EXPLANATORY STYLE, SEX ROLE IDENTITY, AND

SELF-EFFICACY IN VIOLENT, CONFLICTED,

AND SATISFIED COUPLES

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PREFACE

The present study examined theoretical and treatment assumptions
in the area of marital violence. Specifically, the assumptions of the
attributional model of learned helplessness theory were evaluated. In
general, hypotheses related to learned helplessness were not supported.
Results were consistent with theory that postulates that violence
serves as a resource in some abusive marriages. Results emphasized the
importance of including nonviolent discordant couples as a control
group when studying marital violence. Additional multivariate studies
were recommended to delineate risk factors unique to marital violence.

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CHAPTER I

INTRODUCTION

Traditionally, conflict within the context of family relationships
has been viewed as abnormal and resulting from some personal or social
pathology. More recent views have suggested that a certain amount of
conflict is an inevitable part of all life and may even be desirable.
Conflict has been identified as an important mechanism encouraging
adaptation to the changing realities of living. Conflict helps family
members generate alternatives so they can mature beyond the status quo
(Gelles & Straus, 1979; Straus, 1979). In some two million families
each year, alternatives become restricted and marital conflict
escalates to violence.

Prior to the mid-seventies, marital violence was considered
relatively rare. Subsequent studies have indicated that actual rates
may reach epidemic proportions. Straus, Gelles, and Steinmetz (1980)
examined incidence rates of family violence in a nationally
representative sample. Sixteen percent of couples surveyed using a
standardized operational definition of marital violence indicated some
kind of physical abuse within the previous year. Twenty-eight percent
of those interviewed reported that violent exchanges had occurred at
some time during their marriages. Subsequent studies have replicated
these findings (Attorney General's Task Force on Family Violence, 1984;
Hornung, McCullough, & Sugimoto, 1981). The self-report nature of

these data, combined with tendencies to deny or normalize physical aggression between spouses, has led some investigators to conclude that these data may underrepresent the true level of family violence in the United States population (Gelles, 1980; Walker, 1979).

Consequences of Marital Violence

The physical, social, and psychological costs of marital violence are high. The final report of the Attorney General's Task Force on Family Violence (1894) described the costs of violence for society as a whole as "incalculable." Twenty to fifty percent of homicides committed in the United States involve family members (Hilberman, 1980). A study conducted by the police department of Kansas City, Missouri indicated that 20 percent of all homicides in that city were between spouses. At least one call to the police department preceded 85 percent of these fatalities (Moore, 1979). Law enforcement officials are called to intervene in domestic disputes more often than all other categories of crime combined. Twenty percent of police fatalities occur in interventions that include family violence (Hilberman, 1980; Martin, 1976).

Marital violence has been associated with divorce, chemical dependency, child abuse, physical injury and chronic illness, and psychiatric symptoms in both partners who experience violence and their children who witness it (Hilberman, 1980). A survey of 600 couples in the process of divorce identified violence as a major complaint for 22 percent of middle class respondents and 40 percent of working class respondents (Levinger, 1966). Alcohol and drug abuse have been associated with marital violence (Coleman, Weinman, & Hsi, 1980; Hanks & Rosenbaum; 1977, Hilberman & Munson, 1977; Rosenbaum & O'Leary,

1981b; Telch & Lindquist, 1984). These studies hypothesize that intoxication is used by abusive partners to disavow responsibility for aggressive behaviors. Women residing with abusive partners have been found to manifest symptoms of post traumatic stress disorder including anxiety, depression, hyperalertness, numbing of responsiveness, and sleep disturbance (Walker & Browne, 1985). Women in abusive marriages who presented to a health clinic demonstrated somatic complaints, conversion symptoms and psychophysiologic reactions. Their preschool children displayed somatic concerns, school phobias, enuresis, and insomnia. Adolescent male children demonstrated aggressive disruptive behavior while adolescent female children were withdrawn and anxious (Hilberman & Munson, 1977). Children of abusive couples presenting to a mental health clinic were found to display more conduct and personality problems than children of satisfied couples and children whose parents were presenting because of conflict that did not include violence; however, this difference was not statistically significant (Rosenbaum & O'Leary, 1981a).

Research Issues

The scientific study of marital conflict in both its normal ranges and pathological extremes dates to 1971 (Gelles, 1980). Studies subsequent to that date have provided important leads to relevant variables; however, only a few studies (Coleman & Weinman, 1981; Coleman et al., 1980; Douglas et al., 1984; Lopez, 1981; Rosenbaum & O'Leary, 1981a; 1981b; O'Leary & Curley, 1986; Telch & Lindquist, 1984; Star, 1978) have employed standardized measures, appropriate statistical analyses, and adequate comparison groups. Rosenbaum and O'Leary (1981b) emphasized the importance of research which compares

abusive couples to both satisfied couples and to couples who are experiencing marital conflict that does not include violence. They argue that these comparison groups are necessary to assess whether differences identified between groups are due to physical aggression rather than marital discord. Studies employing adequate comparison groups have failed to confirm many of the hypotheses generated by clinical reports (Coleman & Weinman, 1981; Coleman et al., 1980; O'Leary & Curley, 1986; Rosenbaum & O'Leary 1981b; Telch & Lindquist, 1984). Failure to differentiate couples experiencing violence from couples who are nonviolent and discordant has led some authors (O'Leary & Curley, 1986; Gelles, 1980) to conclude that research designs which include multivariate methods of analysis will be necessary to tease out the complexities of spouse abuse. Only three studies to date have identified variables which differentiate between violent and nonviolent discordant groups. These studies employed multivariate analyses. Level of marital adjustment and frequency of alcohol use have been identified as important factors discriminating violent from nonviolent couples. Unfortunately, two of these studies failed to employ standardized measures on the majority of dependent variables evaluated (Coleman et al., 1980; Telch & Lindquist, 1984). The third study employed standardized measures but did not obtain data directly from abusive males; instead, their wives were asked to respond to questionnaire items as they thought their husbands would (Rosenbaum & O'Leary, 1981b).

Despite these methodological concerns, researchers have been able to identify a number of factors related to abused women; however, relatively little first-hand knowledge is available about men who abuse

their partners. Most of the data reported are based on clinical impressions of social service providers or interviews with women describing the spouses who have abused them (Coleman, 1980; Fitch & Papantonio, 1983; Ponzetti, Cate, & Kovel, 1982). Empirical data on abusive males which uses more objective measures is needed.

Theories of Violence

Theoretical conceptualizations of family violence have considered three levels of analysis: (a) intra-individual or intrapsychic models, (b) social psychological models, and (c) sociocultural models (Gelles, 1980; Gelles & Straus, 1979). In addition, general systems theory has been used in an attempt to integrate evidence from the three levels of analysis (Gelles & Straus, 1979; Giles-Sims, 1983; Straus, 1973).

Intra-individual Models

Intrapsychic models focus on psychopathology, personality disorder, and chemical abuse as explanations for marital violence (Gelles, 1980; Gelles & Straus, 1979; Hanks & Rosenbaum, 1977; Hilberman & Munson, 1977). Theoretical accounts of marital violence prior to 1971 were drawn from psychoanalytic theory. Women in abusive marriages were described as masochistic personalities who provoked physical aggression from partners often manifesting psychopathic personalities (Hilberman, 1979). Intrapsychic explanations of marital violence have not proven heuristic or been supported by empirical data (Gelles & Straus, 1979).

Sociocultural Models

At the sociocultural level, a number of complex factors have been proposed to explain family violence. These theories describe environmental conditions that, when present, increase the probability

that aggression will be used to solve to marital conflicts. Prominent theories that attempt to explain family violence include: (a) the structural theory of violence, (b) the intrafamily resource theory, and (c) patriarchy and sex role inequality.

The structural theory of violence is based on the positive relationship that has been identified between aversive events and aggression (Gelles & Straus, 1979). By its nature, the family life cycle includes a series of crises that are highly stressful and potentially frustrating. The structural theory identifies a number of organizational features of family life that are thought to contribute to marital violence (Straus & Hotaling, 1980). Among these features are: (a) the amount of time spouses spend together; (b) prolonged interaction and involvement in a large variety of activities that inevitably produce conflict; (c) intensity of involvement; (d) desires to influence the other's behavior to meet one's own needs; (e) cultural conflict that results from age, gender, and generational differences; (f) inabilities to fill ascribed family roles; and (7) privacy and isolation from other groups. In addition to these normative influences, the theory assumes that people in certain positions in the social structure suffer greater frustration and deprivation and increased stressors in comparison to others (as in low as compared to high socioeconomic status). Given that aggression is a frequent response to deprivation, the theory assumes that these individuals are more likely to cope using violent solutions. The chance of marital violence is even higher if the socialization process of these individuals included norms legitimizing violence.

The intrafamily resource theory is related to the structural

theory in that socialization and stressors are considered as
contributing to the development of violence. This theory hypothesizes
that violence is used as a "resource" to solve problems in families
where alternative resources are insufficient or lacking (Gelles &
Straus, 1979). Spouses who lack interpersonal skills may resort to
physical force in a disagreement in an attempt to maintain a dominant
position. Studies have provided empirical support for this theory
(Claerhout, Elder, & Janes, 1982; Douglas et al., 1984; Hornung et al.,
1981; Rosenbaum & O'Leary, 1981b).

In addition to specific subcultural norms that legitimize physical
force between partners, sex role socialization has also been implicated
as contributing to norms which permit marital violence (Donato &
Bowker, 1984; Gondalf, 1985; Sonkin, Martin, & Walker, 1985; Studer,
1984; Telch & Lindquist, 1984; Walker, 1978; 1979; 1980; 1984; Walker &
Browne, 1985). Straus (1980) maintains that the male-dominant power
structure of the family contributes to norms that implicitly promote
the instrumental use of physical force by men against their partners.
Traditional sex roles place women in a "one down" position through
economic constraints and job discrimination, legal statutes that
declare the man is the head of household, and a negative self-image
that promotes passivity. Gondalf (1985) argues that male socialization
perpetuates the problem by creating frustration through an idealized
masculine role which limits emotional expression of a wide range of
negative feelings to anger.

Social Psychological Models

Social psychological explanations of violence examine the
interaction between the individual and his or her environment. A

number of social psychological theories have been applied to the phenomenon of violence. Frustration-aggression theory, self-attitude theory, symbolic interaction, exchange theory, and self-efficacy theory have been used to explain generalized aggression (Gelles & Straus, 1979; Turner, Fenn, & Cole, 1981). Specific applications of social psychological theories to family violence have included social learning formulations and attribution theory.

Social learning theory assumes that the use of physical force as a solution to conflict is learned through observation and imitation in one's family of origin. Experience with corporal punishment in "normal" families is assumed to provide models for forceful solutions to intrafamily conflict. Media portrayals of both real and fictionalized violence provide another source for imitation. In some two million families annually, children witness violent interactions between their parents (Straus et al., 1980). Learning theory explanations of spouse abuse have received considerable empirical support from studies of partners in violent relationships. In comparison to nonabusive males, abusive males have been found to be more likely to have been abused as children or to have witnessed physical force used between their parents (Coleman, 1980; Coleman & Weinman, 1981; Coleman et al., 1980; Fitch & Papantonio, 1983; Gelles, 1980; O'Leary & Curley, 1986; Rosenbaum & O'Leary, 1981b; Straus et al., 1980; Telch & Lindquist, 1984). Results of studies examining personal histories of abuse in the family of origin of abused women have been equivocal (Coleman et al., 1980; O'Leary & Curley, 1986; Pagelow, 1981; Rosenbaum & O'Leary, 1981b; Straus et al., 1980; Telch & Lindquist, 1984).

Attribution theory describes the process by which people explain human behavior as due to some dispositional tendency of the person or resulting from the environment or situation. Hotaling (1980) has identified particular family rules and structural characteristics which produce a high probability that family members will attribute aggressive behavior of other family members as intentional. Initial acts of aggression in intimate relationships are generally not perceived as intentional and are attributed to something in the environment rather than to something about the person. This is thought to occur because of the incongruence between viewing one's partner as both emotionally close and violent. Aggressive behavior by one's spouse becomes perceived as intentionally violent when: (a) it constricts the behavioral alternatives of another; (b) one partner's self-worth or identity is threatened; or (c) established interactional patterns are challenged (as when a shift is made from an authoritarian to an egalitarian relationship).

Learned helplessness has been proposed as a model to explain the psychological consequences of participation in violent marriages (Walker, 1978; 1979; 1980; 1984; Walker & Browne, 1985). This theory combines notions from both social learning and general attributional formulations. Learned helplessness was initially proposed as a model to account for the cognitive, motivational, and affective deficits that were observed in animal and human studies where subjects were exposed to uncontrollable situations. Subjects who believed they were unable to affect the outcome of the experimental situation developed symptoms including: passivity, diminished initiation of voluntary responses, retarded learning, distressed affective states including sadness,

anxiety, and hostility; decreased aggressive responses, decreased biological drives including appetite, sleep and sex, and decreased self-esteem (Abramson, Seligman, & Teasdale, 1978; Seligman, 1975). Attributional or explanatory style has been identified as an important variable affecting the severity of helplessness deficits. Explanatory style involves a dispositional tendency to attribute certain causes of events to (a) global or specific factors, (b) stable or transient factors, and (c) internal or external factors. A tendency to attribute the cause of bad events to internal, global, and stable factors has been associated with a high risk for developing helplessness symptoms (Peterson & Seligman, 1983; 1984; Peterson et al., 1982).

Walker (1978; 1979; 1984) has described clinical evidence that women in abusive marriages demonstrate cognitive attributions, motivational deficits, and emotional responses similar to those of subjects in learned helplessness experiments. A combination of rigid sex role stereotypes and repeated noncontingent aggression in the marriages of these women may operate to produce expectations of future uncontrollability. Helplessness deficits have been suggested as an explanation of how problem-solving becomes restricted to prevent abused women from leaving violent marriages. Walker (1981) has also suggested that sex role socialization may also operate to produce learned helplessness and to restrict solutions available to abusive males. Treatment interventions that allow abused women to experience success have been proposed as a mechanism of reversing the psychological deficits associated with learned helplessness.

Self-efficacy has been identified as an important mediator

determining whether or not individuals exposed to uncontrollable situations develop the associated learned helplessness deficits (Brown & Inouye, 1978; Davis, 1983; Rosenbaum & Jaffe, 1983). Self-efficacy has also been posited as an explanation of aggressive responses to aversive events (Turner et al., 1981). Self-efficacy expectations refer to one's belief in one's ability to successfully complete some behavior. Self-efficacy is thought to impact whether or not an individual perceives an event as uncontrollable. Individuals with low self-efficacy are hypothesized to be more likely to view events as uncontrollable and more likely to develop helplessness deficits. Cognitive therapy which focuses on increasing expectations of self-efficacy has been shown to be effective in helping individuals experience success and increase feelings of mastery and self-esteem (Bandura, 1982).

Theoretical Issues

In a review of family violence research in the seventies, Gelles (1980) summarized theoretical developments. Literature in the area of family violence to date had produced a proliferation of theoretical frameworks to account for marital violence, but had failed to develop systematic programs of research to empirically test theories. Recommendations for research in family violence for the eighties included studies designed to evaluate theoretical formulations.

Treatment Issues

Intervention in the area of marital violence is extremely controversial (Bogard, 1984; Donato & Bowker, 1984; Studer, 1984; Walker, 1981). Ideas about appropriate intervention techniques reflect the theoretical orientation espoused and have been contrasted as

involving a social action or a social service perspective (Gondalf, 1985). The social action perspective is based on sociocultural explanations of marital violence. This perspective conceptualizes marital violence as resulting from the male dominated social order and family structure that leads to the subordination of women. Effective intervention in marital violence must focus on changing political and structural sexist values in the educational system, religious institutions, the media, traditional family structure, the government, and corporations (Studer, 1984). Social action proponents who assume an extremist position view abusive males as criminals and advocate prosecution independent of psychotherapy. Those social action proponents who take a less extreme position sponsor men's treatment groups which focus on consciousness raising regarding sex role socialization, and include cognitive behavioral interventions for anger management (Gondalf, 1985). Social action proponents view mental health providers and social service agencies as perpetuating "wife battering." They argue that mental health agencies perpetuate inequality of women by labeling "victims" with psychiatric diagnoses and failing to understand symptoms as survival mechanisms (Bogard, 1984). Failure to identify marital violence in both individuals and couples presenting for treatment has been cited as another way in which social service agencies perpetuate spouse abuse. In addition, it has been suggested that sex role biases of psychotherapists about the roles of husbands and wives may further reinforce inequality (Walker, 1981). Family systems conceptualizations of marital violence have been criticized as "blaming the victim" for provoking abuse and as explaining away the "batters" responsibility for his criminal behavior

(Bogard, 1984; 1986; Cook & Frantz-Cook, 1984). Social action proponents advocate intervention through direct aid such as that provided by shelter programs. Empowering women through modeling, cognitive restructuring of helplessness producing cognitions, and skill building through assertion training have been advocated as important interventions aimed at correcting sexual inequality (Donato & Bowker, 1984; Gondalf, 1985).

