partial way related to marital maladjustments and their improvement.

The concluding inference is that social interaction, ineptitudes and adjustment difficulties are probably in a small partial way involved in some marriage problems and their improvement.

**Question 10:** How socially maladjusted is the average marriage counseling client?--The Experimental Study findings showed only minor amounts of social adjustment inadequacies in the pre-counseling testing on both the MMPI and CPI. Also, the Survey and Poll Studies' findings showed that the subjects of these sections tended to rate themselves as having made some improvements in social adjustment but a great deal more improvement in marital adjustment. From these findings it is
concluded that the subjects of this investigation, on the whole, did not suffer from pronounced social adjustment difficulties.

It is deduced that a small portion of those experiencing marital problems may be doing so with social maladjustments adding significantly to their difficulties. The findings also demonstrated that combined forms of marriage counseling containing a group modality resulted in higher social adjustment improvement ranking than did any of the combinations not containing a group form. In all of the sections of this investigation concerned with improvements in social adjustment, interview forms were rated as inferior to group forms. Generally, and often significantly, concurrent group or individual group was rated as most helpful, and conjoint group was third among the three group forms. There was some tendency for concurrent group to be measured as the most productive of the three group forms in assisting social adjustment.

From these findings it is concluded that it was not whether or not a form was individual, concurrent, or conjoint, but it was rather whether or not it was an interview or group form that made the difference in counseling outcome. Thus, for the subjects of this investigation, interview forms were found inferior to group forms for the improvement of social adjustment.
The concluding inference is that marriage counseling problems caused, sustained, or complicated by social adjustment difficulties are better treated with the inclusion of a group form of counseling in the treatment approach.

Question 11: What is the relationship of personal and social adjustment to marital adjustment?—In the Experimental Study the MAI and Polyfactor scores improved, on the average, one half a standard deviation or better with significance ranging up to .001 or more. The MMPI and CPI measures of personal and social adjustment improved about one-fifth a standard deviation and their significance of pre- to post-counseling scores tended to be much smaller than those of marital adjustment. In the Survey Study the clients tended to report they were significantly helped in marital adjustment to a much larger degree than they were in personal and social adjustment. In the Poll Study all six forms of marriage counseling were shown to be significantly different from one another in the outcomes they produced in marital adjustment. Only two forms were significantly different from one another in reducing social adjustment difficulties. In the area of personal adjustment, four forms were significantly different. In most of the comparisons in the various sections of this study the forms that showed the greatest marital adjustment improvements were not the same forms as those that resulted in the best personal and social adjustment improvements.
On the whole, conjoint forms were shown to be best for marital adjustment but not to be very good modalities for treating personal or social adjustment.

From this data it is concluded that the marital problems of the subjects in this investigation were largely, but not entirely, independent of personal and social maladjustment causation or serious complication.

The concluding inference is that in marriage counseling one can expect considerable improvement in marital adjustment without much improvement in personal or social adjustment being found. Also, the evidence suggests that there is only a moderate amount of interdependence between marital adjustment and either personal or social adjustment.

**Question 12:** What is the relationship between the three interview and the three group forms of marriage counseling?—

Drawing the findings on the three areas of adjustment together with the results pertaining to the six forms of marriage counseling leads to a parsimonious conclusion. For the subjects of this investigation, conjoint forms were shown to have worked best in improving marital adjustment, while interview forms were best for assisting personal adjustment, and group forms were most useful in assisting social adjustment.

The concluding inference is that, on the whole, conjoint forms of marriage counseling work best in improving marital problems, but personal problems are best treated with interview
sessions, and social interaction problems are best treated using group modalities. Therefore, a marriage problem involving personal difficulties would probably best be treated in both a conjoint and an individual or concurrent interview form of counseling. A marriage problem involving a social interaction deficiency would best be treated by a conjoint form coupled with a group form of counseling.

Figure 3 presents an illustrative model for understanding this conclusion. The circles represent the six forms of marriage counseling studied in this investigation. The circles encompassed by diagonal lines represent those which tended to be seen as the marriage counseling forms producing the greatest amount of marital adjustment. The circles encompassed by a clear area are those which were seen as best for improving personal adjustment. It should be noted that some of the results of this study showed that individual and concurrent group were also quite effective in assisting personal adjustment. Therefore, it is possible that the clear area should also encompass those two forms. However, most of the personal adjustment findings showed concurrent and individual interviews to be somewhat superior in these respects. The circles encompassed by the dotted area represent those thought to be best for improving social adjustment. Originally, it had been hypothesized that individual forms would be best for personal adjustment, and concurrent forms would be best for marital adjustment. The
Best forms for improving marital adjustment

Best forms for improving personal adjustment

Best forms for improving social adjustment

Fig. 3--A model depicting the best marriage counseling forms for improving three areas of adjustment.
evidence seems to show that only the last of three hypothetical statements is supported by the findings of this study.

From Figure 3 it can be seen that there are essentially four basic diagnoses and four basic prescriptions for the presenting marital problem.

1. If the marriage problem is uncomplicated by a pronounced personal or social adjustment problem, a conjoint interview or conjoint group form by itself should provide sufficient and efficient improvement.

2. If a marital problem is complicated by a somewhat formidable personal problem, a conjoint form supplemented by individual or concurrent interviews will be needed.

3. If the marriage problem is complicated by a marked social adjustment problem, a conjoint form supplemented by or including a group form will be best.

4. If the marriage problem is complicated by both severe personal and social adjustment problems, a combination of conjoint group and individual or concurrent interviews will provide the most economical and, at the same time, probably sufficient counseling for treating all three difficulties. Only two forms are needed, because conjoint group works well in both the marital and social adjustment areas.

Naturally, this is a model based on the evidence from only one investigation, although admittedly it was a fairly broad one. Nevertheless, the evidence from the various
sections of this study is considered sufficient to present a possible model for parsimoniously organizing some of the evidence and the applications it suggests. This model is not considered to have been tested enough to merit more than theoretical and experimental efforts. Only if further research were to substantiate it, would it seem wise to use for guiding actual practice.

Question 13: Is there any particular combination of forms which produce better results than the others?--The Pilot, Experimental, Survey, and Poll Studies of this investigation all yielded findings which were interpreted as indicating that the two conjoint forms were superior to the others in reducing marital maladjustment. The Quasi-Experimental Study findings were considered inconclusive. In the Poll Study a portion of the subjects had been in multiple forms of marriage counseling. Their responses yielded only a twenty-two percent divorce rate for the three sets of multiple forms where both conjoint modalities were included. This was considerably lower than the thirty-seven percent divorce rate which was the best a single conjoint form yielded. It was also a much lower divorce rate than that produced by multiple forms, not involving conjoint forms. Also, multiple forms including only one conjoint modality did not do as well as hotse using both conjoint approaches. Also, since conjoint interview sessions were ranked and rated as best among those who remained married, and conjoint
group sessions were rated and ranked best among those who divorce, it seems reasonable to view them as being mutually beneficial and to be used in tandem with each other. Also, it was found that the concurrent and individual forms used together, but without conjoint forms, produced the poorest results in improving marital adjustment and avoiding divorce.

From these results it is concluded that, at least in this investigation, the evidence suggests that using the two conjoint forms together produced more favorable results than either one used separately and better results than were obtained by any other combinations of forms.

The concluding inference is that the evidence seems to suggest that a combination of conjoint interview and conjoint group sessions used together may produce the most favorable marriage adjustment outcome results and, in particular, a lower divorce rate than will other combinations of marriage counseling forms.

A corrolary inference is also produced: forms of marriage counseling whose sessions separate the couple tend to lead to greater separation in the marriage itself than do sessions which join the couple together. In simpler words, separate marriage counseling leads to marital separation.

**Question 14:** Do different forms of marriage counseling work better with different levels of marital problem
severity?--As was already noted, the Quasi-Experimental Study which was to have an investigation of more severe cases was inconsequential in its outcome. From the other sections of the investigation, a few trends were thought to have been revealed. For those marriages with mild difficulties, the concurrent forms seemed to be related to increasing their difficulties. The conjoint forms especially conjoint interview, were found to result in the most improvement. In the Experimental Study, those individuals who were scored as having started marriage counseling with moderate problems were found to have improved most in conjoint interviews. Considerably poorer were those improvement scores found among subjects treated in conjoint group. However, the worst improvement means were established by those treated in concurrent interviews, although some small improvements did occur here.

Among those subjects who started marriage counseling in the Experimental Study and were measured as having severe problems, conjoint interview marriage counseling resulted in the best improvement scores. Conjoint group was a close second, and concurrent interview was third and least effective of the three in improving those with severe difficulties. It should be remembered that individual forms of marriage counseling were not included in any investigation of severity.
Since these findings rest primarily on only one section's results and since the number of subjects involved was small and also, since the measures of statistical significance were not very consequential, it was decided that the evidence is insufficient for drawing any other conclusion except that further research is needed. However, these meager results were considered sufficient enough to draw some inferences as to what hypothesis further research might begin testing. These inferred hypotheses are as follows:

1. The difficulties of couples with mild marital problems are more frequently made worse in concurrent marriage counseling forms and more frequently improved in conjoint forms, especially that of conjoint interview.

2. The difficulties of couples with moderate marital problems are improved most in conjoint interviews, next most, but considerably less so, by conjoint group, and least by concurrent interviews.

3. The difficulties of couples with severe marital problems are improved most in conjoint forms, especially that of conjoint interview, and least by concurrent interviews, although improvement does occur here.

These concepts lead to further research inferences. Conjoint interviews were particularly good in moderate difficulty cases, almost as good in severe cases, also useful in mild situations, and the best for all three severity categories. Conjoint group was apparently better as severity
increased, but second best to conjoint interview with all three severity categories. Concurrent interviews also seemed to improve in effectiveness as severity increased but was third and least effective of these three forms.