The social service perspective on marital violence conceptualizes violence from psychological theory. The majority of published accounts of spouse abuse subsequent to 1971 in the psychological literature have used social learning or family systems explanations. Regardless of the particular conceptual orientation, treatment programs described involve interventions based on social learning formulations including: cognitive restructuring; assertion training; anger management; behavioral contracting; and training in communication skills, problem-solving and conflict resolution (Bagarozzi & Giddings, 1983; Bedrosian, 1982; Gandolf, 1985; Geller & Wasserstrom, 1984; Margolin, 1979; Sonkin et al., 1985). Strategic, structural, or family systems interventions are recommended subsequent to changes brought about by social learning based interventions (Cook & Frantz-Cook, 1984; Weitzman & Dreen, 1982). Systems theory assumes that violent marriages are characterized by enmeshment and rigid complementary patterns of interaction. Violence is assumed to function to re-establish complementarity when one partner moves toward a more symmetrical relationship. Systems interventions are designed to alter interactional sequences to allow for alternative responses that do not include violence (Cook & Frantz-Cook, 1984).

A comparison of the social action and social service perspectives reveals that intervention techniques used by both perspectives are not mutually exclusive (Bogard, 1984; Cook & Frantz-Cook, 1984). The primary difference appears to involve whether the focus of intervention is at the individual, marital subsystem, or societal level. Both perspectives employ intervention techniques drawn from social learning theory. Recent empirical investigations have called into question assumptions espoused by both perspectives with regard to treatment. Assertion training has been recommended for females who are involved in abusive relationships (Fleming, 1979; Meyers-Abell & Jansen, 1980; Walker, 1979). Rosenbaum & O'Leary (1981b) failed to identify significant differences in general assertion between women in abusive, nonviolent discordant, and satisfied marriages. Physically abusive males were found to be less assertive than men in the comparison groups and less assertive than their spouses. O'Leary and Curley (1986) examined spouse-specific assertion and found men and women in conflicted marriages, regardless of the presence of violence, demonstrated low levels of assertion. These findings have led to questions regarding the desirability of assertion training for women as indicated by clinical impression (O'Leary, Curley, Rosenbaum, & Clarke, 1985). These authors cite evidence that spouse-specific assertion training may actually increase levels of violence when abusive partners are co-habitating. This particular example emphasizes the need for empirical examination of the assumptions on which treatment interventions are based.

Purpose of the Research

The present study was designed to empirically test theoretical and

treatment assumptions in the area of marital violence. Specifically, the assumptions of the attributional component of learned helplessness theory were evaluated. In addition, hypothesized relationships between expectations of self-efficacy, explanatory style, sex-roles, and aggression were examined.

Assumptions of learned helplessness and self-efficacy theory were chosen for evaluation because of implications for treatment interventions in marital violence. To assess whether potential differences in variables found between abusive couples and satisfactorily married couples were a function of violence rather than marital discord, a comparison group of couples experiencing nonviolent marital discord was compared to a normative comparison group of couples reporting marital satisfaction. Standardized measures of explanatory style, self-esteem, self-efficacy expectations, and sex role identification were examined using multivariate methods of analysis to determine if couples who resort to marital violence can be differentiated from couples who choose other solutions.

In addition to considering relevant theoretical and methodological issues, the study provides needed empirical information about characteristics of partners involved in abusive relationships. It also provides the first systematic application of learned helplessness theory to males involved in violent relationships. Data from conflicted and violent groups were gathered from clients presenting for marital therapy at social service agencies. This setting was chosen to evaluate social action proponent claims that mental health perspectives fail to identify marital violence and adequately address related issues.

CHAPTER II

REVIEW OF THE LITERATURE

Relevant theory and evidence for the attributional model of
learned helplessness is examined in this chapter. The effect of
efficacy expectations and sex role identity on the development of
causal explanations and depressive symptoms is considered. Also
reviewed are empirical studies examining the relationship between
marital violence and learned helplessness.

Learned Helplessness Theory

Learned helplessness theory was originally developed by animal
researchers to describe the impaired escape-avoidance response
demonstrated by dogs exposed to uncontrollable shock (Overmier &
Seligman, 1967). After receiving inescapable shock, these animals
appeared to be helpless. When placed in a shuttlebox 24 hours later,
they failed to learn to cross a barrier that would allow them to escape
subsequent shocks. It was hypothesized that, in the inescapable shock
situation, the dogs learned that they were unable to control the shock
by their responses. Generalization of helpless behavior to the new
situation was thought to occur because the animals developed
expectations of response-outcome independence, or future
uncontrollability.

Studies of the learned helplessness phenomenon were extended to
humans with the development of an experimental paradigm known as the

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triadic design (Abramson, Garber, & Seligman, 1980; Abramson et al., 1978). In these studies, helplessness was induced by exposing subjects to uncontrollable events such as inescapable noise or unsolvable anagrams. The design required three groups of subjects. One group received controllable events. A second group of subjects was yoked to the first group, but received uncontrollable events. A third group was not exposed to controllable or uncontrollable events. All subjects were subsequently placed in a new and controllable situation. In general, subjects who had been exposed to uncontrollable events demonstrated a variety of motivational, cognitive, and affective deficits in the new situation.

Exposure to uncontrollable events was not a sufficient condition for the development of helplessness deficits. The cognitive, motivational, and emotional deficits (described in detail in the previous chapter) resulted when the individual came to expect that he or she was unable to do anything to affect the outcome of a particular situation and then generalized this belief in uncontrollability to outcomes in the future (Abramson et al., 1978; Abramson et al., 1980; Peterson & Seligman, 1984; Seligman, 1975).

Seligman and his colleagues have extended learned helplessness formulations to account for a number of debilitating human conditions. There has been considerable empirical support for learned helplessness as a model of depression (Peterson & Seligman, 1984). Learned helplessness explanations have been proposed to account for death, psychophysiologic symptoms, intellectual achievement, and responses to victimization (Abramson et al., 1980; Peterson & Seligman, 1983; Seligman, 1975). Learned helplessness theory has also been used to

explain the psychological impact of participation in violent marriages and the reasons women remain in relationships despite abusive behavior by their spouses (Walker, 1978; 1979; 1980; 1985; Walker & Browne, 1985). Learned helplessness theory has been considered in conjunction with self-efficacy theory to explain responses of individuals who are exposed to aversive events (Turner et al., 1981).

Explanatory Style

When learned helplessness experiments were extended to humans, the original theory failed to account for individual differences in response to uncontrollable situations. Following experience with response-outcome independence, some subjects demonstrated diminished self-esteem, while others did not. Subjects also differed in the extent to which helplessness deficits generalized across situations and in the persistence of deficits over time. A reformulated theory was proposed which explained these differences in terms of attributional style (Abramson et al., 1978). The term explanatory style was later substituted to avoid confusion between "attributional style" and "attribution theory" (Peterson & Seligman, 1984).

Explanatory style is a habitual tendency to choose particular kinds of explanations for good versus bad events. Explanatory style is assumed to interact with the reality of events to determine whether or not individuals develop expectations of future uncontrollability. Individuals have been found to differ in terms of whether they attribute the cause of events to (a) global or specific explanations, (b) stable or transient explanations, and (c) internal or external explanations (Abramson et al., 1980; Abramson et al., 1978; Peterson & Seligman, 1984). Individuals who manifest particular explanatory

styles and are exposed to bad events have been found to be at risk for the development of helplessness deficits and depressive symptoms (Golin, Sweeney, & Shaeffer, 1981; Metalsky, Abramson, Seligman, Semmel, & Peterson, 1982; O'Hara, Rehm, & Campbell, 1982).

Global Versus Specific Explanations

This attributional dimension was proposed to explain the generalization of helplessness deficits beyond the original uncontrollable or aversive situation (Abramson et al., 1980; Abramson et al., 1978). When the individual makes specific attributions, deficits are limited to the original uncontrollable situation. When the individual makes global attributions, helplessness deficits occur across a variety of situations. After exposure to a bad event, individuals with a global attributional style approach new situations as if outcomes continue to be independent of their responses. Changes in attributions from global to specific have been used to explain the decrease of helplessness deficits during experimental debriefings. Subjects are informed that the specific situation was uncontrollable, so do not carry deficits over into new situations (Abramson et al., 1978).

Stable Versus Transient Explanations

The chronicity of helplessness deficits over time is thought to be determined by whether individuals make stable or unstable causal explanations following bad events (Abramson et al., 1980; Abramson et al., 1978). Expectations of future uncontrollability are predicted to be long lasting when the individual attributes helplessness to stable factors and short lived when helplessness is attributed to transient factors. Stable causal explanations produce recurrent deficits because

the individual expects to lack responses necessary to control or
succeed in similar situations in the future. Changing attributions
from stable to transient is also thought to account for the effects of
debriefing of experimental subjects. Helplessness deficits do not
persist because subjects understand that response-outcome independence
was unique to that situation (Abramson et al., 1978).

Internal Versus External Explanations

The distinction between internal and external explanations for
uncontrollable events resulted from literature examining the
relationship between learned helplessness and locus of control. The
locus of control construct considers individuals' beliefs about
the relationship between their responses, including personal
characteristics and behavior, and the outcomes they experience
(Lefcourt, 1980). Individuals with an internal locus of control
believe that outcomes experienced result from their responses.
Individuals with an external locus of control attribute outcomes to
the responses of others, or to luck, fate, or chance. One method of
assessing locus of control considers changes in expectancies for future
success. Verbalized expectancies for future success have been found to
change more when reinforcement is perceived as due to skill (response-
dependent) than when reinforcement is seen as due to chance (response-
independent) (Abramson et al., 1980). Studies examining the
relationship between learned helplessness and locus of control found
small expectancy changes in helpless subjects and large expectancy
changes in subjects who did not become helpless. Helpless subjects
were assumed to perceive skill tasks as due to chance, suggesting an
external locus of control. Nonhelpless subjects appeared to perceive

skill tasks appropriately, suggesting a belief in internal control (Miller & Seligman; 1975). This interpretation was called into question when an examination of postexperimental questionnaires completed by subjects indicated that both helpless and nonhelpless subjects believed the task to require skill and did not see themselves as able to control the outcome (Garber & Hollon, 1980).

To explain this discrepancy, the reformulated model identified two types of helplessness: personal and universal. Individuals who demonstrate personal helplessness make internal attributions about the causes of response-outcome independence, that is, they assume that they do not have the resources necessary to impact a situation, but that relevant others do. Individuals who demonstrate universal helplessness make external attributions, that is, they assume that no one can alter the situation. The cognitive and motivational deficits characteristic of helplessness occur in both personal and universal helplessness. The affective deficits and self-esteem loss are specific to personal helplessness. According to the reformulation, locus of control is orthogonal to learned helplessness, because causal explanations of helpless subjects may be either internal or external (Abramson et al., 1978; Garber & Hollon, 1980).

Learned Helplessness and Self-Efficacy

The distinction between personal and universal helplessness was based on suggestions by Bandura (1977) that learned helplessness theory consider the difference between self-efficacy expectations and outcome expectations. Self-efficacy theory has identified these two concepts as important determinants of behavior and behavior change (Bandura, 1977; 1982; 1984). Efficacy expectations include judgments individuals

make regarding how well they can execute actions necessary for successful performance on a particular task. Outcome expectations refer to beliefs about the consequences or results of performing a behavior. Percepts of self-efficacy have been hypothesized to be the primary cognitive mechanism determining whether or not an individual will attempt a particular behavior. Studies have indicated a relationship between level of perceived self-efficacy and whether or not a behavior will be initiated, the amount of effort extended in performing the behavior, and the length of time an individual will persist when faced with obstacles (Bandura, Adams, & Beyer, 1977).

In a discussion of learned helplessness theory, Bandura (1977) suggested that people give up trying for two reasons: (a) they lack a sense of personal efficacy about their ability to perform the required behavior; or (b) they have confidence in their skills but believe the environment to be unresponsive or punishing. Personal helplessness can be conceptualized as involving low efficacy expectations combined with high outcome expectations. Universal helplessness involves low outcome expectations (Abramson et al., 1978; Garber & Hollon, 1980).

Self-efficacy expectations have been identified as important cognitive mediators of the psychological effects of exposure to learned helplessness. Experiments designed to induce helplessness deficits have indicated a relationship between ratings of self-efficacy and level of performance, degree of persistence, and amount of generalization (Brown & Inouye, 1978; Davis, 1983; Rosenbaum & Jaffe, 1983). Depression has been associated with a bias toward attributing poor performance to low expectations of personal efficacy (Bandura, 1982).

A number of authors have considered therapeutic techniques designed to promote mastery and increase expectations for personal efficacy. Enhancing self-efficacy has been considered as important in cognitive behavioral therapy for depression (Goldfried & Robins, 1982), treatment of alcoholism (Clifford, 1983), social skills training (Moe & Zeiss, 1982), assertiveness training (Lee, 1984), alleviation of phobias (Bandura et al., 1977), recovery from heart attacks (Bandura, 1982), smoking cessation (Condiotte & Lichtenstien, 1981), sports performance (Feltz, Landers, & Raeder, 1979; Lee, 1982), and intervention in marital discord (Weiss, 1980). Self-efficacy has also been identified as a useful component in career counseling of women, given that many women lack strong expectations of personal efficacy regarding behaviors necessary for success in some careers (Hackett & Betz, 1981). Cognitive techniques to alter explanatory style for success and failure experiences have been proposed as important in enhancing self-efficacy expectations (Goldfried & Robins, 1982).

Evidence for Explanatory Style

Studies of explanatory style have primarily focused on testing the assumptions of learned helplessness as a theory of depression. Studies have examined the relationship between depressive symptoms and an internal, global, and stable explanatory style. Experimental studies have manipulated causal explanations to assess the predicted relationship to self-esteem loss, generalization, and time course of helplessness deficits.

In general, cross-sectional studies have found symptoms of depression to be highly correlated with explanations of bad events that are internal, stable, and global. This relationship has been

identified across a variety of populations including college students (Seligman, Abramson, Semmel, & von Baeyer, 1979), children (Seligman et al., 1984); and psychiatric inpatients (Hamilton & Abramson, 1983; Raps, Peterson, Reinhard, Abramson, & Seligman; 1982). Causal explanations for good events have not been found to be systematically related to depression (Peterson & Seligman, 1984).

Longitudinal studies have demonstrated that an internal, global, and specific explanatory style predicted the later development of depression. Explanatory style has been found to predict which children would show depression six months after initial assessment (Seligman et al., 1984). For college students, explanatory style predicted the development of depression one month following testing (Golin et al., 1981). Explanatory style, measured in pregnant women during their second trimester of pregnancy, predicted the development of depression at three months postpartum (O'Hara et al., 1982). Explanatory style has also been found to predict the development of depression subsequent to bad events (Metalsky et al., 1982). College students who showed a bias toward internal, global, and stable causal explanations for bad events were found to be more likely to develop depressive symptoms after receiving a bad grade on a midterm exam when compared to students who made different causal attributions.

Evidence for the relationship between global causal attributions and generalization of expectations of uncontrollability and helplessness deficits has been provided by laboratory studies. Following exposure to inescapable noise, subjects making global attributions were found to demonstrate performance deficits on a solvable anagram task (Alloy, Peterson, Abramson, & Seligman, 1984).

Pashow (1980) manipulated subjects' global or specific attributions for failure on an uncontrollable task and examined the effect of this manipulation on subsequent behavior. Subjects given instructions to attribute their failure to global causes performed worse on the dissimilar task than subjects instructed to attribute their failure to specific attributions. There were no differences between the groups on stable versus unstable attributions. Results of this study provided only partial support for explanatory style; however, the instrument used to measure attributions in this study had not been demonstrated to be reliable and valid. Additional evidence for the relationship between global causal explanations and generalization of helplessness was provided by Kammer (1983). Explanatory style was assessed after college students were exposed to failure on an oral exam. Depressed subjects who were exposed to failure demonstrated more internal, global, and stable causal explanations in comparison to nondepressed subjects. In comparison to subjects reporting specific causal explanations, subjects who reported global attributions demonstrated lower expectations for success across a wider range of situations subsequent to failure.

The relationship between internal causal explanations for bad events and diminished self-esteem was explored in a study by McFarland and Ross (1982). Internal attributions and external attributions were manipulated as explanations for failure in a social accuracy task. Consistent with predictions of the reformulated learned helplessness model, subjects manipulated to make internal causal explanations demonstrated lower self-esteem than subjects manipulated to make external causal explanations.

Other studies have considered the relationship between explanatory style and conditions other than depression. Self-appraised problem-solving was not found to be strongly related to explanatory style in college students (Heppner, Baumgardner, & Jackson, 1985). Results were interpreted as demonstrating the absence of a simple linear relationship between the two variables. The authors hypothesized that explanatory style and problem-solving are related in a complex manner that varies across problem situations. The relationship between anxiety, depression, efficacy expectations, and explanatory style was examined in a study by Dowd, Claiborn, and Milne (1985). Results indicated that global attributions accounted for much of the variance associated with trait anxiety in a sample of college students. Significant predictors of depression were also identified. Predictors included stable causal explanations, efficacy expectations, and the importance of the situation. Explanatory style has been related to assertive and nonassertive behavior (Alden, 1984). Assertive college students have been found to make internal attributions for positive outcomes and external attributions for negative outcomes. Nonassertive students were found to attribute both positive and negative outcomes to stable explanations.