As a result of conversations with the marriage counselors involved in this study another concept evolved. That is that severity of marital problems really appears to be of two types. The two types referred to were termed acute and chronic. Acute problems were those in which it was thought that traumatic divorce, separation, or other destructive events were imminent and highly likely. Thus, intervention via intensive counseling was considered highly desirable. Chronic problems were those in which it was thought that a slow, but intense, destructive interaction was occurring that did not make a traumatic divorce or other occurrence likely but which did involve or would eventually lead to a seriously dysfunctional situation and which also involved considerable mutual misery on the part of the couple. From the counselors' discussion it is concluded that any future investigation of marital difficulty should give attention to these two types of severity rather than treating severity as a single issue.

The consensus of the counselors also led to several inferences about treating these two types of severity. It seemed that the more acute the problem, the more reason there was to use concurrent or individual interviews and
the less reason there was to use all group counseling modalities. Conversely, the more chronic and less acute a marriage problem appeared, the more reason there was to use a group modality and the less reason there was to use concurrent or individual interviews. Also, conjoint interviews were thought to be best for the average nonacute and non-chronic marital difficulties case.

Since these inferences were derived from remembered opinions rather than empirical evidence, it is thought that they bear primarily on ideas for further research and that they should not be considered as actually supported by the research data in this investigation. They are, however, deemed important enough to bear mention, largely due to the consensus of the counselors and due to the fact that they bear directly on much needed further empirical research in marriage counseling.

**Question 15**: Do different forms of marriage counseling work better with one sex than with another?—The findings in the Pilot, Experimental, Quasi-Experimental, Survey, and Poll Studies of this investigation showed no significant differences in outcome to have existed between the sexes. In particular, no significant sex differences were found to have existed relating to different counseling forms on the CPI, MMPI, MAI, or Polya factor tests in the Experimental Study. This was true for the findings concerning the personal, social,
and marital adjustment of the two sexes. It was, therefore, concluded that at least for the subjects of this investigation, the other results and findings concerning different forms of marriage counseling applied equally well to both males and females. From this, the inference is drawn that a form of marriage counseling is likely to work approximately equally well for both sexes, and whatever differences do exist are likely to be insignificant. Therefore, there are apparently no major or basic differences between husbands and wives as to the form of marriage counseling used. It is speculated that this finding may be related to the concept that it is the marriage relationship which is treated rather than anything else.

**Question 16:** Do different forms of marriage counseling work better with certain age groups than with others?--The findings concerning age were somewhat meager. However, certain indications did point to trends relating to this question. The improvement means of both the MAI and Polyfactor tests tended to show concurrent interviews having more effective results as age increased. However, it was also shown that among quite young married clients, concurrent interviews corresponded with scores indicating decreasing improvement. The findings also resulted in the concept that conjoint interviews worked best with people between the ages of twenty-six and forty. The Polyfactor and MAI findings
showed conjoint interviews to do less well with people under twenty-six and over forty. Furthermore, conjoint group showed the opposite results of conjoint interviews. It seemed to result in more improvement with the under twenty-six and over forty age groups, while doing less well with those between the ages of twenty-six and forty. Since these age related concepts stemmed from what was considered meager data, only one conclusion is deemed appropriate: considerably more research is needed before the above questions can be even tentatively answered. However, the results are considered sufficient enough to infer the following research hypotheses.

1. Concurrent interviews result in more improvement with older clients and less improvement with younger clients to the point of even causing further impairment of marital adjustment.

2. Conjoint interviews result in more improvement with those in a mid-age category of about twenty-six to forty and less improvement with those who are younger and older than this mid-age group.

3. Conjoint group sessions result in more improvement with those who are both younger and older than the mid-age category but do less well with those who are in this mid-age range group.

The above three inferences led to a model of the hypothetical relationship thought possibly to be existent
among age, improvement in marital adjustment, and three forms of marriage counseling. This model is depicted in Figure 4. In that illustration the left-hand column shows a vertical continuum of marriage adjustment improvement going from "much improvement" at the top to "impairment" at the lower end. To the right of this column is a horizontal age continuum going from younger on the left to older on the right. A solid line depicts how conjoint interviews are thought to function in relation to age and improvement. A dashed line does the same for conjoint group, and a dotted line shows how concurrent interviews are thought to relate to age and improvement. The solid line travels up as age progresses into the mid-range category and then down again to the older marrieds category, thus showing less improvement in the younger and older but more in the mid-age ranges. Conjunct group, shown by the dashed line, demonstrates the supposed reverse relationship to conjoint interviews. Concurrent interviews, depicted by the dotted line, is shown to cause increased improvement of younger couples' marital adjustment and then to proceed upward in effectiveness until it surpasses the other two forms with older couples. According to this hypothetical model, it is inferred that younger couples would best be counseled in conjoint group, mid-age range couples in conjoint interviews, and older couples in concurrent interviews and/or conjoint group. It
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Conjoint interview marriage counseling
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Conjoint group marriage counseling

Concurrent interview marriage counseling

Fig. 4--A model of the inferred relationship between age and improvement in marriage adjustment among three forms of marriage counseling.
is stressed that this is merely a hypothetical relationship, no more than "hinted at" by the data in this investigation and, therefore, not fit for application in actual practice.

**Question 17:** Are those who divorce affected differently from those who remain married by the different forms of marriage counseling?—In the Pilot Study of this investigation, two different rank orders of effectiveness, one for those who divorced and one for those who remained married, resulted from the findings. These rank orders were largely substantiated by the outcome happiness findings of the Poll Study. Not all of the different forms were found to be statistically significantly different from one another. However, since two separate sections of this investigation tended to confirm each other, an answer seemed evident in the data. That answer was yes for the subjects of this investigation; those who divorced were apparently affected differently from those who remained married. Therefore, it is inferred that the forms of counseling which are most likely to result in a satisfactory or happy outcome differ for those who become divorced and those who remain married.

**Question 18:** Which forms of marriage counseling result in the happiest outcomes for those who divorce and those who remain married?—In the Pilot Study and the Poll Study the findings showed the consequent order for those who divorced and those who remained married. The outcome happiness
results were obtained by the following forms in descending order from best to worst.

For those remaining married:  
First  Conjoint Interview
Second  Conjoint Group
Third  Individual Group
Fourth  Concurrent Group
Fifth  Concurrent Interview
Sixth  Individual Interview

For those divorcing:  
Conjoint Group
Individual Interview
Concurrent Group
Individual Group
Concurrent Interview
Conjoint Interview

A study of these findings led to the following inferences for practice. So long as the marriage seems likely to be saved, the conjoint interview form of marriage counseling appears to be most useful. However, with a higher likelihood of divorce, conjoint group becomes the modality of choice. If conjoint group has not been used and divorce seems increasingly likely or has occurred, then including conjoint group or some other group form coupled with some individual interviews seems highly desirable for improved divorce adjustment.

**Question 19:** Do some forms of marriage counseling result in different divorce rates? -- The Pilot Study and Poll Study of this investigation both had data bearing on this question. The Poll Study's data was considered more relevant and accurate. Also, the data from both were quite similar. For subjects in this investigation, the divorce rates were approximately as follows:
Individual Group 62 percent divorced
Individual Interview 55 percent divorced
Concurrent Group 50 percent divorced
Concurrent Interview 47 percent divorced
Conjoint Group 40 percent divorced
Conjoint Interview 37 percent divorced

The conclusion is that some forms of marriage counseling did result in fewer divorces than did others. Furthermore, for subjects in this investigation, conjoint forms resulted in the fewest divorces, concurrent forms the next fewest, and individual forms the largest amount of divorces. Also, each interview form was measured as being somewhat superior to its corresponding group form.

The concluding inferences are (1) individual forms of counseling result in the greatest amount of divorces, and individual group sessions result in more divorces than individual interviews; (2) concurrent forms result in the second greatest number of divorces, and concurrent group sessions result in more divorces than do concurrent interviews; and conjoint forms result in the fewest number of divorces and conjoint group sessions result in more divorces than do conjoint interview sessions.

These findings also suggest that the odds that a couple seeking marriage counseling will remain married can, perhaps, vary as to the form of marriage counseling they receive. The odds of remaining married for subjects in this investigation
varied between approximately thirty-seven percent and sixty-three percent, depending on the form used. Of course, there is a high likelihood that there were many differences between the low odds' and high odds' subjects other than just the form of marriage counseling they received. Even so, the form of marriage counseling did seem to make a difference according to the data of this investigation. It is, therefore, inferred that the odds that a couple seeking marriage counseling will remain married vary as to the type of marriage counseling with which they are treated, and these odds range from approximately thirty-five or forty percent to sixty or sixty-five percent.

Figure 5 presents the chances of remaining married for each form of marriage counseling studied in this investigation. It also presents the forms in their rank order position of effectiveness in assisting couples to remain married. Of course, this is only one study and others are needed before such findings can be considered typical of marriage counseling results in general.

Question 20: Do group forms or interview forms of marriage counseling result in better outcomes for those who divorce?--The Pilot, Experimental, and Poll Studies of this investigation tended to show better results for those who divorced to have been achieved by subjects in group forms of counseling. In both the Pilot and Poll Studies divorced
Fig. 5--Chances of remaining married according to form of marriage counseling.

subjects in group forms of counseling were never rated or ranked lower than fourth in outcome results. Also, among all the different ways used to measure results of counseling in this investigation, a group form almost invariably ranked first or best for those who became divorced.

The conclusion is that for the subjects of this investigation who became divorced, group counseling usually resulted in better outcome findings than did the interview forms.

The concluding inference is that for those who divorce, a more favorable outcome will be achieved by those who have been in group forms of marriage counseling than those in interview forms. Therefore, the higher the likelihood of divorce, the more reason there is to use a group counseling modality.
Question 21: Is there much chance of avoiding a miserable divorce outcome with marriage counseling?--The Pilot, Experimental, Survey, and Poll Studies all showed rather favorable results for those who either divorced or who seemed to have severe enough problems that their divorce seemed probable. The Poll Study had the most pertinent data relating to this question. It showed that among those who divorced, sixty-seven percent reported they were more "happily" than "unhappily" divorced, eighteen percent reported being "equally happily and unhappily" divorced, and only thirteen percent reported being more "unhappily" than "happily" divorced. Twenty-eight percent reported being "very happy" in their divorced state, and only two percent reported being "very unhappy." Since no noncounseled control group was used, a real comparison was impossible. However, those who received marriage counseling before their divorce do seem to have reported much less misery than is usually believed common among those who divorce. It is concluded, therefore, that the trend in the data suggests that a great deal of misery common to divorce can probably be avoided by entering marriage counseling.