The cross-sectional, longitudinal, and experimental studies have provided considerable support for the importance of explanatory style in determining expectations about response-outcome independence subsequent to exposure to bad events. These studies also provide evidence for the hypothesized relationships between global causal explanations and generalization of helplessness deficits and internal causal explanations and self-esteem loss following bad events.

Explanatory Style and Sex Role Identity

There have been few studies examining etiological factors which contribute to the development of explanatory style (Peterson & Seligman, 1984). Socialization experiences including imitation of parental models and types of criticism provided by teachers have been suggested as two sources determining dispositional tendencies to make particular causal explanations.

Children's explanatory style and levels of depression have been found to be highly correlated with their mother's reports of explanatory style and depression, but not with their father's (Seligman et al., 1984). Studies by Dweck and her colleagues (Dweck & Bush, 1976; Dweck & Goetz, 1978; Dweck & Reppucci, 1973) examined learned helplessness in elementary school aged children. These studies identified gender differences in the development of helplessness deficits subsequent to failure in achievement situations. Fourth grade children who were exposed to insolvable discrimination problems demonstrated differences in persistence when solvable problems were presented. Children who attributed failure to unstable characteristics, like lack of effort, persisted in the face of prolonged failure. Children who attributed failure to stable explanations, such as lack of ability, showed large performance decrements. Boys were found to be more likely to make transient causal explanations and less likely to experience performance deficits. Girls were more likely to make stable attributions and experience large helplessness deficits (Dweck & Reppucci, 1973).

Subsequent studies examined the positive and negative feedback given by teachers in classroom situations (Dweck & Goetz, 1978).

Differences were identified in feedback for failure provided by
teachers. Teachers were found to criticize girls using internal,
stable, and global statements. Criticisms of boys involved more
external, unstable, and specific explanations. Teachers were more
likely to provide girls with specific negative feedback regarding the
intellectual aspects of their work, while feedback to boys was usually
general and more often focused on their conduct or some other
nonintellectual behavior. Girls were found to be more susceptible than
boys to helplessness following failure. Causal explanations of girls
tended to be internal, stable, and global. They attributed their
failure to incompetence and stupidity. Boys, on the other hand,
attributed failure to lack of effort and made more external, specific,
and transient attributions for failure. Helplessness deficits were
eliminated when children were given cognitive behavioral problem-
solving training designed to alter causal explanations for failure to a
more external, specific, and unstable style.

Sex differences in explanatory style in children has been proposed
as one explanation for why adult women demonstrate more depressive
symptoms than adult men (Peterson & Seligman, 1984). Socialization
experiences that bias girls to make internal, stable, and global causal
explanations for bad events, may render them more vulnerable to
depression as adult women. Similar experiences may account for low
efficacy expectations for success in behaviors required by some
careers. Many women lack a sense of personal efficacy and so do not
choose careers that allow them to fully realize their capabilities
(Hackett & Betz, 1981).

Other writers have argued the important variable in susceptibility

to learned helplessness is not gender, but sex role identity or ascription (Baucom, 1983; Baucom & Danker-Brown, 1979; 1984; Danker-Brown, 1983). Sex role identity refers to the extent to which males and females ascribe to themselves sex role standards as defined in a given culture. Recent formulations of sex role identity view masculinity and femininity as dualistic constructs that coexist in both men and women. Masculinity has been conceptualized as involving instrumental behaviors. Femininity has been conceptualized in terms of emotional expressiveness or communion (Spence, 1984; Spence & Helmreich, 1978). In general, poor mental health and maladjustment have been related to low levels of masculinity, in both men and women (Adams & Sherer, 1985; Thomas & Reznikoff, 1984). Regardless of gender, high levels of femininity have been associated with marital satisfaction and positive problem-solving behavior in conjoint relationships (Burger & Jacobson, 1979).

Levels of masculinity and femininity have been associated with differential responses in learned helplessness experiments. Baucom (1983) exposed women to an unsolvable concept formation task and then gave them a choice: either total control over decision-making in a team problem-solving task, no control, or not participating. High masculine subjects chose to exert control over their environment, whereas low masculine subjects chose not to participate. Low masculine women were found to develop helplessness deficits when they experienced a loss of control. Additional studies have provided evidence for the importance of sex roles in the etiology of learned helplessness (Baucom & Danker-Brown, 1979; 1984). Low masculine women were found to give up more easily following failure on a concept formation task. Differences

in helplessness deficits following exposure to failure were identified based on sex role identity. Cognitive, motivational, and emotional deficits characteristic of helplessness were demonstrated by masculine sex-typed (high masculinity, low femininity) subjects and feminine sex-typed (high femininity, low masculinity) subjects. These differences where observed regardless of gender. Androgynous (high masculinity, high femininity) subjects demonstrated depressed mood following failure, but did not show cognitive or motivational deficits on subsequent performance. Undifferentiated (low masculinity, low femininity) subjects were not affected by helplessness symptoms.

Several studies have considered the relationship between sex role identity, explanatory style, and the development of helplessness symptoms. Sex role identity has been found to influence causal explanations, particularly for good events. Subjects who demonstrated high levels of femininity were differentiated from other subjects by their failure to make self-enhancing attributions about the causes of good events (Danker-Brown, 1983). Masculinity has been found to be related to persistence of helplessness effects. Following noncontingent reinforcement, high masculine subjects performed better on an anagram task than low masculine subjects, who demonstrated performance deficits. High masculine subjects were more likely to attribute their failure on discrimination problems to lack of effort, an external causal explanation (Gannon, Heiser, & Knight, 1985). Taken together, these studies suggest that sex role identity is an important variable mediating helplessness deficits; however, the exact nature of the relationship between sex role identity, explanatory style, and learned helplessness deficits remains to be delineated.

Learned Helplessness and Marital Violence

Clinical impression and empirical evidence have identified cognitive, motivational, and affective symptoms that parallel learned helplessness deficits in men and women with violent marriages. Motivational deficits have been identified in women living in abusive marriages. They have been found to be passive and submissive in comparison with women not experiencing violence (Star, 1978). Abused women living in violent relationships have been found to be less assertive and more depressed and hopeless when compared to abused women residing in shelters (Douglas et al., 1984). Studies comparing abused women to maritally discordant nonviolent women have found both groups to have equal difficulty with assertion (O'Leary & Curley, 1986; Rosenbaum & O'Leary, 1981b). Cognitive deficits have been reported; specifically, abused women have been shown to generate fewer and less effective solutions in comparison to women without a history of abuse (Claerhout et al., 1982). Depression, anxiety, and hostility have been frequently reported by clinicians working with abused women (Goodstein & Page, 1981; Hanks & Rosenbaum, 1977; Hilberman, 1980; Hilberman & Munson, 1978; Walker, 1979). Empirical studies have confirmed clinical observations of high levels of depression and hopelessness in abused women (Lopez, 1981; Walker, 1984).

Abusive males have also been found to display many deficits associated with learned helplessness. Clinical reports suggest that abusive males are characterized by low levels of self-esteem, depression, difficulty with emotional expressiveness, and cognitive distortions (Coleman, 1980; Fitch & Papantionio, 1983; Gondalf, 1985; Sonkin, Martin, & Walker, 1985). In addition, abusive males have been

found to be less assertive when compared to nonabusive males and to their spouses (Rosenbaum & O'Leary, 1981b).

Based on these observations, Walker (1978; 1979; 1980; 1981; 1983; 1984; Walker and Brown, 1985) has drawn from learned helplessness theory to: (a) explain the psychological consequences experienced by women who participate in violent marriages, (b) identify reasons women remain in abusive relationships, and (c) recommend treatment approaches which promote mastery through demonstrating that outcomes are contingent on responding. Walker (1980) has also suggested that learned helplessness theory can be applied to violent males. To date, there has been no systematic attempt to test this hypothesis.

Two factors have been identified as contributing to the development of learned helplessness in women living in violent marriages (Walker, 1978; 1979; 1980; 1983; 1984; Walker & Browne, 1985). Socialization experiences including a feminine sex role identity and rigid sex role stereotypes are assumed to contribute to learned helplessness. Generally, women have been taught to be passive and dependent. Obtaining goals through affiliation has been stressed. This requires women to suppress anger and impairs learning of assertion and confrontation skills. Traditionally, women have been expected to be responsible for making their marriages successful and for keeping their families together. To a large degree, identity and status of women has been defined in terms of their spouse's vocational accomplishments and their marital relationship. When combined, these factors lead women to perceive themselves as powerless and as having few options.

Socialization has also been used to explain sex differences in

depression (Radloff, 1975). Studies by Dweck and her colleagues (Dweck
& Goetz, 1978) have been cited as evidence that women are taught
noncontingency. During elementary school years, girls generally
demonstrate higher academic performance than boys; however, teachers
most generally give them positive feedback for social activities and
negative feedback for academic work. Dweck's work (Dweck & Goetz,
1978) demonstrating that teachers' criticisms for girls may predispose
them to a helpless explanatory style, provided additional evidence that
sex role socialization of women increases the risk that they will
develop expectations of future uncontrollability and helplessness
deficits.

Recurrent and noncontingent violence has been proposed as an
additional factor contributing to the development of helplessness in
abused women. Violent marriages have been characterized by a three
stage interactional cycle (Walker, 1979; 1983; 1985). The first stage
involves tension building. During this stage, conflict gradually
escalates. Verbal abuse and minor physical altercations may occur.
Women often respond to this tension by becoming hypervigilant and
behaving in ways they assume will circumvent a violent episode. Often
their behavior resembles superstitious responding, and is not effective
in averting violence. The second stage of the cycle is characterized
by an acute violent episode that may last for minutes to days. In many
marriages, abuse is followed by a "honeymoon phase" that includes
positive behavior change and emotional closeness. Abused women
typically expend considerable energy engaging in behaviors they assume
will placate their partners. With repeated exposure to the violence
cycle, abused women begin to believe that they are unable to impact

their environment to eliminate violent behaviors. Alternatives are further restricted by socialization experiences that promote expectations of future uncontrollability. The resulting cognitive distortions prevent these women from understanding the relationship between their responses and outcomes.

Several studies have examined predictions relating to sex role socialization and learned helplessness in abused women. Three of these investigations examined sex role identity or sex role stereotypes and attempted to assess attributional style. As described above, sex role identity refers to characteristics that distinguish between male and female individuals in terms of self-assertive behavior and interpersonally oriented behavior. Sex role stereotypes involve role demands, that is, the patterns of behaviors that a society will differentially ascribe to males and females. Sex role identity does not necessarily predict how individuals will behave in particular situations (Spence & Helmreich, 1978). These studies have produced conflicting results. When women currently living in violent marriages were compared to women who had left abusive relationships, the abused women were found to be more traditional (Baum, 1982) or more liberal (Walker, 1984) in their sex role stereotypes. Similar comparisons on sex role identity failed to confirm predictions that abused women would be highly sex-typed (Graudal, 1982). Additional studies not specifically formulated to test hypotheses related to learned helplessness have assessed sex roles with equivocal results. Studies comparing women from violent marriages to women from conflicted marriages have found abused women to be no different (Coleman, 1980) or more feminine sex-typed (Coleman et al., 1980; Telch & Lindquist,

1984). With regard to sex role stereotypes, abused women have been found to be no different (Rosenbaum & O'Leary, 1981b) or more traditional (Douglas et al., 1984).

With one exception, studies to date have attempted to assess attributional style using standardized measures of locus of control. These studies failed to address the conceptual difference between internal and external causal explanations in helplessness theory and internal and external locus of control. The reformulated model (Abramson et al., 1978) assumes that the two dimensions are orthogonal. Therefore, helpless individuals can make both internal and external causal attributions. Despite conceptual problems, these studies are interesting. Studies using comparison groups have failed to identify differences on locus of control (Baum, 1982; Graudal, 1982). Walker (1984) compared women in and out of violent marriages on locus of control. Contrary to predictions of extreme externality, abused women were found to perceive themselves as controlling their lives through their actions. These women were also compared on measure of depression and self-esteem. Both groups reported high levels of self-esteem. Women who had left violent marriages reported higher levels of depression than women remaining in abusive relationships.

Two studies attempted to assess learned helplessness in battered women using a laboratory paradigm. Using unsolvable anagrams, Miller (1981) failed to induce expectations of future uncontrollability in women residing in domestic violence shelters and women from nonabusive marriages. Malhotra (1983) attempted to test the relationship between learned helplessness effects, spouse abuse, and attributional style in a sample of women in violent marriages. Subjects completed an

unsolvable anagram task to induce helplessness effects. Results failed to confirm predictions of the model. There was no relationship between internal attributions and affective symptoms or self-esteem deficits. Predictions about attributions for stability and persistence on the anagram task were not supported. There was evidence of a significant relationship between global attributions and generalization of helplessness deficits to new tasks. To date, this study is the most experimentally sound attempt to examine the learned helplessness model with abused women; however, conclusions regarding attributional style are limited. Explanatory style was assessed by a scale developed to measure attributions for physical abuse. Unfortunately, this measure did not prove to be psychometrically sound.

There have been no studies specifically examining learned helplessness or explanatory style with abusive males. One author (Turner et al., 1981) suggested that learned helplessness theory and self-efficacy theory can be combined to explain reactions to aversive events in general and family violence in particular. Theoretical accounts have argued that the socialization experiences of abusive males restrict alternatives available for solving conflicts. Three factors have been hypothesized as contributing to limited problem-solving skills.

Socialization in families where aggressive behavior has been used as a dominant coping strategy has been identified as an important factor contributing to marital violence. The most consistent conclusion from studies on family violence to date is that males who have experienced childhood abuse or witnessed violence between parents are more likely to become child or spouse abusers than individuals with

little or no experience in their childhood years (Coleman, 1980;
Coleman & Weinman, 1981; Coleman et al., 1980; Curley & O'Leary, 1986;
Gondalf, 1985; Gelles, 1980; Fitch & Papantoinio, 1983; Rosenbaum &
O'Leary, 1981b; Rouse, 1984; Telch & Lindquist, 1984). Males reared in
violent families are assumed to learn to use physical aggression as an
acceptable solution for solving conflict, especially when alternative
responses are insufficient or unavailable.

Rigid sex role stereotypes have been identified as a second factor
constricting alternatives available to abusive males (Gondalf, 1985;
Sonkin et al., 1985; Walker, 1978). Gondalf (1985, p. 38) argued that
abusive males attempt to live up to an idealized and contradictory
masculine role: "The Super Man is to be dispassionate, yet wildly
romantic, in emotional control, yet openly angry." Idealized views of
masculinity are hypothesized to contribute to violence in two ways.
First of all, the masculine role requires denial of wide variety of
emotions that might be considered feminine. Anger is considered an
acceptable emotion; therefore, denied feelings are often expressed as
anger. Secondly, the contradictory nature of the masculine role
contributes to aggressive responses. The unrealistic requirements of
the role create considerable frustration. Sex role socialization
restricts acceptable expression of this frustration. Responses to
frustration such as creativity are considered less acceptable than
responses that include physical aggression.

Empirical studies examining sex role identity and stereotypes in
abusive men have yielded contradictory results. Two studies comparing
abusive males to males in conflicted nonviolent relationships found no
significant differences on sex role identity (Coleman & Weinman, 1981;

Coleman et al., 1980). Another study found violent males to be masculine sex-typed when compared to males in conflicted and satisfied groups (Telch & Lindquist, 1984). Studies comparing abusive males to males from conflicted marriages have found no differences (Douglas et al., 1984) or that violent males are more traditional (Rosenbaum & O'Leary, 1981b).

Self-efficacy and learned helplessness are thought to interact in determining reactions of individuals exposed to aversive events (Turner et al., 1981). Percepts of self-efficacy are associated with expectations regarding controllability of the aversive event. Individuals with low self-efficacy are assumed to be more likely to view events as uncontrollable. Withdrawal, "emotional blunting" through drug or alcohol abuse, and depression, are postulated as responses to perceptions of uncontrollability. Individuals with high efficacy expectations are more likely to evoke previous strategies that have proven successful in rendering aversive events controllable by terminating them. Assertiveness and problem-solving are among the potential strategies used to control aversive events. Individuals with histories of using or witnessing violence as a means to terminate uncontrollable events may consider aggressive responses as possible solutions. Socialization in families where aggressive behavior has been used as a dominant coping strategy is thought to increase the likelihood of use of violent solutions to aversive events. This conceptualization is consistent with clinical impression; however, it has not been tested empirically.