Question 22: Is marital maladjustment caused by personal maladjustment, or is marital maladjustment a separate entity?--Much of the prevailing opinion in marriage counseling theory has assumed that marital problems have been due to personal problems and, in some instances, due to a general ineptitude
in interpersonal or social interaction abilities. The vast majority of the evidence in this investigation was interpreted as not supporting those frequently prevailing opinions.

In the Pilot, Experimental, Survey, and Poll Studies of this investigation conjoint forms of marriage counseling resulted in the best improvements in marital adjustment. Nonconjoint forms of counseling resulted in the best improvements of personal adjustment. Social adjustment was best improved by group forms of counseling, with or without the conjoint presence of the spouse.

Of ninety measurements made in the Experimental Study comparing three forms of marriage counseling, only ten were found to show significant differences existed between the three forms. Of the ninety measurements, four pertained to marital adjustment and the rest to personal and social adjustment. Of these four, three were shown to have produced statistically significant differences among the three forms. Thus, only seven significantly differing measurements occurred out of the eighty-six measurements pertaining to personal and social adjustment. Furthermore, the counseling forms which produced significant improvement differences in personal and social adjustment were not the same as those which produced significant improvement differences in marital adjustment. Approximately the same finding reoccurred in the Survey and Poll Studies. Generally, throughout the various sections of this investigation, concurrent and individual forms of marriage
counseling were shown to have been best for improving individual adjustment but poorest for improving marital adjustment. Conjoint forms were generally found best for marital adjustment and much poorer for improving personal adjustment. Social adjustment was found to be improved most in group forms, with the conjoint group having provided the least social adjustment improvement of the three forms. This was especially evident in the Poll Study among those who had experienced several forms of counseling. These subjects tended to choose conjoint forms as having helped them the most in marital adjustment, group forms as having helped them the most in social adjustment, and interview forms as having helped them the most in personal adjustment, especially individual and concurrent interviews.

From these findings it is concluded that for the subjects of this investigation the data suggested marriage adjustment was largely independent of personal and social adjustment.

The concluding inferences are (1) marital maladjustment is probably largely, but not entirely, independent of personal and social maladjustment difficulties; (2) probably very psychologically healthy individuals can have a very "sick" marriage and very psychologically "sick" people may be able to have a healthy marriage; (3) the evidence indicates marital adjustment, personal adjustment and social adjustment are largely separate entities, each requiring different counseling procedures; (4) marriage counseling should be seen as a type
of treatment unique and different from other kinds of counseling and therapy, thus probably requiring the development of its own unique procedures and techniques for achieving maximum effectiveness.

These findings and interpretations lead to inferring a theoretical position concerning the relationship existing between marital, personal, and social adjustment. This position is shown by way of a schematic model depicted in Figure 6. In this illustration the three circles represent three areas or types of maladjustment. The overlapping sections of the circles represent an estimation of how much one type of maladjustment may actually be due to, dependent on, or caused by problems in another area. The illustration shows that most of marital maladjustment is clear of overlap with personal and social maladjustment. A perhaps common example of a couple operating or classed in this clear marital maladjustment only area would be one who married quite young, only to find that their further maturation took them increasingly farther away from a previous state of compatibility with each other. They, themselves, could be quite apt in social interaction abilities and quite psychologically adequate and healthy, but just no longer very interested in each other. They would, therefore, fall into what is shown as Area 1 in the illustration.

Area 2 in Figure 6 shows an overlap between the marital and personal adjustment circles. This indicates those cases
Area 1--Showing major amount of marital problems due mainly to variables unique to marriage maladjustment and not being a function of personal or social maladjustment.

Area 2--Showing a minor amount of marital maladjustment being due to personal adjustment problems with inadequacy being differentiated.

Area 3--Showing a minor amount of marital maladjustment being mainly due to social adjustment problems.

Area 4--Showing a rather small amount of marital maladjustment being mainly due to a mixture of personal and social adjustment problems.

Fig. 6--A schematic model presenting the theoretical relationship of personal, social and marital maladjustment supported by the findings of this investigation.
in which marital maladjustment would be due to, or at least interrelated with, personal maladjustment. Two major areas of personal maladjustment are shown. They are areas of inadequacy and psychopathology. A typical case of marital maladjustment due to, or interrelated with, inadequacy might be one in which a husband had insufficiently developed his capacity to be aware of, or show, his own emotions accurately, and his wife had come to interpret this as signifying that he was an insensitive slob incapable of love. An example of psychopathology causing marital maladjustment would be a paranoid individual who is increasingly acting on the suspicion that his spouse is trying to harm him.

Area 3 shows the amount of marital maladjustment thought to be due to, or interrelated with, social maladjustment. A typical example would be a husband who had been taught to be overly polite, shy, and retiring about interacting in the presence of females and whose wife longs for him to show more leadership and assertiveness, not only with her but also in the mixed company of their friends.

Area 4 shows that small amount of marital maladjustment which is thought to be due to a combination of personal and social isolation difficulties. An example would be a person whose psychopathology would be that of a schizoid, perhaps complicated by an inadequacy of intelligence, who was socially quite shy and withdrawn, and therefore, his spouse was repeatedly frustrated in attempts to feel close to him or find ways to respect him.
Naturally, the marital maladjustment could trigger, sustain, or be casual to personal maladjustments rather than be caused by it. An example could be a woman who discovered her husband having an affair, the discovery thus setting off dormant neurotic insecurity feelings and subsequent regressive panic, stemming from a traumatic childhood in a very broken home. Also, marital maladjustment could cause social maladjustments, as in the case of a person who becomes divorced and then isolates himself from friends and acquaintances, thus resulting in his social abilities becoming stagnant and undependable.

It should, also, be noted that in using this schematic model, a marriage could be seen as having one person classed in one area while the spouse is alcoholic and, thus, has a psychopathological problem which creates marital maladjustment difficulties with the nonalcoholic spouse.

Some people might add a fourth circle for situational difficulties. These would include those marital problems caused, or heavily influenced by, the couple getting into particularly difficult and stressful situations. An example would be that of an auto accident leaving one spouse paraplegic. Rehabilitation counselors would probably find this type of marital problem predominating in their field.

Probably a person's marital, personal, and social adjustments are all affected to at least a minimum degree by a serious problem developing in any one of these areas. The
main question is one concerning which problem area or areas are primarily affected and are most in need of being dealt with in counseling. The evidence which resulted in this schematic model suggests that most marital maladjustment is not dependent on personal or social maladjustment, as some have theorized. Of course, the simplest case for seeing much marital maladjustment as an independent factor is presented by the example of a wife who honestly states she just doesn't love him anymore.


CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This Chapter first presents a review of the purposes of this investigation and the purposes of each of the five study sections comparing the total investigation. The most important concepts drawn from the related literature chapter are then surveyed. Following that, there is a short summary of the methodology used in this research project. After that, there follows a listing of the conclusions concerning the hypotheses and their rejection or acceptance. Then there is presented a listing of the conclusions which stemmed from an integration of the findings of the five separate study sections in this investigation. The chapter ends with a presentation of the inferences for application which are recommended for consideration in the conducting of further research and for the practice of marriage counseling.

Summary of the Investigation

The major purpose of this five part investigation was to discover which forms of marriage counseling produce the best results. A secondary general purpose was to see which of the three major theoretical positions involved in marriage counseling were best supported by the data. Briefly stated, the three mutually contradictory positions
were summarized. One, marital maladjustment is caused by personal maladjustment; two, marital maladjustment is caused by social maladjustment; and three, marital maladjustment is caused by factors specific and unique to marriage itself which are largely unrelated to personal or social maladjustment.

In addition to these two purposes there was the general proposition of the total investigation: each of the different forms of marriage counseling studied would be shown to have significantly different effects in the areas of personal, marital, and social adjustment.

The purposes of the five study sections of this investigation were as follows. The Pilot Study was designed to, one, establish a rough but large sample basis for comparing the results of data obtained from the more exacting research approaches which by necessity involved smaller samples; two, provide a study approach based on counselor judgments and records of normal marriage counseling clients; and three, provide a measure of all six forms of marriage counseling from which three would be chosen for more thorough experimental study.

The Experimental Study was designed to provide empirical observations and measurements under controlled conditions in which a random sample of the varying of the relevant variables could be accomplished.
The Quasi-Experimental Study was designed as a comparison of test results from subjects considered to have serious marital problems but who had been in only one form of marriage counseling.

The Survey Study was designed to survey and compare the opinion reactions of actual clients who were currently being seen in multiple forms of marriage counseling to each form they experienced.

The Poll Study was designed to measure the attitudes and opinions of former clients who were no longer in marriage counseling and who had been counseled in the more normal manner of not being a part of a study during their marital counseling.

Thus, via the five study sections, this investigation encompasses counselors' evaluations, empirical test evidence, the opinions of current marriage counseling clients, and the reports of former marriage counseling clients.

In surveying the literature related to this investigation, nine conclusions were derived. Briefly reviewed, they are (1) marriage counseling theory is mostly a disorganized hodge podge; (2) empirical research in marriage counseling hardly exists; (3) the unmet needs for marriage counseling are increasing; (4) marriage counseling theory can be organized around three contradictory concepts.

These concepts suggest that: personal maladjustment causes marital maladjustment, and therefore, individual and
concurrent marriage counseling forms will be most effective; social maladjustment causes marital maladjustment, and therefore, group forms of marriage counseling will be most effective; marriage is an entity unto itself, and therefore, conjoint forms will be most effective.

The fifth conclusion is that the primary body of support for the above first position is found in the traditional disciplines related to counseling and psychotherapy. The second above position's support stems mostly from newer fields such as sociometry and systems analysis. The third position is basically supported by the much older fields of religion, sociology, and anthropology.

The sixth conclusion is that the lack of objective measuring instruments in marriage counseling makes research here quite difficult. The seventh conclusion is that marriage counseling has developed six major forms of delivering treatment which in this paper are called individual interview, individual group, concurrent interview, concurrent group, conjoint interview, and conjoint group. The eighth conclusion is that in the rapidly growing multidisciplinary field of marriage counseling, concurrent forms are waning, conjoint forms waxing, and experimentation with group forms has begun. The ninth conclusion is that empirical research of the type reported in this paper is very much needed.

The basic methodology in the Pilot Study was to conduct a rudimentary follow-up on the outcomes of 773 clients
who had been seen by one or more of twenty-one different marriage counselors. The procedure involved a survey of client files and the recorded outcomes and reported forms of counseling used with these clients. The formerly counseled clients were divided into those who had remained married and those who had divorced or permanently separated. Those two categories were further broken down into those clients whose outcomes were considered poor, moderate, or good. These six outcome categories were then compared with the six forms of marriage counseling via a chi square statistical treatment to see if certain counseling forms matched with certain outcomes.

The basic methodology of the Experimental Study was to randomly assign sixty-three couples matched for problem severity to one of three different forms of marriage counseling. These forms were the three considered to possess the most prevailing interest in the marriage counseling field and were called the concurrent interview form, the conjoint interview form, and the conjoint group form. Before counseling and after twelve hours of counseling, the subjects were administered the MMPI, CPI, MAI, and the Polyfactor. The pre- to post-counseling test scores differences were statistically treated with an analysis of variance and Scheffe's Test technique to determine which forms had resulted in the most significant improvement in personal, social, and marital adjustment.
The Quasi-Experimental Study's methodology included the pre- and post-counseling testing of fourteen individuals comprising seven married couples who were alternately counseled in the conjoint interview, conjoint group, and concurrent interview forms. They were also considered to be subjects who had very severe marital problems. The pre- to post-counseling difference scores of these subjects were compared to those of the Experimental Study who had been counseled in only one form but who had also been ranked in the severely disturbed category of marital difficulty. An analysis of variance and Scheffe's Test were used for statistical treatment.

The basic methodology of the Survey Study was to administer Questionnaire B to 200 clients immediately on their exiting from a marriage counseling session conducted in one of the six modalities being studied in this investigation. Questionnaire B pertained to the session a client had just exited and asked him to evaluate its effect in the areas of assisting his personal, social, and marital adjustment. In this manner the different forms of marriage counseling were evaluated by clients currently experiencing the forms. The evaluation results for each form of marriage counseling were then compiled and statistically treated with an analysis of variance and Scheffe's F-Test.

The basic methodology in the Poll Study involved sending 400 former marriage counseling clients
Questionnaires A and C which asked each former client to evaluate the form or forms of counseling he experienced as to their value in assisting him toward better personal, social, and marital adjustment, and also, the current outcome of his marriage counseling. The forms used with these clients, their evaluations, and reported outcome situations were then compared by way of an analysis of variance and a Scheffe's F-Test.

Conclusions Concerning the Hypotheses

In the Pilot Study of this investigation, the following conclusions were formulated in relation to the tested hypotheses.

Hypothesis A stated that "the marital outcomes of subjects treated predominantly by any one of the six basic forms of marriage counseling would be significantly independent from the outcomes of subjects treated by the other five basic forms of marriage counseling." It is concluded that the hypothesis was accepted and that the different forms of marriage counseling studied almost certainly resulted in different outcomes.

Hypothesis B of the Pilot Study stated that "the independence of the six basic forms, one from another, would allow the rank ordering of these six marriage counseling forms from 'most effective' to 'least effective' according to the outcome ratings." It is concluded that this hypothesis is basically accepted, although there were some
differences between those who divorced and those who remained married. From the testing of this hypothesis it is concluded that the overall rank order for effectiveness in marriage counseling outcome, in order from most to least effective, was as follows:

First, conjoint interview
Second, conjoint group
Third, concurrent group
Fourth, individual interview
Fifth, individual group
Sixth, concurrent interview

Furthermore, it is concluded that since the above hypotheses were tested only in a Pilot Study approach, considerable caution is appropriate in considering the results.

In the Experimental Study of this investigation the following hypotheses and eventuating conclusions concerning them resulted.

Hypothesis A of the Experimental Study stated that "subjects in concurrent interview marriage counseling would show a significantly greater mean reduction in personal psychopathology as measured by the MMPI clinical scales than would subjects in conjoint interview or conjoint group marriage counseling." It is concluded that this hypothesis is only partially supported, since only three of the nine MMPI clinical scales were significantly improved in the concurrent interview condition and were also measured as
being significantly different in outcome from the other two counseling forms. The scales which did significantly improve only in the concurrent interview counseling condition were those measuring depression, paranoia, and psychasthenia. Thus, it is concluded that concurrent interview marriage counseling was of some particular help in reducing difficulties in these three areas of psychopathology.

Hypothesis B in the Experimental Study stated that "subjects in concurrent marriage counseling would show a significantly greater mean gain in personal adjustment as measured by the CPI scales defined as measuring personal adjustment than would subjects in conjoint interview or conjoint group marriage counseling." It is concluded that Hypothesis B is rejected, since only the Self-Control Scale was as predicted, and the other nine CPI scales were not.

Hypothesis C stated that "subjects in conjoint interview marriage counseling would show a significantly greater mean gain in marital adjustment as measured by the MAI than would subjects in concurrent interview or conjoint group marriage counseling." It is concluded that Hypothesis C is not confirmed and that subjects in conjoint interview marriage counseling did not show a significantly greater mean gain in marital adjustment as measured by the MAI than did subjects in the other two treatment conditions. However, it is also concluded that the evidence suggests
the two conjoint forms were both very close to showing a significant mean gain as compared with the concurrent interview form.

Hypothesis D stated that "subjects in conjoint interview marriage counseling would show a significantly greater mean reduction in marital maladjustment as measured by the Polyfactor than would subjects in concurrent interview or conjoint group marriage counseling." It is concluded that Hypothesis D is partially confirmed. Subjects in conjoint interview marriage counseling did show a significantly greater mean reduction in marital maladjustment than did subjects in concurrent interview marriage counseling, but this was not so for subjects in conjoint group marriage counseling.

Hypothesis E stated that "subjects in conjoint group marriage counseling would show a significantly greater mean gain in social adjustment as measured by the CPI scales defined as measuring social adjustment than would subjects in conjoint interview or concurrent interview marriage counseling." It is concluded that Hypothesis E is not supported by the findings since only the one Good Impression Scale scored as was hypothesized, and the other seven measurements did not conform to the prediction.

Hypothesis F stated that "subjects in conjoint group marriage counseling would show a significantly greater mean reduction in social maladjustment as measured by the
Social Introversion Scale of the MMPI than would subjects in conjoint interview or concurrent interview marriage counseling. It is concluded that Hypothesis F of the Experimental Study is strongly supported since group marriage counseling subjects did indeed show a quite significantly greater reduction in social maladjustment than did subjects in the other two forms of counseling.

Hypothesis G stated that measurements relating to personal adjustment would show that

1. the greatest mean gain and most significant improvements in personal adjustment would be measured as occurring in concurrent interview marriage counseling;

2. the next greatest mean gain and next most significant improvement in personal adjustment would be measured as occurring in conjoint interview marriage counseling.

3. the third greatest mean gain and third most significant improvement in personal adjustment would be measured as occurring in conjoint group marriage counseling."

Hypothesis G, therefore, predicted that a particular rank order of the three forms would occur in which the greatest and most significant gains in personal adjustment would occur with concurrent interviews, the next greatest and most significant with conjoint interviews, and the third and least greatest and significant would occur with conjoint group. It is concluded that, taken as a whole, Hypothesis G
is found to be more rejected than supported. This is due to conjoint group being shown to be clearly second best and conjoint interviews third best in significance and amount of improved personal adjustment.

Hypothesis H stated that "measurements relating to social adjustment would show that

1. the greatest mean gain and most significant improvement in social adjustment would be measured as occurring in conjoint group marriage counseling;

2. the next greatest mean gain and next most significant improvement in social adjustment would be measured as occurring in conjoint interview marriage counseling;

3. the third greatest mean gain and third most significant improvement in social adjustment would be measured as occurring in concurrent interview marriage counseling;

Hypothesis H also, therefore, predicted that a particular rank order of the three forms would occur in which the greatest and most significant gains in social adjustment would occur with conjoint group marriage counseling, the next greatest and most significant with conjoint interview, and the third greatest with concurrent interview marriage counseling. It is concluded that Hypothesis H is moderately confirmed. This is due to conjoint group sessions definitely being shown to have been
superior in improving social adjustment but the other two forms to have approached a tie, as it were. Conjoint interviews had only a very slight measured advantage over concurrent interviews.

Hypothesis I stated that "measurements relating to marital adjustment would show that

1. the greatest mean gain and most significant improvement in marital adjustment would be measured as occurring in conjoint interview marriage counseling;

2. the next greatest mean gain and next most significant improvement in marital adjustment would be measured as occurring in conjoint group marriage counseling;

3. the third greatest mean gain and third most significant improvement in marital adjustment would be measured as occurring in concurrent interview marriage counseling.

Hypothesis I also, therefore, predicted a particular rank order of the three forms would occur in which the greatest and most significant gains in marital adjustment would occur with conjoint interview, the next greatest with conjoint group sessions, and the third greatest with concurrent interviews. It is concluded that this hypothesis is only partially supported since the two conjoint forms resulted in almost equal results, although, in the predicted order. Concurrent interviews were shown to have been inferior to the conjoint forms.
There were some additional findings in the Experimental Study which led to some further conclusions. The first such conclusion is that the MMPI data suggested that some personal psychopathology was probably reduced by marriage counseling and some by the phenomenon of "spontaneous recovery." Therefore, it is inferred from these results that competent marriage counseling should be expected to assist in making a small but significant reduction in a client's psychopathology if said pathology does exist.

Furthermore, it is concluded that the CPI findings suggested that marriage counseling, in all likelihood, also assisted a client's personal adjustment to a small degree, although some of said improvement was no doubt due to "spontaneous recovery." It is also concluded that the CPI findings supported the concept that marriage counseling in a small way can assist social adjustment improvement. Regarding marriage adjustment itself, it is concluded that the MAI and Polyfactor findings strongly supported the concept that marriage counseling can cause a large improvement which is not due to the "spontaneous recovery" phenomenon.