To summarize, learned helplessness has been widely proposed as a theory relevant to marital violence. Empirical studies examining

correlates of learned helplessness and explanatory style in violent men and women have yielded contradictory results. Studies examining hypotheses directly related to explanatory style have been fraught with methodological and conceptual problems. Interventions designed to alleviate the cognitive, motivational, and affective deficits of learned helplessness have been recommended by a number of clinicians (Bagarozzi & Giddings, 1983; Margolin, 1979; Walker, 1978; 1979; 1984; Walker & Browne, 1985). Given the frequent use of learned helplessness theory in explanations of marital violence, the present study examined the predictions of learned helplessness by comparing couples in violent relationships to couples in conflicted nonviolent relationships and to satisfied couples on measures of explanatory style, self-esteem, sex role identity, and self-efficacy.

<div align="center">Hypotheses Examined</div>

Hypotheses Related to Explanatory Style

Given that partners in violent marriages have been found to demonstrate symptoms similar to subjects in learned helplessness experiments, the present study examined predictions of the attributional reformulation. Couples involved in abusive relationships were expected to differ from couples in comparison groups on standardized measures of explanatory style and self-esteem. Violent partners were expected to report a helpless explanatory style. Specifically, abusive couples were expected to: (a) make significantly more internal, global, and stable causal explanations for bad events, (b) make significantly more external, specific, and transient causal explanations for good events, and (3) demonstrate lower levels of self-esteem.

Hypotheses Regarding Sex Role Identity

The present study examined sex role identity in violent, conflicted, and satisfied groups. Previous empirical reports considering sex role identity and sex role socialization in abusive partners have yielded equivocal results. The following predictions were based on Walker's theorizing (1978; 1979; 1980; 1983; 1984; 1985; Walker & Browne, 1985) which describes violent partners as demonstrating highly sex-typed sex role identities: (a) Men in violent relationships were expected to obtain higher scores on a measure of masculinity and lower scores on a measure of femininity when compared to males in the satisfied and conflicted groups. (b) Abused females were expected to obtain higher scores on a measure of femininity and lower scores on a measure of masculinity in comparison with females in the comparison groups.

Hypotheses Relating to Self-Efficacy

Empirical reports have identified levels of self-efficacy as mediating learned helplessness deficits. Theoretical accounts have hypothesized that expectations of self-efficacy interact with learned helplessness in determining violent responses. Self-reported generalized efficacy expectations and efficacy expectations for social skills were considered in the present study. The following predictions were based on evidence that abusive couples have difficulties with assertion and limited repertoires of problem-solving skills. It was predicted that: (a) Males in abusive relationships would have lower expectations for social self-efficacy in comparison to abused women and both males and females in the conflicted and satisfied groups; and (b) Couples with violent marriages would report lower levels of generalized

self-efficacy than the comparison groups.

Hypotheses Relating to Family of Origin Violence

Studies have consistently identified family of origin violence in the histories of violent males. The present study expected to replicate these findings. In comparison with the conflicted and satisfied groups, males involved in abusive relationships were predicted to report that they had more frequent experience witnessing violence between their parents or experiencing child abuse.

Additional Considerations

In addition to examining specific hypotheses, the present study examined marital adjustment, explanatory style, self-efficacy, sex role identity, and family of origin violence to determine if these characteristics can be used to differentiate couples who resort to violence in response to marital conflict from those who choose other tactics. Consistent with a previous report, marital adjustment was expected to emerge as an important characteristic distinguishing violent and nonviolent couples. No specific predictions were made regarding what other variables might be identified as risk factors in marital violence.

Given that social service providers have been criticized as perpetuating violence by failure to identify abusive couples, the present study examined the correspondence between therapist reports of marital violence and a standardized measure of violent tactics. There were no specific predictions regarding the degree of correspondence.

CHAPTER III

METHOD

Design

An ex post facto static-group comparison served as the design for
the present study. This design establishes the effect of a treatment
by comparing a group that has received the treatment to one that has
not (Campbell & Stanley, 1963). In this study, couples who have
experienced marital violence were compared with two groups who have
not. In addition, two groups experiencing marital conflict were
compared with a group reporting marital satisfaction.

The static-group comparison design is appropriate for research in
which exposure to the treatment has already occurred and in situations
where subjects cannot be randomly assigned to experimental and control
groups. This design may be confounded by differential selection of
respondents for the comparison groups, given that random assignment to
groups cannot be accomplished (Campbell & Stanley, 1963). Demographic
variables were examined to determine whether statistical controls were
needed should differential selection be indicated by significant
between group differences on these variables.

Subjects

Subjects included 20 couples in each of the three groups (N =
120). Subjects in the violent group and conflicted nonviolent group
were recruited from couples presenting for martial therapy at mental

health and family service agencies in two large metropolitan areas and one smaller city (population of 40,000) in a southwestern state. Couples in the satisfied group were recruited from organizations in which couples participate (square dance groups, folk dance societies, and church related groups). The satisfied group was drawn from the same geographic area as the violent and conflicted groups. Subjects were volunteers and were not reimbursed for their participation. The average age of couples in the three groups was 37.28 years (range 21 to 66 years). Couples had been married an average of 10.44 years (range 1 to 43 years). Additional demographic variables were examined to describe the sample and are discussed in the Results section.

<div align="center">Instrumentation</div>

All subjects were asked to complete a packet including the following questionnaires:

<u>Screening Measures</u>

1. <u>The Dyadic Adjustment Scale</u> (DAS) was employed as a measure of level of marital adjustment and satisfaction (Spanier, 1976). The DAS is based on a theoretical conception of marital adjustment as a process. The outcome of the process of marital adjustment is assumed to be determined by the degree of: (a) troublesome marital differences; (b) interspousal tensions and personal anxiety; (c) marital satisfaction; (d) dyadic cohesion; and (e) consensus on matters of importance to marital functioning (Spanier & Filsinger, 1983).

The DAS was developed by comparing items on all existing measures of marital satisfaction to inclusion criteria based on the above definition. The DAS contains 32 items divided into four subscales (Dyadic Satisfaction, Dyadic Consensus, Dyadic Cohesion, and

Affectional Expression) which correspond to factor loadings (Spanier, 1976). Scores on individual subscales are most useful as clinical indicators of origins of marital problems. These subscales can be summed to provide an overall measure of dyadic adjustment, which is the most meaningful measure for purposes of research (Spanier & Filsinger, 1983).

The resulting scale has been used in over 500 studies (Spanier & Filsinger, 1983). Internal consistency reliability as measured by Chronbach's coefficient alpha for the total scale is .96 (Spanier, 1976). Three methods have been used to establish the validity of the DAS. First, content validity was ensured by only including items in the scale which had been evaluated by judges using stringent inclusion criteria. Second, items were included in the scale only if they differentiated married and divorced individuals. The scale has been found to discriminate between distressed and nondistressed couples (Margolin, 1978). Two methods have been used to suggest construct validity: The initial factor analyses of the scale were consistent with the theoretical definition of marital adjustment adopted by the author (Spanier, 1976). A subsequent study has replicated the initial factor analytic findings (Spanier & Thompson, 1982). Construct validity has also been indicated by high correlations between the DAS and another measure of marital adjustment, the Locke-Wallace Marital Adjustment Scale (Spanier, 1976).

The DAS was used in the present study as one criterion for determining group membership. Scores on the overall scale were used to identify couples experiencing marital distress. The scale has a theoretical range from 0 to 151 with higher scores indicating positive

adjustment. Subjects were included in the satisfied group based on guidelines recommended by Burger and Johnson (1979). These authors have suggested that a couple is distressed when one partner has a DAS score under 100. Thus, couples were included in the satisfied group when both partners obtained scores over 100 on the DAS. DAS scores were reported for the conflicted and violent groups; however, DAS scores were not used to exclude couples from these groups. Given that norms for distressed couples on the DAS have not been established, involvement in psychotherapy was considered a sufficient inclusion criterion for membership in the conflicted or violent groups.

2. The Conflict Tactics Scale (CTS) was used to assess the existence and level of violence (Straus, 1974; 1979; Straus et al., 1980). The CTS assesses different strategies for resolving conflicts of interest among family members. The behaviors described by the scale represent three major strategies of dealing with conflict: (a) use of rational discussion and argument, (b) use of verbal and nonverbal acts which are threatening or symbolically hurt the other; and (c) use of physical force. The CTS includes subscales measuring the use of Reasoning, Verbal Aggression, and Violence for various specific family relationships (that is, husband-to-wife, wife-to-husband, father-to-child, child-to-father, mother-to-child, child-to-mother, child-to-sibling, sibling-to-child). In addition, four role-relationship scores are available (that is, conjugal, father-child, mother-child, and sibling relationships). The role-relationship scores are obtained by summing across items comprising the Reasoning, Verbal Aggression, and Violence subscales for the pairs of specific relationships. For example, the conjugal role-relationship scores for Reasoning, Verbal

Aggression, and Violence are obtained by summing respective scores for the husband-to-wife and wife-to-husband scores.

The short form of the scale (Form A) limited to conflict between spouses was administered to participating couples (Straus, 1974; 1979). Form A of the CTS consists of a list of 18 actions couples might use in solving disagreements. The list begins with items that are low in coerciveness. Each successive item increases in coerciveness, with items toward the end of the list becoming increasingly aggressive. Subjects are asked to indicate the frequency of occurrence of each action in their marriage over the previous year on a six-point scale ranging from "Never" to "More than once a month." Subjects indicate the frequency with which they have performed each action and the frequency with which their spouse has performed each action.

The CTS has been used in a number of studies and has become the primary measure for operationalizing family violence in sociological research (Gelles, 1980). Norms derived from a nationally representative sample are available for all subscales of the CTS (Straus, 1979). Moderate to high reliability has been identified for the various subscales (Straus, 1974; 1979). Internal consistency (item-total correlations) for the husband-to-wife, wife-to-husband, and conjugal subscales for Reasoning have been found to be .74, .70, and .76, respectively. Respective coefficients for the husband-to-wife, wife-to-husband, and conjugal subscales for Verbal Aggression are .73, .70, and .88. For the scales measuring husband-to-wife, wife-to-husband, and Conjugal Violence, the respective coefficients are .76, .88, and .88. The validity of the CTS is not well-established; however, evidence is available for both concurrent and construct

validity. Concurrent validity for the Verbal Aggression and Violence subscales of the husband-to-wife, wife-to-husband, and conjugal subscales of the CTS has been established by comparing freshmen college students' descriptions of frequency of parental conflict tactics during their last year in high school to actual reports by parents. Evidence for the construct validity of the CTS is available from three sources: (a) CTS results are consistent with interview data. (b) The CTS has been successful in obtaining high rates of endorsement on items of physical aggression which are socially undesirable. (c) Correlations between the CTS and other variables have been consistent with both previous research and theory; for example, CTS studies have indicated high correlations between child abuse and spouse abuse and a childhood history of violence (Straus, 1979).

The current investigation used the CTS to determine group membership. A Conjugal Violence subscale score of one or more for either partner was used to identify couples for placement in the violent group. Scores on this subscale range from one to forty; however, endorsement of any item suggests couples have used physical force within the last year to solve disagreements. Recent research with the CTS has indicated that husbands tend to underreport and/or wives tend to overreport the violence performed by their husbands (Jouriles & O'Leary, 1985). Given this potential bias in reporting, scores of both partners were compared to decide group membership. Couples participating in therapy were placed in the conflicted group when neither partner endorsed items on the Violence subscale. Nonendorsement of CTS violence items was one criterion for inclusion of couples in the satisfied group.

Dependent Measures

    1. The Attributional Style Questionnaire (ASQ) was administered
to assess each subject's dispositional explanatory or attributional
style. The ASQ measures individual differences in explanations for
good and bad events on attributional dimensions that are assumed to be
important in depression and learned helplessness. These dimensions
include: internal versus external, stable versus unstable, and
specific versus global (Peterson & Seligman, 1984; Peterson et al.,
1982). The ASQ includes descriptions of six good events and six bad
events. Each description is followed by four questions. The first
question asks subjects to generate their own causal explanation for the
event. The authors decided to ask subjects to create their own cause,
rather than providing them with one, because the dimensions associated
with a particular cause have been found to vary across subjects. (That
is, causes such as low effort are considered stable by some respondents
and unstable by others). This open-ended question is not scored.
Internal versus external attributions are assessed by having subjects
indicate on a seven-point scale, whether the cause of the event is due
to something about themselves or something about other people or
circumstances. Similar ratings are obtained for stable versus unstable
and global versus specific attributions. Ratings on the three
dimensions are scored in the direction of increasing internality,
stability, and globality. Subscale scores for each dimension can be
formed by summing questions assessing that dimension separately for
good events and for bad events and then taking an average. In
addition, composite scores for good events and bad events can be
obtained by combining the dimension subscales. The authors (Peterson

et al., 1982) recommend use of the composite measures for research, as the individual dimension subscales have modest reliabilities (ranging from .44 to .69 as measured by coefficient alpha) and are intercorrelated. Internal consistency reliability coefficients for the composite measures are more acceptable. Alpha for the good event composite is .75, and .72 for the bad event composite. Test-retest reliabilities over a five week period are .70 for the composite for good events and .64 for the composite for bad events. ASQ composite scores for good events and bad events were used as dependent or predictor variables in the present research. The dependent measure scores range from 1.0 to 7.0, with higher scores indicating a tendency to make internal, global, and stable causal explanations.

The ASQ was originally developed on a sample of 130 college students. The scale has subsequently been used with a variety of populations including depressed outpatients, psychiatric inpatients, children (using a modified version), and prisoners (Peterson & Seligman, 1984). Studies using the ASQ have provided support for both its criterion and construct validity. A comparison between ASQ scores and ratings by judges of internality, stability, and globality from written descriptions by subjects of the two worse events they had experienced in the past year yielded high correlations (Peterson et al., 1982). ASQ scores have been found to be highly correlated with depression as measured by the Beck Depression Inventory for college students (Seligman et al., 1979), lower class women (Peterson & Seligman, 1984), and depressed inpatients (Raps et al., 1982). Longitudinal studies have indicated that ASQ scores predict development of subsequent depression (Golin et al., 1981; Metalsky et al., 1982).

Attribution of negative outcomes to global, as opposed to specific, factors has been associated with generalizations of helplessness deficits across dissimilar situations (Alloy et al., 1984).

2. Rosenberg's Self-Esteem Scale was used to operationalize self-esteem (Rosenberg, 1962; 1979). The Rosenberg scale has been described as measuring self-regard (Wylie, 1974), self-acceptance (Crandall, 1973), and the emotional aspect of self-esteem (Fleming & Courtney, 1984). The most recent factor analysis of the scale suggests that it is unidimensional and provides a global measure of self-esteem (Fleming & Courtney, 1984). The scale was developed from a sample of 5,024 high school juniors and seniors from ten randomly selected schools in New York City (Rosenberg, 1962). Subsequent research has used the scale to assess self-esteem with a wide variety of populations (Crandall, 1973; Wylie, 1974).

The Rosenberg scale has been found to have high reliability: The Guttman scale reproducability coefficient for the scale has been found to be .92 (Wylie, 1974). Internal consistency as assessed by coefficient alpha has been reported as .88 (Fleming & Courtney, 1984). Test-retest reliability for has been found to be .82 for one week (Fleming & Courtney, 1984) and .85 for two weeks (Wylie, 1974). Convergent validity of the scale has been supported by moderate to high correlations between the Rosenberg and other measures of self-esteem including the Coopersmith Self-Esteem Inventory, the Self-Rating Scale, the Kelly Repertory Test, the Health Self-Image Questionnaire, the Self-Acceptance scale of the California Personality Inventory and interviewer's ratings of self-esteem (Crandall, 1973; Fleming & Courtney, 1984; Rosenberg, 1979; Wylie, 1974). Evidence for the

construct validity of the scale is established by data indicating that positive self-esteem is related to low levels of shyness, depression, and psychosomatic complaints and to high levels of assertiveness and involvement in extra-curricular activities (Rosenberg, 1962; 1979). Self-esteem as measured by the Rosenberg scale has been found to be negatively correlated with scales measuring anxiety, depression, and anomie (Fleming & Courtney, 1984).

The Rosenberg scale consists of ten items. The original format included a four-point Guttman scale ranging from "strongly agree" to "strongly disagree." A six-point Likert format suggested by Fleming and Courtney (1984) was used in the present study. Subjects were asked to indicate their extent of agreement with items on a scale from "strongly agree" to "strongly disagree", with no neutral position. This dependent measure was scored by reversing items balanced for response sets and then summing across each subject's ratings on all items. Scores on the scale range from 10 to 60. High scores indicate positive self-esteem.

3. The Self-efficacy Scale was used to obtain measures of generalized efficacy expectations and social self-efficacy expectations (Sherer et al., 1982; Sherer & Adams, 1983). The instrument assesses efficacy expectations drawn from past experiences and tendencies to attribute success to skill rather than chance factors. These general expectancies are assumed to be most influential in situations the individual perceives as ambiguous. The scale was developed by generating items reflecting willingness to initiate behavior, willingness to expend effort in completing behavior, and persistence in the face of adversity. Factor analysis identified two factors.