These findings and conclusions led to a summary conclusion that the data of the Experimental Study supported an answer of "yes" to the question, does marriage counseling do any good? This was derived even though an untreated control group was not used. More specifically, the findings support the idea that marriage counseling can make a
considerable improvement in marital adjustment and also a slight improvement in personal and social adjustment. The Experimental Study findings were also interpreted as helping to negate the ideas that marital adjustment is dependent on either personal or social adjustment.

In the additional findings of the Experimental Study the question was asked, how do the three forms of marriage counseling differ in the outcomes they produce? It is concluded that the findings support the answer that concurrent interviews were moderately superior to conjoint interviews, but not to conjoint group sessions, in affecting some mild improvements in personal adjustment. Conjunct group sessions were superior to the other two forms in assisting a few areas of social adjustment, especially those of reducing social introversion and increasing a "good impression" ability.

Regarding marital factors, the conclusions are that conjoint interviews and conjoint group sessions were superior to concurrent interviews but were, when compared to each other, approximately of equal effectiveness.

The additional findings also dealt with sex differences. After a male-female comparison of findings on the MMPI clinical scales, the CPI personal and social scales, the MAI, and the Polyfactor, it is concluded that husbands and wives did not differ significantly, one from another, in the differences they manifested from pre- to post-counseling in any of the three treatment conditions.
Concerning age, only possible trend conclusions are possible. Some of the evidence suggested that there may be a trend for concurrent interviews to be more effective the older a person is and that with very young clients, concurrent interviews may actually be harmful. Thus, the younger a couple, the less concurrent interviews seemed to result in beneficial marital adjustment. Some evidence suggested that conjoint interviews were most beneficial in the mid-age range and less so at either end of the age continuum. The trend indicators for conjoint group suggested it was more useful at either end of the age ranges. These interpretations of age factors were considered highly tentative.

Another factor dealt with in the additional findings concerned the severity of the marital problem when marriage counseling was started. From the findings concerning problem severity, several trends seem possible, although not definite. First, conjoint interviews seemed to produce more favorable results than conjoint group or concurrent interview marriage counseling in the moderate and severe difficulty classifications. Second, there appeared to be a trend for conjoint interview and conjoint group to have produced approximately equal results in the mild difficulty classifications, with both having appeared to be superior to concurrent interviews. Third, apparently concurrent interviews were useless or slightly harmful to the subjects
who had mild marital difficulties, but they were likely to increase in usefulness as the severity of problems increased.

Fourth, conjoint group was seen to have characteristics which suggested it to be largely most useful for reasons of economy with subjects having mild difficulties. It was also seen mainly as an adjunct to subjects with severe difficulties and as an adjunct to a lesser extent for those of a moderate condition, both in conjunction with conjoint interview counseling. A nonstatistical additional finding resulted concerning problem severity, indicating that the marriage counselors' suggested problem severity should really be seen as two factors, one called acute and the other chronic.

The over riding conclusion concerning couples, age, sex, and severity of problem factors is that some trends are indicated; however, they are not indicated with sufficient strength to make them valuable for more than "jumping-off places" in further research.

The Quasi-Experimental Study had three hypotheses. Hypothesis A stated that "subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in personal adjustment as measured by the MMPI clinical scales than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study." After an examination of the pertinent results, it is concluded that Hypothesis A of
this section is rejected. Also, no trends are seen as in evidence in this data.

Hypothesis B stated that "subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in marital adjustment as measured by the Polyfactor than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study." This hypothesis is also rejected, and furthermore, no particular trends seem evident in the data pertaining to Hypothesis B.

Hypothesis C stated that "subjects with serious marital difficulties in multiple forms of marriage counseling would show a significantly greater mean gain in social adjustment as measured by the Si Scale of the MMPI than would subjects who had serious marital problems and who were counseled in any of the three treatment conditions used in the Experimental Study." It is concluded that Hypothesis C is not supported by the data, and there is no trend evidence either. Therefore, Hypothesis C is rejected.

The Quasi-Experimental Study had been designed as an attempt at answering the question, would multiple forms of marriage counseling used together produce better results than single forms with subjects who had serious marital problems? After examining the data pertaining to the above three hypotheses, it was decided that the design of the
study was insufficient to yield an answer and that, therefore, the results of the Quasi-Experimental Study are simply, but also entirely, inconclusive.

The Survey Study of this investigation contained three hypotheses. Hypothesis A of the Survey Study stated that "subjects who had just completed a concurrent interview marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of personal adjustment than in the areas of marital or social adjustment." The results led to the conclusion that Hypothesis A of the Survey Study is largely unsupported, although there is some trend for the data forming in the predicted direction.

Hypothesis B of the Survey Study stated that "subjects who had just completed a conjoint interview marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of marital adjustment than in the areas of personal or social adjustment." The results led to the conclusion that Hypothesis C is not sufficiently supported, although the general configuration of the data tends to be as predicted, but insignificantly so.

Hypothesis C stated "subjects who have just completed a conjoint group marriage counseling session would to a significant degree rate themselves on Questionnaire B as being helped more in the area of social adjustment than
in the areas of personal or marital adjustment. The results led to the conclusion that Hypothesis C is not supported.

There is a general trend in the results: regardless of the form of marriage counseling a client was exiting, he tended to rate marital adjustment as the area in which he had just been most helped. Personal adjustment was second and social adjustment third.

Another additional finding suggests that subjects in both conjoint forms of marriage counseling rated themselves as significantly more helped in marital adjustment than did subjects in concurrent interview marriage counseling immediately after marriage counseling sessions. Also, there was a definite trend for subjects in conjoint group sessions to rate themselves as having been more helped in social adjustment improvement than subjects in the other forms.

The Poll Study of this investigation contained two hypotheses. Hypothesis A stated that "there would be significant differences among the categories of subjects used in this section with regard to personal, social, and marital adjustment when measured by Questionnaire A." The data concerning Questionnaire A shows the hypothesis to be partially supported. Concerning personal adjustment, subjects in all six of the major marriage counseling forms produced essentially uniform results which were nonsignificantly different from each other. In regard to social adjustment, subjects in the group forms of marriage
counseling categories definitely showed significantly superior results to those in interview form categories. Subjects in the two conjoint form categories were shown to have produced significantly more favorable results on Questionnaire A in marital adjustment than did subjects in categories of individual and concurrent forms. This held true in Questionnaire A's measurements of remaining married and measurements of having a happy outcome after marriage counseling.

Hypothesis B stated that "there would be significant differences among the categories of subjects used in this section with regard to personal, social, and marital adjustment when measured by Questionnaire C." The number of respondents to Questionnaire C and the resulting number of subjects in the different categories were judged to be insufficient for making valid comparisons. The results are, therefore, judged to be inconclusive in relation to Hypothesis B of the Poll Study. However, general trends are judged to have been in evidence and worth reporting. Among subjects who were seen in multiple forms of marriage counseling, conjoint forms were picked as being less helpful in personal adjustment improvement. Group forms were consistently rated above other forms in social adjustment improvement, with individual group doing best of all. Conjoint forms of marriage counseling were consistently picked as best for improving marital adjustment.
The results of both Questionnaires A and C show fewer divorces resulted among those who had been counseled via a conjoint form of marriage counseling. Conjoint forms also resulted in more couples responding that they were remaining "happily married" than those counseled in the other forms. Both questionnaires resulted in data supporting the concept that individual interview and group forms were better at resulting in happier divorces than in any other outcome. The evidence also was interpreted as supporting the idea that marital adjustment is largely independent of personal adjustment and, to a slightly lesser extent, is independent of social adjustment.

Conclusions Concerning the Integrated Findings

The following conclusions are drawn from integrating the findings of five studies of this investigation.

1. The findings of this investigation strongly indicate, although indirectly, that marriage counseling was of real benefit to the subjects.

2. The findings indicate that for the majority of subjects in this investigation, the form of marriage counseling they received did affect the outcome results of their marriage counseling.

3. The evidence of this investigation strongly demonstrates that the conjoint forms of marriage counseling were superior to the other forms in producing improvements in marital adjustment.
4. For the subjects of this investigation, individual interview marriage counseling is considered either the most ineffective or next to the least effective form for resulting in an outcome of a happy marriage.

5. For many of the subjects of this investigation who became divorced, individual interview marriage counseling tended to help produce more happy than unhappy outcomes.

6. Individual group marriage counseling resulted in (a) the highest number of divorces; (b) a large percentage of fairly happy divorces; (c) a wide spread of results on the "happiness of outcome" continuum, thus indicating a less dependable form for resulting in happy divorced outcomes than individual interviews; (d) more effective results for those acquiring divorces in helping them with personal and social adjustment than had conjoint group marriage counseling which was also rated high.

7. For the subjects of this investigation concurrent interview marriage counseling (a) was consistently measured as being either the most ineffective or equally as ineffective as the least effective form for assisting marital adjustment improvements; (b) was particularly ineffective for subjects under thirty; (c) was particularly ineffective for those having only mild marital difficulties; (d) produced less dependable happiness results than individual forms; (e) produced slightly fewer divorces than individual forms.

8. Concurrent interview counseling is shown to have significantly reduced individual maladjustment among subjects
of this investigation. Especially did it reduce depression, anxiety, and self-control problems; however, it showed no signs of being particularly useful in assisting social adjustment.

9. For the subjects of this investigation, concurrent interview marriage counseling was found to be either an inept or mediocre modality for improving marital adjustment, but it did have some mild personal and social adjustment benefits.

10. The data consistently and strongly demonstrates that conjoint interview marriage counseling was the most effective form, or tied for being the most effective form with conjoint group, in assisting a troubled marriage.

11. Conjoint interview marriage counseling is shown to be a rather unprofitable modality for those who divorce in regard to outcome happiness.

12. Some evidence suggests conjoint interviews are somewhat less effective with the quite younger and the older couples but are more effective with the couples in the middle age ranges of this investigation.

13. Conjoint interviews, for this investigation's subjects, are shown not to have been very helpful in improving personal or social adjustment.

14. Conjoint group marriage counseling is found generally to have (a) ranked second to conjoint interviews in effectiveness in assisting troubled marriages among
those who remained married; (b) been the most effective modality for having achieved a fairly well adjusted outcome among those who divorced; (c) been an inadequate modality with those couples whose problems were considered severe; (d) been an ineffective modality for those who were younger couples or older couples; (e) been quite useful with those whose marital problems were considered compounded by social adjustment difficulties.

15. The data shows that no form of marriage counseling increased personal maladjustment and that the trend in all forms was toward reducing personal maladjustment and improving personal adjustment.

16. The average marriage clients in this investigation had at the start of their marriage counseling only minor personal maladjustments and/or inadequacies, although a small minority demonstrated considerable individual psychopathology or marked problems of inadequacy.

17. For the subjects of this investigation, individual and concurrent forms of marriage counseling were more effective for assisting improvements in personal adjustment and maladjustment than were conjoint forms.

18. This investigation's evidence points toward supporting the concept that personal problems are related only in a small way to marital problems and that considerable independence between these two types of problems is strongly supported by the findings.
19. Some of the evidence suggests that individual psychopathology among the subjects was moderately reduced in marriage counseling but that decrements of personal adjustment inadequacy may not be, and also, that these two were demonstrating themselves to be independent and largely separate factors.

20. For the subjects of this investigation, social maladjustments and their improvements were shown to be in a small partial way related to marital maladjustments and their improvement.

21. The subjects of this investigation were shown, on the whole, not to suffer from pronounced social adjustment difficulties.

22. For the subjects of this investigation who did suffer from social adjustment difficulties, interview forms of marriage counseling proved to be inferior to group forms for the improvement of social maladjustment.

23. A predominance of evidence suggests that marital problems of subjects in this investigation were largely, but not entirely, independent of personal and social maladjustment causation or serious complication.

24. For subjects of this investigation, conjoint forms are shown to have worked best in improving marital adjustment, while interview forms were best for assisting personal adjustment, and group forms were most useful in assisting social adjustment.
25. The evidence in this investigation suggests that using the two conjoint forms together produced more favorable results than either one used separately and more favorable results than were obtained by any other combination of forms.

26. A small amount of evidence suggests that perhaps conjoint interviews were particularly useful with some subjects who had either moderate or severe marital problems. They were still quite useful in mild situations; however, conjoint group was perhaps more effective as severity increased but generally not quite as effective as conjoint interview. Concurrent interview also seemed to improve in effectiveness as severity increased but was less effective than the conjoint forms in all three categories of severity.

27. Some evidence suggests severity of marital difficulty is of two types, chronic and acute, and that different forms of marriage counseling may be more useful with one type of severity but not the other.

28. For subjects in this investigation, the results of these studies concerning different forms of marriage counseling apply equally well to both males and females.

29. There is some slight evidence hinting that perhaps concurrent interviews worked better with older clients and may have actually worsened conditions among some younger subjects. Conjoint interviews seemed to have perhaps been more effective with those between twenty-six and forty
but less effective with both younger and older clients. Conjoint group seemed to have been better for those who were both younger and older but poorer for the twenty-six to forty age group.

30. For subjects in this investigation, forms of counseling which had been more likely to result in happy outcomes differed among those who divorced and those who remained married.

31. The happiness results for those remaining married show the following rank order of effectiveness among the six forms: (a) conjoint interview; (b) conjoint group; (c) individual group; (d) concurrent group; (e) concurrent interview; (f) individual interview. For those becoming divorced the rank order was (a) conjoint group; (b) individual interview; (c) concurrent group; (d) individual group; (e) concurrent interview; (f) conjoint interview.

32. For subjects in this investigation different forms of marriage counseling resulted in different divorce rates. These rates were individual group, sixty-two percent; individual interview, fifty-five percent; concurrent group, fifty percent; concurrent interview, forty-seven percent; conjoint group, forty percent; conjoint interview, thirty-seven percent.

33. For subjects in this investigation who divorced, group forms of counseling usually resulted in more favorable outcome findings than did interview forms.
34. The general trend in the evidence leads toward the supposition that those subjects who divorced after counseling are probably much happier than those who divorce without counseling.

35. A large portion of the findings in this investigation lead to the conclusion that for the subjects of this investigation, marriage adjustment was largely independent of personal and social adjustment.

Suggestions for Further Research

On the basis of the findings of this investigation, the following major suggestions are recommended for conducting further research.

1. In research similar to this investigation's Pilot Study, there should be added an outcome survey of the clients themselves, and the results of such a survey should be correlated with the marriage counselors' judgements of counseling outcome.

2. In using an experimental methodology, the number of marriage counseling sessions should be held constant, rather than the number of hours of marriage counseling.

3. In using an experimental methodology, the number of hours of marriage counseling should be held constant in reference to the marriage itself, rather than to the individual spouses as was done in this investigation.

4. In using an experimental methodology, the intervening time between marriage counseling sessions
should be held constant for each form of marriage counseling being investigated.

5. The basic form of the Quasi-Experimental Study should be replicated using a much larger number of subjects, with better controls over intervening variables and improved instruments for measuring severity of marital difficulty.

6. The Survey Study should be replicated using more refined and subtle instruments than were used in this investigation.

7. The Poll Study should be replicated using face to face, home interviews to overcome the deficiencies of a mail poll.

8. Further research in this area should use the classifications of acute marital difficulty and chronic marital difficulty, rather than just the one global concept of severity of marital problems.

9. Further research in this area should vary several therapeutic systems, such as client centered, transactional analysis, and behavior modification within each form of marriage counseling to compare potential differences.

Recommended Inferences for Practice and Research

The following inferences are drawn from the conclusions of this study. They are formed as recommended aids to hypothesis building and testing in further research, and also, are recommended for examination and consideration when making practical decisions in actual practice. They
should, however, not be seen as authoritative guides. Rather, they should be taken only as the interpreted trends of just one investigation projected into the general field of marriage counseling. These projected inferences have been made to show just how the findings might be applied to actual practice if they are actually substantiated by further research.

From the findings of this investigation the following tentative and problematical inferences are drawn.

1. Marriage counseling is of real benefit to a significant portion of clients.

2. Different forms of marriage counseling do result in significantly different outcomes. Therefore, those doing marriage counseling should select with great care each form used.

3. Conjoint marriage counseling forms are generally superior to other forms of marriage counseling in producing improvements of marital adjustment difficulties.

4. Individual interview marriage counseling is the least effective of the six forms for resulting in a reasonably happy marriage.

5. Individual interview marriage counseling is very ineffective in leading to compatible, healthy marriages but very good for resulting in compatible, healthy or non-"sick" divorces.
6. Individual group marriage counseling compared to the other forms (a) tends to produce the highest number of divorces; (b) tends to result in fairly happy divorces; (c) is less dependable for a happy divorce outcome than individual interviews; (d) is more effective in helping those getting divorces achieve better personal and social adjustment than conjoint group or the interview forms but is quite similar to concurrent group. In short, individual group is seen as a fairly effective divorce counseling modality but not a very effective marriage counseling modality.

7. Concurrent interview marriage counseling, even though probably still the most common modality, (a) is the least effective or one of the most ineffective forms for assisting marital adjustment; (b) is particularly ineffective for younger couples; (c) is also particularly ineffective for those having mild marital problems; (d) is also quite undependable regarding happiness of counseling outcome; (e) does, however, produce significant reductions in marital maladjustment which are not as good as those produced by other marriage counseling forms. Thus, it seems that separate marriage counseling leads to a greater amount of marital separation than do the other forms.

8. Concurrent interview marriage counseling is more useful than other forms in improving personal adjustment, especially in the areas of depression, anxiety, and
self-control, but it is not useful in assisting greater social adjustment. It is, therefore, considered best as a supplement to a conjoint form when some individual maladjustment exists and hampers marital adjustment progress.

9. Apart from some mild personal and social adjustment benefits, there are few reasons to use concurrent group marriage counseling, as it is an ineffective, or at best, mediocre modality for improving marital adjustment.

10. Conjoint interview marriage counseling is the most effective marriage counseling modality for assisting troubled marriages.

11. Conjoint interview marriage counseling is an ineffective modality for those who divorce in regard to happiness of outcome. Therefore, it should be followed with some other form of counseling after a divorce or divorce decision.

12. Conjoint interview marriage counseling appears to be somewhat less effective with younger and older couples but more effective with couples in the middle age ranges.

13. Conjoint interviews are not very helpful in assisting clients improve their personal or social adjustment. Therefore, clients having personal or social adjustment problems notably affecting their marital adjustment will probably best be treated by a combination of conjoint and some other form of counseling.
14. Conjoint group marriage counseling is (a) second in effectiveness to conjoint interviews as a method of assisting troubled marriages among those who remain married; (b) the most effective modality for achieving an adjusted outcome among those who divorce and, therefore, a safer treatment of choice when divorce seems imminent; (c) not such an effective form to use with couples whose problems seem acutely severe; (d) not such an effective form to use with couples who are either rather young or rather old; (e) quite useful in helping marital problems compounded by social adjustment difficulties.

15. No form of marriage counseling increases impairment of personal adjustment, and the general trend in all six forms is toward mild personal adjustment improvements and personal maladjustment reductions.

16. The average marriage counseling client has only very minor personal maladjustments and/or inadequacies, although a very small minority may have considerable individual psychopathology or marked problems of personal inadequacy.

17. Individual and concurrent forms of marriage counseling are more effective than conjoint forms for assisting improvements in personal adjustment and maladjustment. Therefore, if personal adjustment problems are severe, a nonconjoint form is advised; however, if they are not severe a conjoint group form may suffice.
18. Personal or individual adjustment problems are related only in a small way to marital problems, and there is considerable independence between these two types of problems.

19. Individual psychopathology is moderately reduced in marriage counseling, but decrements of personal adjustment inadequacies are not, and so these two are, perhaps, different factors. Some of this personal improvement is probably due to "spontaneous recovery."

20. Social maladjustment and its improvement is in a small partial way related to marital maladjustment and its improvement.

21. Marriage counseling clients, on the whole, do not suffer from pronounced social adjustment difficulties.

22. Marriage counseling clients who do suffer from social adjustment difficulties are helped more effectively toward better social adjustment by group forms than by interview forms.