Seventeen items which loaded on the first factor comprise the General Self-efficacy Scale. The Social Self-efficacy Scale is comprised of the six items which loaded on the second factor. This division was replicated in factor analysis of items using a second sample. Internal consistency reliability for the Generalized subscale is reported to be .86 (alpha). Reliability for the Social subscale is .71 (Sherer et al., 1982).

Evidence for construct validity of the Self-efficacy Scale has been reported, though results are more adequate for the Generalized than the Social subscale (Sherer et al., 1982; Sherer & Adams, 1983). The scale has been correlated with measures of a number of personality characteristics that are related to the construct of self-efficacy. The Generalized subscale has been found to be moderately related to scores on the Locus of Control Scale, the Ego Strength Scale, the Interpersonal Competency Scale, and the Rosenberg Self-Esteem Scale. Scores on both the Generalized and Social subscales have been found to be negatively related to adjustment as measured by the Depression, Psychasthenia, and Social Introversion subscales of the Minnesota Multiphasic Personality Inventory. Positive correlations with both Self-efficacy subscales and the Masculinity scale of the Bem Sex-Role Inventory and high scores on the Rathus Assertiveness Inventory have been interpreted as consistent with the conceptualization of self-efficacy as a willingness to persist in and initiate behavior. Criterion validity for the scale has been established by comparing scores with past successes in vocational, educational, and military areas. For inpatients at a VA Medical Center, scores on the Generalized Self-efficacy Scale predicted current employment status,

highest level of education completed, and highest rank obtained in the military. A negative relationship was observed between Social Self-efficacy and number of times subjects quit or were fired from jobs.

The 23 items of the Self-efficacy Scale are administered to subjects in a Likert format. Subjects are asked to indicate the extent of their agreement on a five-point scale ranging from "strongly agree" to "strongly disagree." Scores on the subscales are obtained by summing the appropriate items. The Generalized subscale scores range from 5 to 85, with the scores on the Social subscale ranging from 5 to 30. The subscales are scored with high scores indicating high efficacy expectations.

4. The short form of the Personal Attributes Questionnaire (PAQ) was used as a dependent measure of masculinity and femininity. The PAQ was developed by identifying 55 items from the Sex Role Stereotype Questionnaire (Rosenkrantz, Vogel, Bee, Broverman, & Broverman, 1968) which met two criteria. An item was included in the PAQ when significant differences were found in the ratings of the typical and ideal member of each sex and when men and women rated themselves as different on the characteristic (Spence & Helmreich, 1978; Spence, Helmreich, & Stapp, 1974; 1975).

The PAQ is divided into three subscales. The Masculinity (or Male-Valued) subscale includes items which describe characteristics rated as socially desirable by both genders but believed to occur to a greater degree in males. The Femininity (or Female-Valued) subscale is comprised of items which describe characteristics rated as socially desirable in both sexes but thought to occur more often in females. The Masculinity-Femininity (or Sex-specific) subscale includes items on

which the direction of mean ratings was different for men and women; that is, ratings for the ideal man were in the masculine direction and ratings for the ideal woman were in the feminine direction. Part-whole correlations between ratings on individual items and their respective subscales indicated that each item is more highly correlated with the scale to which it was assigned than with the other scales. The short form of the scale was developed by identifying eight items from each of the three scales with the highest part-whole correlations (Spence & Helmreich, 1978).

Evidence for the reliability and validity of the PAQ has been satisfactory. For the short form, respective internal consistency reliability coefficients for the Masculinity, Femininity, and Masculinity-Femininity subscales have been reported to .85, .82, and .78 (Spence & Helmreich, 1978). Thirteen week test-retest reliabilities for total scores on the subscales have been reported to be .80 for males and .91 for females (Spence et al., 1974). Spence and Helmreich (1978; Spence, 1984) provide support for the criterion and construct validity of the PAQ. These authors report relationships between the PAQ and a variety of different measures for high school students, college students, homosexuals, female varsity athletes, and scientists. For the high school and college populations, males tend to score higher on the Masculinity and Masculinity-Femininity subscales and females tend to score higher on the Femininity subscale and lower on the Masculinity-Femininity subscale. For both men and women, positive self-esteem has been associated with high scores on the Masculinity and Femininity subscales. High femininity (that is, high scores on the Femininity subscale and low scores on the Masculinity-

Femininity subscale) has been associated with high scores on a measure of empathy. High correlations were found for both males and females between Masculinity scores and achievement as measured by the Work and Family Orientation Questionnaire. In comparison to heterosexual males, male homosexuals were found to score significantly lower on the Masculinity and Masculinity-Femininity subscales and higher on the Femininity subscale. Lesbians scored higher on Masculinity and Masculinity-Femininity than a comparison group of heterosexual females. Female varsity athletes scored higher on the Masculinity and Masculinity-Femininity subscales and lower on the Femininity subscale when compared with college students in general. Female scientists were found to score higher on the Masculinity and Masculinity-Femininity subscales that college students. Male scientists were also found to score higher on the Masculinity and Masculinity-Femininity subscales when compared to college students. Spence and Helmreich (1978) interpret this pattern of findings as providing substantial evidence that masculinity and femininity, as determined by self-report on the PAQ, have important implications for real-life behaviors.

PAQ items are presented in a bipolar format. Items consist of verbal descriptions of the extremes of a characteristic (e.g., Not at all independent - Very independent). Subjects are asked to rate themselves on each item on a five-point Likert scale. Responses for each item are rated on a scale from 0 to 4. Short form subscale scores have a range from 0 to 32 and are obtained by summing ratings on the items comprising each subscale. High scores on the Masculinity and Masculinity-Femininity subscales indicate an extreme masculine response. High scores on the Femininity subscale and low scores on the

Masculinity-Femininity subscale represent an extreme feminine response.

The PAQ is based on the theoretical view of masculinity and femininity as representing a duality, instead of a single bipolar dimension (Spence et al., 1975). According to this view, every individual, regardless of gender, is assumed to possess both masculine and feminine characteristics. Masculinity is conceptualized in terms of instrumental behaviors, that is, actions necessary for coping with the external environment and getting things done. Femininity is conceptualized in terms of expressive or communal attributes, which include emotional reactivity and a concern for others. PAQ Masculinity and Femininity subscales provide measures of this duality. In contrast, the Masculinity-Femininity subscale is a bipolar description of sex roles. For the purposes of the present study, only the Masculinity and Femininity subscales were computed.

5. A modified version of the CTS was used to assess strategies for solving problems utilized in respondents' families of origin. Subjects were asked to indicate for each CTS strategy: (a) whether their parents used this behavior in conflicts with them when they were children or (b) whether their parents used this action to resolve problems between themselves. Responses were scored only for presence or absence of abuse. Affirmative responses to any item from the Violence subscale was considered indicative of history of violent solutions to problems between parents in the respondent's family of origin. Given the normative use of physical aggression in parenting, abuse as a child was limited to endorsement of severe violence items on the CTS (i.e., kicked, bit, or hit with a fist; hit or tried to hit with something; beat up the other one; threatened with a knife or gun;

used a knife or gun). Less violent items were not scored as child abuse (i.e., threw something at the other; pushed, grabbed, or shoved the other one; slapped or spanked the other one).

Previous studies inquire about violence in family of origin by asking direct questions such as: "Did you ever see your father hit your mother?"; "How often did you receive severe beatings from your parents?" (Rosenbaum & O'Leary, 1981b; Telch & Lindquist, 1984). A modification of the CTS was chosen to assess experience with abuse in family of origin instead of direct questions for the following reasons: First, use of CTS items describing specific behaviors was expected to decrease the subjective component associated with defining terms such as "severe beatings." Second, CTS items have been found to elicit low levels of antagonism, have low refusal rates, and result in high endorsement rates for socially undesirable behaviors (Straus, 1979). For these reasons, subjects were expected to be more willing to acknowledge family of origin experience with behaviors described than to endorse more direct questions.

6. In addition to these measures, subjects were given a personal data questionnaire requesting demographic information (age, years of education, sex, religion, race, occupation, income, number of children). Couples were also asked to indicate the length of their marriages and whether or not they had been married previously. Couples recruited from mental health and family service agencies were asked to indicate the major reason they came in for therapy (e.g., problem with child, problem specific to one of the partners, problems with the marriage leading to difficulty with communications, sexual problems, problems with violence.)

Procedure

Data were obtained from anonymous, confidential, written responses to the questionnaire battery. Couples recruited from social service agencies were informed of the study and invited to participate by their therapists. Those indicating an interest were given numbered packets containing instructions and the questionnaires. Therapists were asked to indicate, using the identification number on the packets, if the couple had reported physical violence in their relationship over the previous year. Marital partners were asked to complete items independently. Subjects were instructed to answer questions to reflect the most accurate overall picture of their marital relationship. They were asked to respond to items involving issues that might have changed during therapy in the way that they would have responded prior to beginning therapy. Participants were asked to complete questionnaires within the period of one week. Packets were returned directly to the participating agencies or mailed to the researcher. A similar procedure was used to recruit subjects for the satisfied groups. All couples in this group received a face-to-face invitation by the researcher to participate. Feedback was provided to subjects through a brief summary of the purpose and results of the study that was given to representatives of participating agencies and organizations.

This procedure yielded a return rate of 51 percent for the couples groups and 66 percent for the therapy groups. Of the 47 questionnaire packets returned from couples groups, 20 were selected for inclusion in the satisfied group. Subjects were not included in the sample because of: only one partner returning the questionnaire (five), missing data (eight), endorsement of CTS Violence subscale

items (twelve), and one partner reporting DAS scores less than 100 (two). Five additional couples were excluded from the group via random selection to obtain a sample size of 20. Twenty couples were selected for inclusion in the conflicted and violent groups from the 68 questionnaire packets returned from social service agencies. Subjects were excluded from these samples because of: only one partner returning the questionnaire (nine), missing data (five), and "problem with a child" reported as the only reason for seeking therapy (five). Nine couples endorsing CTS Violence subscale items were excluded by random selection to obtain sample sizes equal to 20 in all three groups.

CHAPTER IV

RESULTS

Demographic Analyses

A description of males and females in the three groups on selected demographic variables is provided to facilitate comparison to other research samples. Tables I and II provide a summary of these variables. To assess possible differences in the violent, conflicted, and satisfied groups due to sampling error, chi square analyses or analyses of variance (ANOVAS) and multiple comparisons using Tukey's HSD test were employed. SAS FREQ and SAS ANOVA procedures were used to conduct these analyses (SAS Institute Inc., 1982)

The three groups were not significantly different in age, years married, race, religion, occupation, and income. The mean educational level of females in the three groups was 14.58 years; the three groups were not statistically different on this variable. The educational level of the males in the satisfied group (16.30 years) was higher than the men in the violent group (14.25 years) and the conflicted group (15.00 years), $F(5, 114) = 5.09$, $p < .008$. Males and females did not differ significantly in years of education completed. Significant differences were also indicated for males in number of previous marriages, $F(2, 114) = 5.53$, $p < .005$. Males in the abusive group reported more previous marriages in comparison to males in the conflicted and satisfied groups. There were no significant between

TABLE I

FREQUENCIES AND PERCENTAGES FOR DEMOGRAPHIC VARIABLES
FOR MALES AND FEMALES IN THE VIOLENT,
CONFLICTED, AND SATISFIED GROUPS

| | Frequency/Percent per Group | | | | | |
| Variable | Violent Group | | Conflicted Group | | Satisfied Group | |
	Males	Females	Males	Females	Males	Females
Race						
a. White	19/95	18/90	20/100	19/95	18/90	19/95
b. Black	1/5	0/0	0/0	0/0	1/5	1/5
c. American Indian	0/0	1/5	0/0	1/5	1/5	0/0
d. Hispanic	0/0	1/5	0/0	0/0	0/0	0/0
Religion						
a. Protestant	11/55	10/50	19/95	16/80	15/75	17/85
b. Catholic	4/35	6/30	0/0	1/5	2/10	1/5
c. Jewish	0/0	1/5	0/0	0/0	0/0	0/0
d. Other/No respnse	3/15	3/15	1/5	3/15	3/15	2/10
Occupation						
a. Professional/ Technical	10/50	4/20	13/65	8/40	10/50	12/60
b. Managerial/ Administrative	2/10	0/0	1/5	0/0	5/25	2/10
c. Homemaker	0/0	5/25	0/0	8/40	0/0	4/20
d. Sales Work	1/5	0/0	2/10	1/5	2/10	0/0
e. Clerical	1/5	5/25	0/0	2/10	0/0	1/5
f. Farm worker	0/0	0/0	0/0	0/0	0/0	0/0
g. Service worker	3/15	3/15	1/10	1/5	0/0	0/0
h. Laborer	2/10	2/10	2/10	1/5	1/10	0/0
i. Student	1/5	2/10	1/5	1/5	1/5	0/0
Gross Income Last Year						
a. 0—4,999	2/11	5/25	0/0	3/15	0/0	1/5
b. 5,000—9,999	0/0	3/15	2/11	1/5	0/0	2/10
c. 10,000—14,999	4/21	3/15	1/5	2/10	1/5	1/5
d. 15,000—19,999	3/16	0/0	2/11	2/10	1/5	3/15
e. 20,000—24,999	1/5	3/15	4/21	3/15	3/15	2/10
f. 25,000—or more	9/47	6/30	10/53	9/55	15/75	11/55

TABLE II

MEANS AND STANDARD DEVIATIONS FOR DEMOGRAPHIC VARIABLES
FOR MALES AND FEMALES IN THE VIOLENT,
CONFLICTED, AND SATISFIED GROUPS

| | Mean/Standard Deviation | | | | | |
| Variable | Violent Group | | Conflicted Group | | Satisfied Group | |
	Males	Females	Males	Females	Males	Females
Age	35.10/ 10.09	33.65/ 8.99	38.90/ 8.48	39.50/ 16.92	41.50/ 10.97	38.70/ 9.97
Education	14.25/ 2.45	14.00/ 2.34	15.00/ 2.55	14.25/ 2.67	16.30/ 2.79	15.50/ 2.56
Years Married	9.90/ 10.18	9.85/ 10.21	9.25/ 6.01	9.30/ 6.01	12.20/ 10.82	12.15/ 10.98
Number of Previous Marriages	0.75/ 0.71	0.65/ 0.81	0.45/ 0.51	0.50/ 0.52	0.25/ 0.55	0.25/ 0.44

group differences for females, nor were significant differences identified between males and females for number of marriages. A decision was made not to adopt these variables as covariates in evaluating dependent measures. This decision was based on the following observations: (a) significant differences in education and previous marriages were restricted to part of the sample, and (b) there were no significant differences between males and females. The gain in decreased error variance for one part of the sample was not balanced by the costs due to ambiguity of interpretation associated with covariance analyses (Tabachnick & Fidell, 1983).

Marital Adjustment

Marital satisfaction on the DAS is indicated by scores over 100. DAS scores of over 100 for both partners were required for a couple to be included in the satisfied group. DAS scores were not considered as part of the criterion for inclusion for the two therapy groups, and some partners in the conflicted and violent groups reported DAS scores over 100. For this reason, analysis of variance was used to compare the groups on marital satisfaction. The satisfied group was significantly higher in general marital satisfaction ($\underline{M}$ = 119.18) than the conflicted group ($\underline{M}$ = 91.43) and the violent group ($\underline{M}$ = 83.30), $\underline{F}$(5, 114) = 42.89, $\underline{p}$ < .0001. The two therapy groups did not differ from each other in their reports of marital satisfaction.