23. There is only a moderate amount of interdependence between marital adjustment and either personal or social adjustment, and therefore, considerable improvement in marital adjustment without much improvement in personal or social adjustments is to be expected frequently.

24. On the whole, conjoint forms of marriage counseling work best in improving marital problems, but personal problems are best treated with interview forms,
and social interaction problems are best treated using group modalities. Therefore, clients having difficulties in more than one of these problem areas are best treated in the multiple forms of counseling best suited for each problem area in which they have difficulties.

25. A combination of conjoint interview and conjoint group sessions used together apparently produces the most favorable marriage adjustment outcome results and, in particular, a lower divorce rate than will other combinations of marriage counseling forms. A corollary to this is that individual and concurrent forms which treat spouses separately, rather than as a couple, lead to less favorable results than conjoint forms. In simpler words, separate marriage counseling leads to marital separation.

26. Conjoint interviews are particularly good in moderately difficult cases, almost as good in severe cases, somewhat less useful in mild situations, but still best in all severity categories. Conjoint group is more effective as severity increases, as are concurrent interviews.

27. There are two types of severity to be considered in marital difficulty, both of which may best be treated by different forms of marriage counseling. These two types are acute marital difficulty and chronic marital difficulty.

28. There are no major or basic differences between husbands and wives as to which form of marriage counseling works best.
29. Concurrent interviews are more effective with older clients but cause increased impairment among the very young clients. Conjoint interviews result in more improvement from age twenty-six to forty, but do less well with those both younger and older than this age group. Conjoint group sessions result in more improvements with those younger than twenty-six and older than forty but do less well with those between these ages.

30. Forms of counseling which are most likely to result in a satisfactory or happy outcome differ for those who become divorced and those who remain married.

31. Happiness results for those remaining married show the following rank order among the six forms of marriage counseling: (a) conjoint interview; (b) conjoint group; (c) individual group; (d) concurrent group; (e) concurrent interview; (f) individual interview. For those divorcing, the rank order is (a) conjoint group; (b) individual interview; (c) concurrent group; (d) individual group; (e) concurrent interview; (f) conjoint interview.

32. Different forms of marriage counseling would result in different divorce rates. It is inferred that the rates found in this investigation will exist in other samples. The approximate rates in such samples may be as follows: individual group, sixty-two percent; individual interview, fifty-five percent; concurrent group, fifty percent;
concurrent interview, forty-seven percent; conjoint group, forty percent; conjoint interview, thirty-seven percent.

33. For those who divorce, group forms of counseling result in more favorable outcomes than do interview forms. Thus, the more likelihood of divorce, the more reason to use a group form of counseling.

34. Clients who divorce after counseling are probably happier and have better outcomes than those who divorce without a counseling experience.

35. Marital adjustment is largely, but not entirely, independent of personal and social maladjustment.

36. Psychologically healthy individuals can have a very "sick" marriage and very psychologically "sick" people can have a healthy marriage.

37. Marital, social, and personal adjustment are largely separate entities, each requiring different counseling procedures and forms.

38. Marriage counseling should be seen as a type of treatment unique and different from other kinds of counseling and therapy, thus probably requiring the development of its own unique procedures and techniques for achieving maximum effectiveness.

It is again emphasized and strongly recommended that these inferences, for the most part, should not be considered sufficiently supported as to be used for authoritative guidelines in actual practice. They are merely the first efforts
at investing one portion of the marriage counseling field with empiricism instead of the usual "arm chair philosophizing only" basis on which most of the field's theorems have rested. As with most first efforts in applying empirical research to a rather "virgin" territory, later research can be expected to negate many of the current findings. It is, after all, the fate of most "Columbus" efforts to discover something but not really to know what it is. Thus, these inferences are probably best considered something like the first maps of any newly explored land, illustrations which, at best, will eventually become mere curiosities in the light of better and more thorough explorations.

The basic conclusions which follow next are, however, recommended rather strongly for consideration, since the fairly sizable weight of the evidence in this investigation tended in many ways to affirm them as being valid.

Basic Conclusions

The primary purpose of this entire investigation was to discover which forms of marriage counseling produce the best results. This purpose is considered to have been rather well met. The evidence led to the conclusion that conjoint forms are, in this investigation, generally quite superior to concurrent and individual forms according to the outcomes associated with them. However, there are indications that
in special circumstances, forms other than conjoint ones might be useful. The conjoint interview form is seen, perhaps, as slightly superior to the conjoint group form in most circumstances, although inferior to it in some other instances.

The second major purpose of this investigation was to determine which of three major theoretical positions involved in marriage counseling were best supported by the data. With due regard being given to the various limitations of the instruments used, the findings of this investigation are interpreted as being definitely more supporting the position that marital adjustment is primarily a separate entity apart from personal and social adjustment, and that marital maladjustment is mostly, but not absolutely nor entirely, unrelated to personal and social maladjustment. Thus, the evidence of this investigation supports the corollary concept that a person can have a "sick" marriage without being a psychologically "sick" or maladjusted person and, also, without having "sick" or maladjusted social interaction abilities. Furthermore, there is also some data suggesting the opposite could also be true: a person who is psychologically disturbed or who has very poor or disturbed social interaction abilities, can at the same time perhaps have a successful marriage or marital problems largely unrelated to his personal or social interaction problems. Thus, these three areas of personal, social, and
marital maladjustment are seen as being only moderately interrelated. Of course, a very extreme problem in one of these areas would probably cause noticeable difficulties in one or both of the other areas.

A major inferred principle is derived from the above two major conclusions of this investigation. Conjoint forms of marriage counseling are especially suited to assisting improvement in the largely independent and unique problems of marital adjustment.
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 judgment of how much difficulty this sentence represents in your marriage.

You will make this judgment 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:

N--Much difficulty
S--Some difficulty
L--Little difficulty
N--No difficulty

Again, every sentence must receive a judgment. 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 judgment for each sentence.

REVIEW

1. Finish Each Sentence
2. Answer question 86
3. Judge every sentence with one of the 4 letters
After you have finished this survey check over your answers and see that nothing has been left blank or incomplete.

THE POLYFACTOR SENTENCE COMPLETION SURVEY OF MARITAL DIFFICULTIES

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 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 our money is
When we have money troubles

God

The Church

To me religion

To my spouse religion

In religion I wonder

I need

My spouse needs

The marriage requires

Our needs are

We both seem to need

When my spouse and I talk

Our communications are

I feel I can say

Talking is

To really communicate

Others

Relatives

Another person

Some people

One person

If it were not for

My spouse's job

My job

Outside the home

Pressures come from
I really want

The reason we can't

My hopes are

My persistence

I don't want

Divorce

We will always

In the future

I expect we are going to

Sooner or later

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 already completed.
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Full Name ________________________________ Sex ____
Address ________________________________ Age ____
Therapist ________________________________ Date ______
I have just come from counseling in (check one)

____ an individual session
____ a couple's session
____ a group session

Part One

Instructions:

This is a questionnaire which is helping us to evaluate our services. Please read the following closely, and carefully answer each of the questions below.

This questionnaire asks you to judge which of three areas you believe you were helped the most, second most, and third most during the session just ended. The areas you feel you were actually helped the most may not be among these three. That is all right. In this questionnaire we are only in need of knowing how, and in what order, you believe you were affected in the three areas mentioned below.

You will answer by placing either a 1, a 2, or a 3 on the lines beside the three statements below.

The number 1 stands for "of these three areas, this is the area in which I believe I was helped the most during the session which just ended."

497
The number 2 stands for "of these three areas, this was the area in which I believe I was helped the second most in the session just ended."

The number 3 stands for "of these three areas, this is the area in which I believe I was helped the third most in the session which just ended."

Please do not leave any statements unanswered. Place one of the three numbers by each statement below. When you have completed the questions please fold it and return it to the secretary who will give it confidential treatment. Thank you for your cooperation.

First Area
_____ The area of social adjustment including having improved ability in achieving more significant interpersonal interactions with others, able to cope with difficulties between people, handle social stress, make more and better friends, and achieve more respect and status with others.

Second Area
_____ The area of marital adjustment including the improved ability to resolve marital difficulties, cope with conflicts between spouse and self, cooperatively strive toward mutual goals, share enjoyable emotions together, and have greater understanding and acceptance of your spouse.
Third Area

The area of personal adjustment including improved abilities in achieving personal success, coping with difficulties, having increased psychological strength and adjustment as well as decreased personal psychological maladjustment.

Part Two

Instructions:

Answer the three questions below by checking the answer which comes closest to your own.

1. In the area of personal adjustment I believe my improvement so far has been

   ____A. Excellent  ____B. Good  ____C. Fair
   ____D. Mild  ____E. Slight  ____F. Nonexistent
   ____G. Things have gotten worse

2. In the area of social adjustment I believe my improvement so far has been

   ____A. Excellent  ____B. Good  ____C. Fair
   ____D. Mild  ____E. Slight  ____F. Nonexistent
   ____G. Things have gotten worse

3. In the area of marital adjustment I believe my improvement so far has been

   ____A. Excellent  ____B. Good  ____C. Fair
   ____D. Mild  ____E. Slight  ____F. Nonexistent
   ____G. Things have gotten worse
QUESTIONNAIRE A

Full Name ______________________________________ Sex ___
Address ________________________________________ Age ___

Part One

Instructions: Please read very carefully.

The following questions have to do with the amount of improvement you have experienced since starting marriage counseling at this center. They also relate only to a period of time beginning with when you entered marriage counseling at this center and extending to the present. All questions pertain to this period and to no other.

This questionnaire consists of a series of statements having to do with your improvement in several different areas since you began marriage counseling at this center. The main idea is to answer how much you believe you have improved in the area mentioned in each statement.

To do this first read the statement carefully. Then using the following seven point scale decide which number under the statement best represents your own attitude. The scale is as follows. The number 7 represents excellent improvement; 6 represents good improvement; 5 represents fair improvement; 4 represents mild improvement; 3 represents only slight improvement; 2 represents no improvement—things are the same; 1 represents an area which has worsened or deteriorated since starting marriage counseling.
You will make your answer to each statement by circling one of the seven numbers found immediately below each statement. Please remember to circle only one number for each question. Also, please remember to answer every statement. Do not leave any statements unanswered.