Level of Violence

Mean husband-to-wife and wife-to-husband CTS score are provided for males and females in each of the three groups. Refer to Tables III through V for a description of these items. The moderate agreement between males and females on individual CTS items is consistent with

TABLE III

MEANS FOR CONFLICT TACTICS SCALE ITEMS
FOR THE VIOLENT GROUP

		Males		Females	
		Mean Husband to Wife	Mean Wife to Husband	Mean Husband to Wife	Mean Wife to Husband
a.	Tried to discuss the issue calmly	4.16	3.80	2.90	4.20
b.	Did discuss the issue relatively calmly	3.79	3.75	2.65	3.25
c.	Got information to back up my side of things	2.89	1.85	1.85	2.75
d.	Brought in or tried to bring in someone else to help settle things	2.21	1.75	1.25	2.10
e.	Insulted or swore at the other one	3.21	3.75	2.80	3.47
f.	Sulked and/or refused to talk about it	2.68	3.55	3.55	3.45
g.	Stomped out of the room or house or yard	2.16	2.70	3.35	2.55
h.	Did or said something to spite the other one	3.05	3.30	3.40	2.50
i.	Threatened to hit or throw something at the other one	1.11	1.47	1.80	0.75
j.	Threw or smashed or hit or kicked something	1.75	1.65	2.15	1.10
k.	Threw something at the other one	0.47	0.75	1.00	.065
l.	Pushed, grabbed, or shoved the other one	1.10	1.05	1.05	1.25
m.	Slapped or spanked the other one	0.68	0.80	0.95	0.80
n.	Kicked, bit, or hit with a fist	0.53	0.74	0.90	0.65
o.	Hit or tried to hit with something	0.21	0.70	1.10	0.55
p.	Beat up the other one	0.21	0.05	0.60	0.00
q.	Threatened with a knife or gun	0.00	0.05	0.30	0.00
r.	Used a knife or gun	0.00	0.00	0.00	0.00

Scoring: 0 = never; 1 = once that year; 2 = two or three times,
          3 = often, but less than once a month; 4 = about once a
          month; 5 = more than once a month

TABLE IV

MEANS FOR CONFLICT TACTICS SCALE ITEMS
FOR THE CONFLICTED GROUP

	Males		Females	
	Mean Husband to Wife	Mean Wife to Husband	Mean Husband to Wife	Mean Wife to Husband
a. Tried to discuss the issue calmly	3.50	3.10	3.60	4.10
b. Did discuss the issue relatively calmly	2.25	2.80	3.55	3.85
c. Got information to back up my side of things	2.55	2.40	2.10	2.45
d. Brought in or tried to bring in someone else to help settle things	1.05	1.00	0.35	1.05
e. Insulted or swore at the other one	1.20	1.35	0.70	0.90
f. Sulked and/or refused to talk about it	2.25	2.30	1.95	2.70
g. Stomped out of the room or house or yard	0.80	1.70	1.40	1.85
h. Did or said something to spite the other one	1.35	1.65	1.40	1.95
i. Threatened to hit or throw something at the other one	0.05	0.15	0.05	0.15
j. Threw or smashed or hit or kicked something	0.15	0.40	0.15	0.30
k. Threw something at the other one	0.00	0.00	0.00	0.00
l. Pushed, grabbed, or shoved the other one	0.00	0.00	0.00	0.00
m. Slapped or spanked the other one	0.00	0.00	0.00	0.00
n. Kicked, bit, or hit with a fist	0.00	0.00	0.00	0.00
o. Hit or tried to hit with something	0.00	0.00	0.00	0.00
p. Beat up the other one	0.00	0.00	0.00	0.00
q. Threatened with a knife or gun	0.00	0.00	0.00	0.00
r. Used a knife or gun	0.00	0.00	0.00	0.00

Scoring: 0 = never; 1 = once that year; 2 = two or three times;
3 = often; but less than once a month; 4 = about once a
month, 5 = more than once a month

TABLE V

MEANS FOR CONFLICT TACTICS SCALE ITEMS
FOR THE SATISFIED GROUP

		Males		Females	
		Mean Husband to Wife	Mean Wife to Husband	Mean Husband to Wife	Mean Wife to Husband
a.	Tried to discuss the issue calmly	3.75	3.75	3.65	3.65
b.	Did discuss the issue relatively calmly	3.80	3.65	3.80	3.55
c.	Got information to back up my side of things	1.45	1.25	2.50	2.30
d.	Brought in or tried to bring in someone else to help settle things	0.10	0.25	0.20	0.50
e.	Insulted or swore at the other one	0.85	0.55	0.80	1.25
f.	Sulked and/or refused to talk about it	1.10	1.35	1.45	1.35
g.	Stomped out of the room or house or yard	0.35	0.70	0.65	1.00
h.	Did or said something to spite the other one	0.65	0.90	0.75	0.95
i.	Threatened to hit or throw something at the other one	0.05	0.00	0.00	0.05
j.	Threw or smashed or hit or kicked something	0.05	0.45	0.15	0.25
k.	Threw something at the other one	0.00	0.00	0.00	0.00
l.	Pushed, grabbed, or shoved the other one	0.00	0.00	0.00	0.00
m.	Slapped or spanked the other one	0.00	0.00	0.00	0.00
n.	Kicked, bit, or hit with a fist	0.00	0.00	0.00	0.00
o.	Hit or tried to hit with something	0.00	0.00	0.00	0.00
p.	Beat up the other one	0.00	0.00	0.00	0.00
q.	Threatened with a knife or gun	0.00	0.00	0.00	0.00
r.	Used a knife or gun	0.00	0.00	0.00	0.00

Scoring: 0 = never; 1 = once that year; 2 = two or three times;
3 = often; but less than once a month; 4 = about once a
month, 5 = more than once a month

previous reports (Jouriles & O'Leary, 1985). Sixteen of the couples in the abusive group endorsed items indicating severe violence (items $\underline{n}$ through $\underline{r}$). The remaining four couples in the violent group reported multiple occurrences of less severe aggression (items $\underline{k}$ through $\underline{m}$).

The CTS was effective in eliciting self-reports by subjects of socially undesirable behaviors. A comparison of CTS responses and therapists' reports of violence indicated that there were no false positives: In no case did therapists report the presence of marital violence in couples who failed to endorse CTS items. Interestingly, only 41% of the violent group were correctly identified by therapist reports. Therapists were unaware of the presence of abuse in 59% of the couples who endorsed Violence subscale items on the CTS.

Reasons identified by couples for presenting for marital therapy are indicated in Table VI. Reported are percentages of males and females in the conflicted and violent groups who indicated they sought therapy for any of the following reasons: problems with a child, problems specific to self or spouse, problems with communication or arguing within the marriage, sexual problems, and problems with physical violence. Of those couples endorsing Violence subscale items on the CTS, only 35% of females and 25% of males identified marital violence as a reason for seeking treatment.

Violence in Family of Origin

Predictions regarding differences in histories of violence in families of origin between the three groups were evaluated using chi square analyses. Four separate chi square analyses were conducted using the modification of the CTS discussed previously as a dependent measure. Males and females in the three groups were compared on: (a)

TABLE VI

REASONS FOR SEEKING PSYCHOTHERAPY ENDORSED
BY MALES AND FEMALES IN THE VIOLENT
AND CONFLICTED GROUPS

Reason	Percent Endorsed			
	Violent Group		Conflicted Group	
	Males	Females	Males	Females
a. Problem with child	30%	25%	20%	30%
b. Problem specific to yourself or to your spouse	45%	60%	30%	40%
c. Problems with communication or arguing within the marriage	65%	65%	60%	60%
d. Sexual problems	20%	25%	35%	25%
e. Problems with physical violence	25%	35%	0%	0%

history of abuse as a child, and (b) history of witnessing parents use violence as a solution to marital conflict. Contrary to prediction, the satisfied, conflicted, and violent groups did not differ significantly with regard to experience of violence in family of origin.

<div align="center">Attributional Style and Self-Esteem</div>

To evaluate hypotheses pertaining to explanatory style, a 2 X 3 multivariate analysis of variance (MANOVA) was performed using SAS ANOVA procedures (SAS Institute Inc., 1982). Independent variables were gender (male or female) and group (violent, conflicted, or satisfied). To account for the statistical dependence between marital partners, couples were nested within groups. Dependent variables included explanatory style for bad events (ASQB), explanatory style for good events (ASQG), and self-esteem (SELF-EST). The per hypotheses error rate was set at five percent. Planned comparisons using Dunn's (1961) multiple comparison procedures were used to evaluate predications that, in comparison to the satisfied and conflicted groups, males and females involved in abusive relationships were expected to: (a) make significantly more internal, global, and stable attributions for bad events, (b) make significantly more external, specific, and transient attributions for good events, and (c) have lower levels of self-esteem.

Significant differences between the three groups on the combined dependent variables was indicated by the use of Wilks' criterion, $F(6, 110) = 4.53$, $p < .0004$. Wilks' criterion did not indicate significant differences for gender or for the interaction between gender and group.

Contrary to prediction, planned comparisons failed to identify differences between the three groups for explanatory style. Means for the three groups for both good events and bad events were no larger than one standard deviation above and below the mean found for the nondepressed college sample on which the ASQ was standardized (Peterson et al., 1982). Planned comparisons identified significant differences between the groups for self-esteem. The violent group ($\underline{M}$ = 43.22) and conflicted group ($\underline{M}$ = 43.05) reported lower levels of self-esteem than did the satisfied group ($\underline{M}$ = 52.23). Levels of self-esteem for the two therapy groups were not significantly different.

Self-efficacy Expectations

Hypotheses related to self-efficacy were examined using a 2 X 3 MANOVA with couples nested in groups. Gender and group again served as independent variables. Dependent variables included generalized self-efficacy (GEN-SE) and social self-efficacy (SOC-SE). Dunn's multiple comparison procedures were used to evaluate a priori predictions that: (a) males and females in abusive relationships demonstrate lower levels of generalized self-efficacy than males and females in the satisfied and conflicted groups; and (b) males in abusive relationships have lower expectations for social self-efficacy in comparison to all females and males in the satisfied and conflicted groups.

Wilks' criterion failed to indicate significant differences for group, gender, or for the interaction between gender and group. Planned comparisons revealed differences between groups for generalized self-efficacy. The pattern of results was not consistent with predictions. Satisfied subjects reported the highest levels of self-efficacy ($\underline{M}$ = 65.9) with conflicted subjects reporting the lowest

levels ($\underline{M}$ = 61.13). Dunn's procedure indicated that the difference between these two groups was statistically significant. Generalized self-efficacy as reported by the violent group ($\underline{M}$ = 63.38) was not significantly different from levels reported by either the satisfied or conflicted groups. Dunn's procedure failed to support hypotheses regarding group differences for social self-efficacy.

Masculinity and Femininity

A third MANOVA was conducted to assess the prediction that couples involved in violent relationships demonstrate traditional sex role ascription as measured by: (a) abused females obtaining higher scores on a measure of femininity and lower scores on a measure of masculinity in comparison with females in the remaining groups; and (b) abusive males obtaining higher scores on a measure of masculinity and lower scores on a measure of femininity in comparison to males in the satisfied and conflicted groups. The dependent variables used in this analysis included masculinity (PAQ-M) and femininity (PAQ-F).

For the combined dependent variables, Wilks' criterion failed to indicate significant differences for group, or for the interaction between gender and group. Not surprisingly, Wilks' criterion identified significant gender differences, $\underline{F}$(2, 56) = 12.46, $\underline{p}$ < .0001. Dunn's multiple comparison procedure failed to identify differences between the groups for either dependent variable. Respective mean scores on masculinity for the violent, conflicted, and satisfied groups were 18.92, 19.7, and 19.7. These scores fall below the median score of 21 identified from normative samples (Spence & Helmreich, 1978). For femininity, respective mean scores for the violent, conflicted, and satisfied groups were 22.27, 22.73, and 22.68. Compared with normative

data, these values approach a median femininity value of 23 (Spence & Helmreich, 1978).

Discriminant Analyses

Direct discriminant function analyses were performed to determine which of the variables best predicted membership in the violent, conflicted, and satisfied groups. Discriminant function analysis assesses the importance of dependent variables in relation to independent variables in terms of their relative weights in an equation set up to predict group membership from knowledge of dependent variable scores (Tabachnick & Fidell, 1983). SAS DISCRIM and CANDISC Procedures were used for these analyses (SAS Institute, Inc., 1982). Analyses were performed separately for males and females. Predictor variables were explanatory style for bad events, explanatory style for good events, masculinity, femininity, generalized self-efficacy, social self-efficacy, abuse as a child (dummy coded), and witnessing abuse between parents (dummy coded).

For males, Wilks' Lambda shows highly significant discrimination among the three groups on the basis of the eight variables, $F(18, 98) = 2.49$, $p < .002$. The results obtained revealed a significant canonical correlation, $R^2 = .65$, $p < .002$. Overall, 63% of the males were correctly classified into groups based on the combined dependent variables. Percent correct classification per group included 50% for the violent group, 60% for the conflicted group, and 75% for the satisfied group. The most important factor that accounted for group differences was the Rosenberg Self-Esteem Scale, with the discriminant function coefficient equal to -.73.

For females, the combined dependent variables also resulted in

significant discrimination among the three groups as indicated by Wilks' Lambda, $F(18, 98) = 2.04$, $p < .01$. Overall 63% of females were correctly classified into their appropriate group, and the canonical correlation, $R^2 = .57$, $p < .01$, was significant. Percent correct classification per group included 60% for the violent group, 60% for the conflicted group, and 70% for the satisfied group. Self-esteem, with a discriminant function coefficient of -.76, was again identified as the most important factor accounting for differences between groups.

Additional discriminant function analyses were performed adding marital adjustment to the predictor variables. Results must be considered in light of the inclusion criteria for the satisfied group, which required a DAS score indicating marital satisfaction.

For males, Wilks' Lambda indicated significant discrimination between the groups on the combined dependent variables, $F(20, 96) = 3.03$, $p < .0002$. The canonical correlation obtained was significant, $R^2 = .74$, $p < .0002$. The overall percent correct classification was 66%. Percent correct classification per group included 55% for the violent group, 55% for the conflicted group, and 90% for the satisfied group. Marital adjustment and self-esteem emerged as the most important variables differentiating groups, with respective discriminant function coefficients equal to .86 and .64.

Significant discrimination between the three groups (as indicated by Wilks' Lambda) was also obtained for females, $F(20, 96) = 3.52$, $p < .0001$. Overall, 73% of females were correctly classified according to group, and the canonical correlation was significant, $R^2 = .76$, $p < .0001$. Percent correct classification was 70% for the violent group, 60% for the conflicted group, and 90% for the satisfied group. As was

the case with males, marital adjustment and self-esteem contributed the most to discrimination. The discriminant function coefficients were .88 for marital adjustment and .59 for self-esteem.

CHAPTER V

DISCUSSION

Clinical impression has identified cognitive variables assumed to
differentiate violent from nonabusive couples. Partners in violent
marriages have been hypothesized to demonstrate the cognitive
explanatory style characteristic of learned helplessness (Walker, 1978;
1979; 1980; 1981; 1983; 1984; Walker & Browne, 1985). The present
study predicted significant differences in explanatory style between
couples in violent and nonviolent marriages. In addition, significant
differences were predicted on two variables identified as important
mediators of learned helplessness, self-efficacy and sex role identity.
To assess whether differences observed were a function of violence
rather than marital discord, couples reporting marital violence and
marital satisfaction were compared to couples experiencing
dissatisfaction that did not include abuse.

External validity of results is limited by a number of
characteristics of the sample. Results may only be generalized to
couples in treatment at social service agencies and to partners in
satisfied marriages who choose to participate in groups for couples.
Application of findings to other samples is also limited by: (a) the
voluntary nature of participation, (b) low return rates, and (c) the
elimination of subjects because of missing data and failure to meet the
screening criteria for violence and marital satisfaction. The high

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educational level of the sample also restricts generalization of
results. It is possible that only highly educated people chose to
volunteer as subjects or to return questionnaires. Despite these
shortcomings, results obtained shed light on variables relevant to
theory and treatment of marital violence.

Results of the present study failed to replicate previous findings
that violent husbands are more likely than nonabusive husbands to have
experienced childhood abuse or observed parental spouse abuse (Coleman,
1980; Coleman & Weinman, 1981; Coleman et al., 1980; Gelles, 1980;
O'Leary & Curley, 1986; Rosenbaum & O'Leary, 1981b; Rouse, 1984;
Straus et al., 1980; Telch & Lindquist, 1984). It is possible the
groups sampled differ from previous clinical and nonclinical samples in
personal history of experiencing/witnessing violence as a child.

Alternatively, failure to replicate may result from inadequacies
in the modification of the CTS used to measure family of origin
violence. This instrument assessed history of abuse by considering the
occurrence of violent behavior. This allowed for a determination of
presence or absence of behaviors identified as severely violent, but
did not assess frequency. One study comparing violent, nonviolent
discordant, and satisfied couples assessed the relative contributions
of frequency and severity of violence, both in family of origin and in
the marital relationship (Rosenbaum & O'Leary, 1981b). Frequency of
abuse was found to account for a greater proportion of the variance
than did severity. When combined with frequency, severity was not
found to add to predictability. These findings suggest that a more
reliable measure of family of origin violence should consider the
number of times violent acts were experienced or observed.

Results did not support the hypotheses related to sex role
identity. Violent males were expected to score higher on masculinity
and lower on femininity than males in the comparison groups. Females
from abusive marriages were expected to score higher on femininity and
lower on masculinity than females from satisfied and conflicted
marriages. Previous studies examining sex role identity in violent
males and females have yielded contradictory results (Baum, 1982;
Coleman, 1981; Coleman & Weinman, 1981; Coleman et al., 1980; Douglas
et al, 1984; Graudal, 1982; Telch & Lindquist, 1984; Walker, 1984).
The present results fail to clarify the relationship between sex roles
and spouse abuse. Mean scores reported by partners in all three groups
were comparable to median scores for both masculinity and femininity
reported by the sample on which the PAQ was standardized.

The failure to identify differences between groups is not
surprising, considering the relatively high educational level of
respondents. Better educated individuals are likely to have less rigid
sex role stereotypes and less traditional attitudes. They are likely
to have developed both instrumental and communal characteristics, as
these qualities are required for success in educational, vocational,
and interpersonal activities (Spence & Helmreich, 1978).

Self-efficacy failed to emerge as an important variable
differentiating violent from nonabusive couples. There were no
differences between groups with regard to efficacy expectations in
social situations. These findings are inconsistent with clinical
reports that identify violent males as having limited communication
skills (Gondalf, 1985; Fitch & Papantonio; 1983; Ponzetti et al., 1982;
Sonkin et al., 1985) and with empirical reports that identify violent

males as having low levels of assertiveness (O'Leary & Curley, 1986; Rosenbaum & O'Leary, 1981b).