If you were doing well in an area mentioned below and feel you have not been influenced in this area by counseling respond by circling the number 2, for even though doing well this number does represent "no improvement--things are the same."

Remember to read each statement carefully and respond by circling the number below it which best represents your own judgment of how much you have or have not improved in this area.

Circle 7 for excellent improvement
6 for good improvement
5 for fair improvement
4 for mild improvement
3 for slight improvement
2 for no improvement--things are the same
1 for this has worsened

1. The Area of Personal Success

The general attitude that I am personally succeeding as an individual person and that I am more able to achieve the goals I have for my individual self.
2. The Area of Improved Coping

The general attitude that I can better cope with problems, defend myself from personal trouble, and adequately handle the difficulties which beset me.

1 2 3 4 5 6 7

3. The Area of Psychological Strength

The attitude that I have improved my psychological inner strength, health, and adjustment to a preferable position which in some areas may be even superior to the average person.

1 2 3 4 5 6 7

4. The Area of Decreased Psychological Illness

The attitude that I have decreased the amount of psychological maladjustment or "hang ups," neuroticism, etc.

1 2 3 4 5 6 7

5. The Area of Significant Interpersonal Interaction

The attitude that I have improved in developing and maintaining significant "depth" or deeply meaningful relationships and interactions with others.

1 2 3 4 5 6 7

6. The Area of Superficial Coping

The attitude that I have improved in managing superficial, perfunctory, necessary but less than desirable, and antagonistic relationships with others.

1 2 3 4 5 6 7
7. The Area of Advancement in Peer Status

The concept that I have indications that friends, acquaintances, and fellow workers in my life approve of me more, are more friendly toward me, appreciate my abilities, and tend to include me in their activities more.

8. The Area of Improved Handling of Societal Stress

The concept that I have improved my ability to cope with intricacies between others and myself at work and in social settings, defend myself when necessary, and adequately handle myself in stress situations with others.

9. The Area of Healthful Conflict Resolution with One's Spouse or Exspouse.

The attitude that conflicts between you and your spouse or exspouse have substantially decreased, and there is an improvement in the direction of healthful resolution of marital difficulties.

10. The Area of Improved Handling of Difficulties with your spouse or exspouse

The concept that you have improved your ability in mutually coping, defending, and more adequately dealing with any problems which might beset you which would have to be dealt with jointly.
11. The Area of Mutual Success Behavior

The concept that you and your spouse or exspouse have improved your ability to mutually and cooperatively work toward achieving your goals, and generally be more successful in your mutual endeavors.

1 2 3 4 5 6 7

12. The Area of Emotional Intimacy

The concept that you and your spouse or exspouse have improved your feelings of emotional closeness, love, understanding, and satisfaction with each other.

1 2 3 4 5 6 7

Part Two

Instructions:

This part of the questionnaire consists of numbered statements to be answered true or false. Read each statement and decide whether it is true as applied to you or false as applied to you. You are to answer by circling the letter T for true or the letter F for false which appears beside each statement. Remember all questions are to be answered as pertaining to the time period beginning with your starting marriage counseling and extending until the present. Also, remember to answer every question, leaving none unanswered.

T F 1. I have definitely met a significant number of goals that I had for myself when starting counseling or that developed during counseling.
T F 2. I have definitely experienced an improved feeling of being more satisfied with how I am succeeding and achieving my personal goals.

T F 3. I can truly say that I have handled myself with an improved ability in several difficult situations requiring the ability to cope or hold one's own without breaking down or giving up.

T F 4. I have definitely experienced an improved ability to personally deal with difficult or unpleasant tasks.

T F 5. I have personally experienced an improvement in feeling self confident, capable, and more able to maturely deal with the world.

T F 6. I have definitely experienced more periods of joy and happiness, as well as a general feeling of well being about myself.

T F 7. I have experienced a definite decrease in periods of feeling depressed or anxiety ridden or both.

T F 8. I have experienced a definite decrease in periods of being emotionally upset, disturbed and being error prone due to emotionality.

T F 9. I have made several new good close friends.

T F 10. I have experienced an improved ability in handling an antagonistic situation.

T F 11. I have experienced a definite increase in the amount of time I spend with friends.
T F 12. I have definitely experienced feeling more comfortable in superficial social or work gatherings.

T F 13. I have received a substantial raise, promotion or advantageous job change.

T F 14. I have been accepted into membership in a club, group or other organization.

T F 15. I have definitely experienced an improved ability in handling a difficult situation between two or more other people.

T F 16. I have definitely experienced an improved ability in handling a difficult situation between myself and one or more other persons.

T F 17. I have definitely experienced periods of improved and more satisfactory feelings toward my spouse or exspouse.

T F 18. My spouse or exspouse and I have definitely developed improved feelings of emotional closeness and understanding.

T F 19. My spouse or exspouse and I have succeeded in mutually improving the way we handle our financial matters.

T F 20. My spouse or exspouse and I have succeeded in mutually working together on several endeavors which require our cooperation.

T F 21. I have experienced along with my spouse or exspouse the improved and successful handling of difficulties which required our mutual cooperation.
T F 22. My spouse or exspouse and I have cooperated to a greater extent in more adequately dealing with difficulties of almost all sorts.

T F 23. I have experienced with my spouse or exspouse a definite decrease in fights or other destructive interaction when we have been together.

T F 24. I have definitely experienced a more emotionally healthful and harmonious dealing with conflicts involving my spouse or exspouse and myself.

Part Three

Instructions:

Please place a check in front of the answer which best describes how you feel concerning your marriage. Please read the question and answers carefully.

How would you rate your present marital situation (Please check only one answer).

A. Married

_________ very happily married

_________ fairly happily married

_________ equally happily and unhappily married

_________ fairly unhappily married

_________ very unhappily married

B. Separated

_________ very happily separated

_________ fairly happily separated
equally happily and unhappily separated
fairly unhappily separated
very unhappily separated

C. Divorced
very happily divorced
fairly happily divorced
equally happily and unhappily divorced
fairly unhappily divorced
very unhappily divorced
APPENDIX E
QUESTIONNAIRE C

Full Name ______________________ Sex ______
Address _________________________ Age ______
Therapist ________________________ Date ______

Present Marital Status (check one)
____ Married ______ Separated ______ Divorced

Part One

Instructions:

Please place a check on the line in front of each kind of counseling in which you have participated at our center. Exclude your first session and any other sessions which were for evaluation, history taking, or testing.

I have been seen in the following kinds of counseling sessions:

____ A. Individual sessions which consisted of my talking alone with my therapist.

____ B. Couple's sessions which consisted of my spouse (or exspouse) and I talking with a therapist together.

____ C. Individual group sessions which consisted of my meeting with other individuals and a therapist but not including our spouses.

____ D. Couples' group sessions which consisted of my spouse and I meeting with other couples and a therapist.
Part Two

Instructions:
Read each of the three statements below carefully. Then answer the question below each statement by checking only one of the four possible answers. These statements refer to three areas of improvement we are studying with this questionnaire.

Statement One
The area of personal adjustment includes improved abilities in achieving personal success, better coping with difficulties, and having increased psychological strength and adjustment as well as decreased personal psychological maladjustment.

I believe the type of counseling sessions that helped me most in making improvements in personal adjustment was (check only one)

___ A. Individual sessions counseling
___ B. Couple's sessions counseling
___ C. Individual group counseling
___ D. Couples' group counseling

Statement Two
The area of social adjustment includes improved ability in achieving more significant interpersonal interactions with others, being better able to cope with difficulties between yourself and others, being more competent in handling social
stress, having more capability in making more and better friends, and having the ability to achieve more respect and status with others.

2. I believe the type of counseling sessions that helped me most in making improvements in social adjustment was (check only one)
   A. Individual sessions counseling
   B. Couple's sessions counseling
   C. Individual group counseling
   D. Couples' group counseling

Statement Three

The area of marital adjustment includes improvement in the ability to resolve marital difficulties, cope with conflicts between spouse and self, cooperatively striving toward mutual goals, being better able to share enjoyable emotions together, and being more able to have greater understanding and acceptance of one's spouse.

3. I believe the type of counseling sessions that helped me the most in making improvements in marital adjustment was (check only one)
   A. Individual sessions counseling
   B. Couple's sessions counseling
   C. Individual group counseling
   D. Couples' group counseling
Dear

This letter is an earnest request for your help in a very important research project. By filling out and returning the enclosed questionnaires you will help determine which forms of marriage counseling should be used in alleviating certain common types of marriage problems. You will also help determine how and when different forms of marriage counseling can be more accurately prescribed by counselors dealing with all types of marriage problems.

With the results of this research we hope to be able to reduce the amount of time, money and misery expended by those seeking help with their marriage as well as improve the success rate of marriage counseling. Naturally, we think this is very important research and thus strongly request your help.

What we ask you to do is carefully fill out the enclosed questionnaires and return them to us within one week. It is important that you not let your responses be influenced by anyone while you are answering the questions. Please use the stamped return envelope we have provided. We think the questionnaire is rather interesting and that you'll enjoy answering it. We would like to suggest you do this right away.

This portion of the research project is being conducted by our center's staff in conjunction with North Texas State University. Naturally, all questionnaires will be treated with utmost confidentiality. We who are involved naturally want to thank you for your help in what we believe is a very vital research project.

With sincere thanks,

J. Richard Cookerly, M. S.
Research Director
Dear

A few weeks ago you were mailed some questionnaires concerning research we are doing in marriage counseling. We realize it takes some time and effort to complete and return these questionnaires. However, due to the importance of this research project we earnestly request your needed assistance. Please, if at all possible, complete and return these questionnaires today or tomorrow. This will help us immensely.

If you have misplaced your questionnaires or need to ask some questions, please call the above number. We will be happy to send you another set of questionnaires immediately or help you in any other way possible.

Your cooperation in this needed research is greatly appreciated.

Sincerely,

J. Richard Cookerly, M. S.
Research Director
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Tests


Unpublished Materials