Differences between groups were identified with regard to generalized self-efficacy. Satisfied partners reported the highest levels of generalized self-efficacy, with conflicted partners reporting the lowest levels. Levels of generalized self-efficacy reported by violent partners were in the moderate range and did not differ statistically from the comparison groups. This pattern of results can be explained by the intrafamily resource theory of violence (Gelles & Straus, 1979). This theory purports that, in some families, violence functions as a "resource" that is used to solve problems that arise. Individuals who have used aggression to "successfully" resolve marital problems may have higher efficacy expectations than discordant partners who do not consider violence an acceptable solution to conflict. Violent partners may perceive themselves as having more control over the outcomes of marital conflicts and, therefore, be less likely to demonstrate a helpless explanatory style (Turner et al., 1981). Current findings are consistent with those of Rouse (1984), who found a relationship between the use of violent tactics and personal efficacy (as measured by a locus of control subscale) for a nonclinical sample of abusive males.

Before conclusions can be drawn about the impact of efficacy expectations on marital violence and marital discord, hypothesis testing using a microanalytic research methodology is indicated. Bandura (1977; 1982) argues that efficacy expectations vary across activities and situational circumstances and are not adequately assessed by an omnibus test. The Self-efficacy Scale (Sherer et al.,

1982; Sherer & Adams, 1983) used in the present research is a dispositional measure of efficacy expectations. A more definitive test of the role of efficacy expectations in marital conflict would assess perceived self-efficacy in a wide variety of conflict situations. Partners would be asked to indicate the degree of certainty that they can successfully resolve specific types of conflicts or use particular skills. Role plays could be used to assess the congruence between self-percepts of efficacy and actual performance.

Results failed to confirm hypotheses that partners in abusive relationships could be distinguished from satisfied couples and nonviolent discordant couples by a helpless explanatory style. These findings are consistent with previous studies (Coleman et al., 1980; O'Leary & Curley, 1986; Rosenbaum & O'Leary, 1981b; Telch & Lindquist, 1984) including similar comparison groups. These studies failed to support the unique contribution of a number of variables identified by clinical impression as highly related to marital violence.

Failure to identify predicted differences may be a function of the groups sampled. For women in violent marriages, susceptibility to learned helplessness and to the development of a helpless explanatory style has been hypothesized to result from a combination of variables including history of violence in family of origin and rigid sex role identity. In the present study, neither men nor women from violent marriages demonstrated these characteristics. An additional consideration is the possibility of differential selection of subjects. Partners who chose to complete and return questionnaires may have been characterized by a less helpless explanatory style. Differential

selection may have also occurred when questionnaires were eliminated from the statistical analysis because of missing data. In each case, the questionnaires were not considered because of incomplete ASQs.

Participation in marital therapy may contribute to the lack of clinically relevant differences between groups. Marital discord has been identified as a significant stressor that can produce both psychological and physical sequelae (Levenger, 1966). Couples experiencing dissatisfaction may develop beliefs that they are unable to control events in their marriage and in their lives outside the relationship. The decision to seek treatment and the skills learned in therapy are likely to increase expectations of controllability and mitigate helplessness symptoms. It is possible that couples completing questionnaires prior to beginning therapy would demonstrate more helpless explanatory styles.

Self-esteem emerged as an important predictor of group membership. Couples in treatment were found to have significantly lower levels of self-esteem in comparison to satisfied couples. There were no differences in levels of self-esteem between violent and conflicted groups; however, when the total sample was considered, level of self-esteem was identified as a clear predictor of marital violence.

<center>Theoretical Implications</center>

Lack of support for clinically meaningful differences between abusive and nonabusive couples on attributional style can also be interpreted as calling into question the viability of learned helplessness theory as an explanation for the consequences of participation in violent marriages. Previous attempts to test the learned helplessness model with abusive populations have failed to

provide empirical support (Baum, 1982; Graudal, 1982; Malhotra, 1983; Miller, 1981; Walker, 1984). Considered in conjunction with results of the present investigation, these studies question the usefulness of learned helplessness theory in the etiology and treatment of marital violence.

In the present study, only 30 percent of couples who endorsed severe levels of violence on the CTS identified "problems with physical violence in the family" as a reason for seeking psychotherapy. Two possible explanations are offered for this discrepancy. Contradictory norms about marital violence provide one explanation for why a majority of couples who used physical aggression to resolve marital conflicts did not view violence as a problem. Straus, Gelles, and Steinmetz (1980) argue that marital violence may be "taken for granted" because couples adopt implicit norms that are in direct contradiction to societal norms and legal statutes which oppose spouses hitting each other. Support for this hypothesis is provided by results of an epidemiologic study of family violence conducted by these authors that found that one out of four wives and one out of three husbands viewed couples slapping each other as somewhat necessary, normal, or good. Assessment of this data led these authors to conclude that "the marriage license is a hitting license (Straus, et al., 1980, p. 31)."

A second explanation draws upon general attribution theory explanations of marital violence (Hotaling, 1980). According to this explanation, the discrepancy between self-reports of aggressive behavior and failure to consider aggression a problem may occur because the majority of couples in the violent group have not yet defined these violent actions by their partners as intentional. Given the

contradiction between viewing one's spouse as both emotionally close and violent, individuals are more likely to attribute aggressive behavior to the environment or situation rather than to some dispositional characteristic of their partner. Perceiving one's partner as intentionally violent is a process that often requires repeated occurrences of aggressive behavior. Empirical support has been provided for these assumptions. Giles-Sims (1983) presented interview data from women seeking shelter who completed a structured interview at intake and then six months later. Data suggested that these women viewed initial aggressive behaviors as isolated incidents. They sought no intervention and forgave their partners. These women began to see repeated violence as intentional when the boundaries in the relationship became closed. Hotaling (1980) argued that individuals begin to attribute violent intent to their partners when the aggressive behavior begins to constrict alternatives, threaten self-esteem, or disrupt established patterns of interaction.

The attribution theory formulation might predict changes in learned helplessness and self-efficacy to occur over time, as individuals come to define their marriages as violent. It is possible that expectations of future uncontrollability would develop with increasing marital discord and repeated occurrences of noncontingent violence. One might expect couples who have defined their marriages as violent to have developed expectations of uncontrollability regarding the resolution of marital conflicts and to demonstrate a helpless explanatory style. If physical aggression is viewed as a resource to increase expectations of control, the attribution theory formulation might predict increases in efficacy expectations for resolving conflict

to occur as partners begin to define their marriages as violent. Tests of these hypotheses could be conducted by obtaining data from couples who are presenting for intervention at an agency identified for the treatment of domestic violence and comparing it to responses of partners in therapy who report physical aggression on the CTS but do view it as problematic.

Attribution theory can also be used to explain the number of satisfied couples who were excluded from the data analysis because they endorsed Violence subscale items on the CTS and the number of couples from the clinical samples who reported both violence and marital satisfaction. Alternative explanations can be drawn from the cycle of violence theory and family systems explanations. Clinical observations have indicated that most violent couples present for psychotherapy subsequent to an episode of acute violence. Couples are likely to drop out of treatment because they quickly move into the loving contrition or "honeymoon" phase of the violence cycle (Walker, 1979; 1985). Reports of marital satisfaction despite the occurrence of violent interactions might be a function of this "honeymoon" phase. A family systems explanation might consider the degree of cohesion or closeness in the marital relationship and the rigidity of marital interactional sequences (Cook & Frantz-Cook, 1984). Reported satisfaction may occur because of high levels of cohesion or enmeshment between marital partners. Violence may result when partners challenge established interactional patterns by introducing new behaviors.

Treatment Implications

Clinical observations of partners in abusive relationships have suggested the use of interventions designed to modify a helpless

cognitive style (Bedrosain, 1982). The present study found no
meaningful differences in explanatory style for couples in violent,
conflicted, and satisfied marriages. Given the limits of
generalization of current results, additional tests of the explanatory
style are indicated before conclusions are drawn about the usefulness
of interventions designed to alter attributional style.

Of those partners reporting violence on the CTS, only 41 percent
were correctly identified by their therapists as using violent
behaviors to solve problems. This finding is consistent with arguments
of social action proponents that social service providers often
perpetuate marital violence by failing to screen for abuse in both
individuals and couples who present for treatment (Walker, 1981).
Identification of marital violence is complicated by the attributional
process of defining one's marriage as violent. This process, combined
with contradictory norms regarding marital violence, may decrease the
likelihood that couples will voluntarily identify violence as a
concern.

Difficulties with identifying and screening for marital violence
suggest the need for additional multivariate studies to empirically
determine associated risk factors. Studies which consider variables
related to personality, family background, and current stressors and
life circumstances using discriminant function analyses would be
helpful in identifying which of these factors interact to increase the
probability of marital violence. Identification of key risk factors
would contribute to the early detection of and intervention in marital
violence. Risk factors identified in previous multivariate studies
have included marital adjustment (Rosenbaum & O'Leary, 1981b), alcohol

abuse (Coleman et al., 1980; Telch & Lindquist, 1984), and history of violence in the family of origin of males in violent marriages (Coleman et al., 1980; Rosenbaum & O'Leary, 1981b; Telch & Lindquist, 1984). The present investigation confirmed level of marital discord as an important variable predicting group membership. In addition, self-esteem was identified as an important factor in marital violence.

Summary

Marital violence has been identified as a pervasive problem with high costs in terms of psychological, social, and physical consequences. The present study examined variables that clinical observation has identified as differentiating violent from nonabusive couples. Methodological shortcomings of previous research were addressed by using adequate comparison groups, standardized measures, and multivariate statistical techniques.

Results failed to support learned helplessness explanations of marital violence. Regardless of presence or absence of abuse, couples in treatment were not meaningfully different on a measure of explanatory style. Couples in treatment and satisfied couples did not differ on a measure of sex role identity. The violent, conflicted, and satisfied groups did differ on self-esteem, which emerged as a significant variable differentiating the three groups. Level of marital adjustment was identified as another factor differentiating the three groups.

The violent group was found to have higher generalized expectations for self-efficacy than the conflicted group. This finding is consistent with theory which postulates that violence serves as a resource in some abusive marriages. There were no differences

between groups on social self-efficacy. Neither efficacy measure was useful in differentiating violent from nonabusive couples.

The present study failed to replicate previous findings that, in comparison with nonviolent males, abusive males have greater histories of violence in their families of origin. Absence of differences may have resulted because severity and not frequency of family of origin violence was assessed.

In the majority of cases, couples who reported severe aggression did not identify marital violence as a reason for seeking treatment. Also, in the majority of cases, therapists were unaware that violence had been used to solve conflicts between partners. These results suggest the need for specific assessment of marital violence and additional multivariate studies to identify risk factors for marital violence. Future studies which compare couples who present for problems of violence and couples who report physical aggression but do not consider violence problematic would further clarify risk factors.

Failure to identify differences between violent and nonviolent couples in treatment suggests the need for continued empirical investigations of factors clinical impression has identified as contributing to marital violence. Results emphasize the importance of comparing nonviolent discordant couples to violent couples to clarify which factors are specific to violence and which factors result from the effects of marital discord.

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APPENDIXES

APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

We are interested in getting some basic information about you and your family. Your answers to these questions will help us get a general idea of the characteristics of people who completed our questionnaire. Please fill in the blank or circle the appropriate category.

Age in years: _____

Sex: a. Male   b. Female

Years of Education Completed: _____

Race: a. White   d. Hispanic
        b. Black   e. Asian
        c. American Indian   f. Other _____

Religion: a. Protestant   c. Jewish
            b. Catholic   d. Other _____

Occupation: a. Professional/Technical   f. Farm worker
              b. Managerial/Administrative   g. Service worker
              c. Homemaker   h. Laborer (not farm)
              d. Sales Work   i. Student
              e. Clerical

Gross income last year: a. 0—4,999   d. 15,000—19,999
                          b. 5,000—9,999   e. 20,000—24,999
                          c. 10,000—14,999 f. 25,000 or more

How many children do you have? _____

How many years have you been married? _____

How many times have you been married previously? _____

Are you presently involved in counseling?   a. Yes   b. No

If you are currently seeing a counselor, which of the following categories best describes the reason(s) you sought counseling?
      a. problem with child
      b. problem specific to yourself or your spouse
      c. problems with communication or arguing within the marriage
      d. sexual problems
      e. problems with physical violence in the family
      f. not involved in counseling

APPENDIX B

ROSENBERG SELF-ESTEEM SCALE

DESCRIBE YOURSELF

Circle the number that best describes your agreement with each of
the following statements:

---

1 = Strongly Agree
2 = Agree
3 = Agree Somewhat
4 = Disagree Somewhat
5 = Disagree
6 = Strongly Disagree

---

1. I feel that I'm a person of worth, at   1 2 3 4 5 6
    least on an equal basis with others.

2. I feel that I have a number of good   1 2 3 4 5 6
    qualities.

3. All in all, I am inclined to feel that   1 2 3 4 5 6
    I am a failure.

4. I am able to do things as well as most   1 2 3 4 5 6
    other people.

5. I feel I do not have much to be proud of.   1 2 3 4 5 6

6. I take a positive attitude toward myself.   1 2 3 4 5 6

7. On the whole, I am satisfied with myself.   1 2 3 4 5 6

8. I wish I could have more respect for   1 2 3 4 5 6
    myself.

9. I certainly feel useless at times.   1 2 3 4 5 6

10. At times I think I am no good at all.   1 2 3 4 5 6

APPENDIX C

PERSONAL ATTRIBUTES QUESTIONNARIE

The items below inquire about what kind of a person you think you are. Each item consists of a pair of characteristics, with the letters A - E in between. For example:

    Not at all Artistic   A....B....C....D....E   Very Artistic

Each pair describes contradictory characteristics—that is, you cannot be both at the same times, such as very artistic and not at all artistic.

The letters form a scale between the two extremes. You are to chose a letter which describes where you fall on the scale. For example, if you think you have no artistic ability you would choose A. If you think you are pretty good, you might choose D. If you are only medium, you might choose C, and so forth.

1.	Not at all aggressive	A....B....C....D....E	Very aggressive
2.	Not at all independent	A....B....C....D....E	Very independent
3.	Not at all emotional	A....B....C....D....E	Very emotional
4.	Very submissive	A....B....C....D....E	Very dominant
5.	Not at all excitable in a major crisis	A....B....C....D....E	Very excitable in a a major crisis
6.	Very passive	A....B....C....D....E	Very active
7.	Not at all able to devote self completely to others	A....B....C....D....E	Able to devote self completely to others
8.	Very rough	A....B....C....D....E	Very gentle
9.	Not at all helpful to others	A....B....C....D....E	Very helpful to others
10.	Not at all competitive	A....B....C....D....E	Very competitive
11.	Very home oriented	A....B....C....D....E	Very worldly
12.	Not at all kind	A....B....C....D....E	Very kind
13.	Indifferent to others' approval	A....B....C....D....E	Highly needful of others' approval
14.	Feelings not easily hurt	A....B....C....D....E	Feelings easily hurt
15.	Not at all aware of feelings of others	A....B....C....D....E	Very aware of feelings of others

16. Can make decisions   A....B....C....D....E   Has difficulty making
    easily   decisions

17. Gives up very easily   A....B....C....D....E   Never gives up easily

18. Never cries   A....B....C....D....E   Cries very easily

19. Not at all self-confident A....B....C....D....E   Very self-confident

20. Feels very inferior   A....B....C....D....E   Feels very superior

21. Not at all understanding A....B....C....D....E   Very understanding of
    of others   others

22. Very cold in relations   A....B....C....D....E   Very warm in
    with others   relations with others

23. Very little need for   A....B....C....D....E   Very strong need for
    security   security

24. Goes to pieces under   A....B....C....D....E   Stands up well under
    pressure   pressure

APPENDIX D

SELF-EFFICACY SCALE

Instructions:

Listed below are a series of statements. You will probably agree with some items and disagree with others. Please read each statement carefully. Then indicate the <u>extent</u> to which you agree or disagree by circling the number following each statement. The numbers and their meanings are listed below.

If you find that the numbers to be used in answering do not adequately reflect your own opinion, please use the one that is closest to the way you feel.

---

1 – Strongly Agree	2 – Somewhat Agree	3 – Neutral	4 – Somewhat Disagree	5 – Strongly Disagree

---

1.	I avoid facing difficulties.	1	2	3	4	5
2.	I give up on things before completing them.	1	2	3	4	5
3.	When I set important goals for myself, I rarely achieve them.	1	2	3	4	5
4.	When I have something unpleasant to do, I stick to it until I finish it.	1	2	3	4	5
5.	When trying to learn something new, I soon give up if I am not initially successful.	1	2	3	4	5
6.	I have acquired new friends through my personal abilities at making friends.	1	2	3	4	5
7.	If something looks too complicated, I will not even bother to try it.	1	2	3	4	5
8.	I avoid trying to learn new things when they look too difficult for me.	1	2	3	4	5
9.	I am a self-reliant person.	1	2	3	4	5
10.	If I meet someone interesting who is hard to make friends with, I'll soon stop trying to friends with that person.	1	2	3	4	5
11.	One of my problems is that I cannot get down to work when I should.	1	2	3	4	5
12.	I do not handle myself well in social gatherings.	1	2	3	4	5

	1 – Strongly Agree	2 – Somewhat Agree	3 – Neutral	4 – Somewhat Disagree	5 – Strongly Disagree				

13. When I'm trying to become friends with someone who seems uninterested at first, I don't give up easily.   1   2   3   4   5

14. Failure just makes me try harder.   1   2   3   4   5

15. When I decide to do something, I go right to work on it.   1   2   3   4   5

16. When I make plans, I am certain I can make them work.   1   2   3   4   5

17. I do not seem capable of dealing with most problems that come up in life.   1   2   3   4   5

18. When unexpected problems occur, I don't handle them well.   1   2   3   4   5

19. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.   1   2   3   4   5

20. If I can't do a job the first time, I keep trying until I can.   1   2   3   4   5

21. It is difficult for me to make new friends.   1   2   3   4   5

22. I feel insecure about my ability to do things.   1   2   3   4   5

23. I give up easily.   1   2   3   4   5

APPENDIX E

ATTRIBUTIONAL STYLE QUESTIONNARIE

Please try to vividly imagine yourself in the situations that follow. If
such a situation happened to you, what would you feel would have caused it?
While events may have many causes, we want you to pick only one--the major
cause if this event happened to you. Please write this cause in the blank
provided after each event. Next we want you to answer some questions about
the cause and a final question about the situation. To summarize, we want
you to:

1. Read each situation and vividly imagine it happened to you.
2. Decide what you feel would be the major cause of the situation if it
   happened to you.
3. Write one cause down in the blank provided.
4. Answer three questions about the cause.
5. Answer one question about the situation.
6. Go on to the next situation.

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

1. Write down the one major cause_____

2. Is the cause of the friend's compliment due to something about you
   or something about other people or circumstances?
   (circle one number)

   Totally due to
   other people or   1   2   3   4   5   6   7   Totally due
   circumstances   to me

3. In the future when you receive a compliment from a friend on your
   appearance, will this cause again be present?
   (circle one number)

   Will never again   Will always
   be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your receiving
   compliments or does it also influence other areas of your life?
   (circle one number)

   Influences just   Influences
   this particular   1   2   3   4   5   6   7   all situations
   situation   in my life

5. How important would this situation be if it happened to you?
   (circle one number)

   Not at all   Extremely
   important   1   2   3   4   5   6   7   important

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

1. Write down the one major cause_____

2. Is the cause of your unsuccessful job search due to something about
   you or something about other people or circumstances?
   (circle one number)

   Totally due to
   other people or   1   2   3   4   5   6   7   Totally due
   circumstances   to me

3. In the future when looking for a job, will this cause again be
   present?
   (circle one number)

   Will never again   Will always
   be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences looking for a job or
   does it also influence other areas of your life?
   (circle one number)

   Influences just   Influences
   this particular   1   2   3   4   5   6   7   all situations
   situation   in my life

5. How important would this situation be if it happened to you?
   (circle one number)

   Not at all   Extremely
   important   1   2   3   4   5   6   7   important

YOU BECOME VERY RICH.

1. Write down the <u>one</u> major cause_____

2. Is the cause of your becoming rich due to something about you or
   something about other people or circumstances?
   (circle one number)

   Totally due to
   other people or   1   2   3   4   5   6   7   Totally due
   circumstances   to me

3. In the future should you become rich, will this cause again be
   present?
   (circle one number)

   Will never again   Will always
   be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your becoming rich or
   does is also influence other areas of your life?
   (circle one number)

   Influences just   Influences
   this particular   1   2   3   4   5   6   7   all situations
   situation   in my life

5. How important would this situation be if it happened to you?
   (circle one number)

   Not at all   Extremely
   important   1   2   3   4   5   6   7   important

A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP.

1. Write down the <u>one</u> major cause_____

2. Is the cause of the friend coming to you with a problem and you're
   not trying to help due to something about you or something about
   other people or circumstances? (circle one number)

   Totally due to
   other people or   1   2   3   4   5   6   7   Totally due
   circumstances   to me

3. In the future when a friend comes to you with a problem and you
   don't try to help, will this cause again be present?
   (circle one number)

   Will never again   Will always
   be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your not trying to help
   a friend who has come to you with a problem or does it also
   influence other areas of your life?
   (circle one number)

   Influences just   Influences
   this particular   1   2   3   4   5   6   7   all situations
   situation   in my life

5. How important would this situation be if it happened to you?
   (circle one number)

   Not at all   Extremely
   important   1   2   3   4   5   6   7   important

YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACTS NEGATIVELY.

1. Write down the <u>one</u> major cause_____

2. Is the cause of the audience's negative reaction due to something about you or something about other people or circumstances? (circle one number)

   Totally due to
   other people or   1   2   3   4   5   6   7   Totally due
   circumstances   to me

3. In the future when you give a talk and the audience reacts negatively, will this cause again be present? (circle one number)

   Will never again   Will always
   be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences the ways audiences react to your talks or does it also influence other areas of your life? (circle one number)

   Influences just   Influences
   this particular   1   2   3   4   5   6   7   all situations
   situation   in my life

5. How important would this situation be if it happened to you? (circle one number)

   Not at all   Extremely
   important   1   2   3   4   5   6   7   important

YOU DO A PROJECT THAT IS HIGHLY PRAISED.

1. Write down the <u>one</u> major cause_____

2. Is the cause of your being praised on the project due to something about you or something about other people or circumstances? (circle one number)

   Totally due to
   other people or   1   2   3   4   5   6   7   Totally due
   circumstances   to me

3. In the future when you are praised about a project, will this cause again be present? (circle one number)

   Will never again   Will always
   be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your receiving praise on a project or does it also influence other areas of your life? (circle one number)

   Influences just   Influences
   this particular   1   2   3   4   5   6   7   all situations
   situation   in my life

5. How important would this situation be if it happened to you? (circle one number)

   Not at all   Extremely
   important   1   2   3   4   5   6   7   important

YOU MEET A FRIEND WHO ACTS HOSTILELY TOWARDS YOU.

1. Write down the one major cause_____

2. Is the cause of the friend acting hostilely due to something about you or something about other people or circumstances?
(circle one number)

Totally due to
other people or   1   2   3   4   5   6   7   Totally due
circumstances   to me

3. In the future when a friend acts hostilely towards you, will this cause again be present?
(circle one number)

Will never again   Will always
be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your friend acting hostilely, or does it also influence other areas of your life?
(circle one number)

Influences just   Influences
this particular   1   2   3   4   5   6   7   all situations
situation   in my life

5. How important would this situation be if it happened to you?
(circle one number)

Not at all   Extremely
important   1   2   3   4   5   6   7   important

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.

1. Write down the one major cause_____

2. Is the cause of your not being able to get all the work done that others expect due to something about you or something about other people or circumstances?
(circle one number)

Totally due to
other people or   1   2   3   4   5   6   7   Totally due
circumstances   to me

3. In the future when you can't get all your work done, will this cause again be present? (circle one number)

Will never again   Will always
be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your not being able to get all the work done that others expect, or does it also influence other areas of your life? (circle one number)

Influences just   Influences
this particular   1   2   3   4   5   6   7   all situations
situation   in my life

5. How important would this situation be if it happened to you?
(circle one number)

Not at all   Extremely
important   1   2   3   4   5   6   7   important

YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) HAS BEEN TREATING YOU MORE LOVINGLY.

1. Write down the one major cause_____

2. Is the cause of your partner treating you more lovingly due to something about you or something about other people or circumstances? (circle one number)

    Totally due to
    other people or   1   2   3   4   5   6   7   Totally due
    circumstances   to me

3. In the future when your partner treats you more lovingly, will this cause again be present? (circle one number)

    Will never again   Will always
    be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your partner treating you more lovingly, or does it also influence other areas of your life?
    (circle one number)

    Influences just   Influences
    this particular   1   2   3   4   5   6   7   all situations
    situation   in my life

5. How important would this situation be if it happened to you?
    (circle one number)

    Not at all   Extremely
    important   1   2   3   4   5   6   7   important

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (e.g., IMPORTANT JOB, SCHOOL ADMISSION) AND YOU GET IT.

1. Write down the one major cause_____

2. Is the cause of your getting the position due to something about you or something about other people or circumstances?
    (circle one number)

    Totally due to
    other people or   1   2   3   4   5   6   7   Totally due
    circumstances   to me

3. In the future when you get a position you want very badly, will this cause again be present?
    (circle one number)

    Will never again   Will always
    be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your getting a position you want very badly, or does it also influence other areas of your life? (circle one number)

    Influences just   Influences
    this particular   1   2   3   4   5   6   7   all situations
    situation   in my life

5. How important would this situation be if it happened to you?
    (circle one number)

    Not at all   Extremely
    important   1   2   3   4   5   6   7   important

YOU GO OUT ON A DATE AND IT GOES VERY BADLY.

1. Write down the _one_ major cause_____

2. Is the cause of your date going badly due to something about you or
    something about other people or circumstances?
    (circle one number)

    Totally due to
    other people or   1   2   3   4   5   6   7   Totally due
    circumstances   to me

3. In the future when you go out a date that goes badly, will this
    cause again be present?
    (circle one number)

    Will never again   Will always
    be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your going out on dates
    or does it also influence other areas of your life?
    (circle one number)

    Influences just   Influences
    this particular   1   2   3   4   5   6   7   all situations
    situation   in my life

5. How important would this situation be if it happened to you?
    (circle one number)

    Not at all   Extremely
    important   1   2   3   4   5   6   7   important

YOU GET A RAISE.

1. Write down the _one_ major cause_____

2. Is the cause of your getting a raise due to something about you or
    something about other people or circumstances?
    (circle one number)

    Totally due to
    other people or   1   2   3   4   5   6   7   Totally due
    circumstances   to me

3. In the future when you get a raise, will this cause again be
    present?
    (circle one number)

    Will never again   Will always
    be present   1   2   3   4   5   6   7   be present

4. Is the cause something that just influences your getting a raise or
    does it also influence other areas of your life?
    (circle one number)

    Influences just   Influences
    this particular   1   2   3   4   5   6   7   all situations
    situation   in my life

5. How important would this situation be if it happened to you?
    (circle one number)

    Not at all   Extremely
    important   1   2   3   4   5   6   7   important

APPENDIX F

DYADIC ADJUSTMENT SCALE

DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

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

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

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

24. Do you and your mate engage in outside interests together? ☐ All of them   ☐ Most of them   ☐ Some of them   ☐ Very Few of them   ☐ None of them
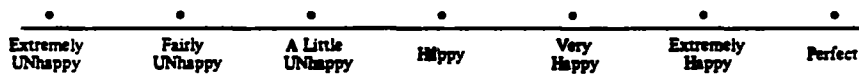
123

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

	Never	Less than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
25. Have a stimulating exchange of ideas	☐	☐	☐	☐	☐	☐
26. Laugh together	☐	☐	☐	☐	☐	☐
27. Calmly discuss something	☐	☐	☐	☐	☐	☐
28. Work together on a project	☐	☐	☐	☐	☐	☐

There are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinion or were problems in your relationship during the past few weeks. (Check yes or no.)

29. Being too tired for sex   ☐ yes   ☐ no
30. Not showing love   ☐ yes   ☐ no

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

•	•	•	•	•	•	•
Extremely UNhappy	Fairly UNhappy	A Little UNhappy	Happy	Very Happy	Extremely Happy	Perfect

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

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

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

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

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

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

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

APPENDIX G

CONFLICT TACTICS SCALE

No matter how well a couple gets along, there are times when they disagree about major decisions, get annoyed with something the other person does, or just have spats or fights because they're in a bad mood or tired or for some other reason. This questionnaire is designed to measure the different ways couples use to try to settle their differences.

We'd like for you to indicate how often you have done each item in the past year. Answer by circling the number that corresponds with your best guess of how often you have used this way to solve disagreements.

	0 = Never
	1 = Once that year
	2 = Two or three times
	3 = Often, but less than once a month
	4 = About once a month
	5 = More than once a month

a. Tried to discuss the issue calmly............... 0 1 2 3 4 5

b. Did discuss the issue relatively calmly......... 0 1 2 3 4 5

c. Got information to back up my side of things.... 0 1 2 3 4 5

d. Brought in or tried to bring in someone else
to help settle things............................ 0 1 2 3 4 5

e. Insulted or swore at the other one.............. 0 1 2 3 4 5

f. Sulked and/or refused to talk about it.......... 0 1 2 3 4 5

g. Stomped out of the room or house or yard........ 0 1 2 3 4 5

h. Did or said something to spite the other one.... 0 1 2 3 4 5

i. Threatened to hit or throw something at the
other one.. 0 1 2 3 4 5

j. Threw or smashed or hit or kicked something..... 0 1 2 3 4 5

k. Threw something at the other one................ 0 1 2 3 4 5

l. Pushed, grabbed, or shoved the other one........ 0 1 2 3 4 5

m. Slapped or spanked the other one................ 0 1 2 3 4 5

n. Kicked, bit, or hit with a fist................. 0 1 2 3 4 5

o. Hit or tired to hit with something.............. 0 1 2 3 4 5

p. Beat up the other one........................... 0 1 2 3 4 5

q. Threatened with a knife or gun.................. 0 1 2 3 4 5

r. Used a knife or gun............................. 0 1 2 3 4 5

We'd like you to look at the items again. This time we'd like to know how often your partner has done each item in the past year. Answer by circling the number that corresponds to your best guess of how often your partner has used this way to solve disagreements with you.

	0 = Never
	1 = Once that year
	2 = Two or three times
	3 = Often, but less than once a month
	4 = About once a month
	5 = More than once a month

a. Tried to discuss the issue calmly................ 0 1 2 3 4 5

b. Did discuss the issue relatively calmly......... 0 1 2 3 4 5

c. Got information to back up his or her side
   of things.. 0 1 2 3 4 5

d. Brought in or tried to bring in someone else
   to help settle things............................ 0 1 2 3 4 5

e. Insulted or swore at the other one.............. 0 1 2 3 4 5

f. Sulked and/or refused to talk about it.......... 0 1 2 3 4 5

g. Stomped out of the room or house or yard........ 0 1 2 3 4 5

h. Did or said something to spite the other one.... 0 1 2 3 4 5

i. Threatened to hit or throw something at the
   other one.. 0 1 2 3 4 5

j. Threw or smashed or hit or kicked something..... 0 1 2 3 4 5

k. Threw something at the other one................ 0 1 2 3 4 5

l. Pushed, grabbed, or shoved the other one........ 0 1 2 3 4 5

m. Slapped or spanked the other one................ 0 1 2 3 4 5

n. Kicked, bit, or hit with a fist................. 0 1 2 3 4 5

o. Hit or tired to hit with something.............. 0 1 2 3 4 5

p. Beat up the other one........................... 0 1 2 3 4 5

q. Threatened with a knife or gun.................. 0 1 2 3 4 5

r. Used a knife or gun............................. 0 1 2 3 4 5

We'd like you to look at the items one more time. This time, we'd like you to remember back to your family when you were a child. Using the first two columns, indicate by circling "Y" (yes) or "N" (no) whether either of your parents ever used each of the following ways to solve disagreements <u>with you</u>.

Then consider each item again and indicate whether your parents ever used this way to solve an argument <u>between themselves</u>.

Circle "Y" if an item was used to solve disagreements, "N" if it was not.

		DID YOUR PARENTS USE THIS WITH YOU?		DID YOUR PARENTS USE TO RESOLVE PROBLEMS BETWEEN THEMSELVES?	
a.	Tried to discuss the issue calmly..........	Y	N	Y	N
b.	Did discuss the issue relatively calmly....	Y	N	Y	N
c.	Got information to back up his or her side of things..............................	Y	N	Y	N
d.	Brought in or tried to bring in someone else to help settle things.................	Y	N	Y	N
e.	Insulted or swore at the other one.........	Y	N	Y	N
f.	Sulked and/or refused to talk about it.....	Y	N	Y	N
g.	Stomped out of the room or house or yard...	Y	N	Y	N
h.	Did or said something to spite the other one..	Y	N	Y	N
i.	Threatened to hit or throw something at the other one...............................	Y	N	Y	N
j.	Threw or smashed or hit or kicked something	Y	N	Y	N
k.	Threw something at the other one...........	Y	N	Y	N
l.	Pushed, grabbed, or shoved the other one...	Y	N	Y	N
m.	Slapped or spanked the other one...........	Y	N	Y	N
n.	Kicked, bit, or hit with a fist............	Y	N	Y	N
o.	Hit or tired to hit with something.........	Y	N	Y	N
p.	Beat up the other one......................	Y	N	Y	N
q.	Threatened with a knife or gun.............	Y	N	Y	N
r.	Used a knife or gun........................	Y	N	Y	N

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VITA

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