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Marital Assessment From the Clients' Perspective Using The Couple's Pre-Counseling Inventory: A Comparison of Mormon Couples with The Normative Sample

by

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Approval Page

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Abstract

This study investigated whether the scores of Mormons (members of The Church of Jesus Christ of Latter Day Saints) differed from the validity results of the Couple's Pre-Counseling Inventory revised (Stuart & Jacobson, 1987). Significant differences were found between the validity study and responses from the subjects suggesting these (differences) are crucial areas to consider when dealing with Mormon couples. The importance for therapists and researchers to consider and employ client's values as a part of therapeutic endeavors is discussed. A client's specific values are proffered as identifying them as part of a subculture (e.g. members of a church) as equally important and recognizable as the readily identified cultural groups. Knowing the values of a subcultural or cultural group, how they are demonstrated via daily life, and how they differ from standard scores given in validity studies are recommended as important to the therapeutic process; providing insights that can increase the efficacy of therapy.

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CHAPTER 1

INTRODUCTION

Immediately following the Second World War several governmental committees were called to investigate the incidence of marital breakdown and the threat it posed to family stability. Two of the committees, the Denning Report of 1947 and Harriss Report of 1948, acknowledged the "need for marriage counseling services". Concurring and expounding on this conclusion was a finding from the Family Welfare Association (FWA) that identified four tasks of the then Family Discussion Bureau (FDB). They were:

- to provide a service for people seeking help with marriage problems;
- to devise techniques appropriate to such a service;
- to evolve a method of training caseworkers;
- to find out something about the problem of inter-personal relationships as they reveal themselves in marital difficulties (Clulow, 1990).

The work of this bureau and others lead to development and progress in the field of family and marital relations. Clulow (1990) in reviewing notes from the first five years of the FDB's endeavors, and comparing them to the present efforts of the Tavistock Institute of Marital Studies,

noted how little the personal dimension of marital problems had changed in 40 years. Some examples of marital problems which seem to transcend the generations were: the addition of children to the marital dyad (Glenn & Weaver, 1978), communication patterns and interpreted meanings of messages both spoken and nonverbal (Shibutani, 1961), as well as financial strains (Gilder, 1974). While much attentionhas been given to these seemingly pervasive marital difficulties, less attention has been given to their various multicultural interpretations and manifestations. The classifications of marital difficulties seem to remain similar, yet among them there is a noticeable exception; the diversity seen in the personal and relationship characteristics specific to ethnic/subculture groups. Therefore, it seems reasonable that along with becoming familiar with the categories of marital difficulty and the procedures of marriage therapy, it is important for marriage and family counselors to be aware of the values, behaviors, and cognitive and emotional patterns that are specific to a person's culture and subculture.

The significance of cultural diversity in marital psychology has been discussed by numerous authors. Rappaport (1977) identified cultural relativity as one of the defining aspects of the field of psychology as well as a crucial burgeoning area. Others through the years have also concurred with the necessity to explore and integrate

subcultural views into research and therapy. Escovar (1983) spoke of the importance of historical and philosophical views, while Halford, Hahlweg, & Dunne (1990) discussed communication and distress within cultures, and Forgas (1983) outlined features of cultural perception and salience. In addition to these studies, the integration of subcultures with "traditional" psychotherapy has been discussed by a variety of authors: Wohl (1989), Hlasny & McCarrey (1980) addressed development of client trust and therapeutic efficacy; Ibrahim & Schroeder (1990) explored the importance of developmental and psychoeducational approaches; and Glenn (1982) and Sue (1988), cultural demographics and research variables. Apparently each author identifies specific cultural areas of concern within the scope of their professional experiences or orientation. Even with the diversity of themes discussed, they are still contained within the outlines proffered by Clulow (1990) of the 1948 work of the Family Discussion Bureau.

The diversity within the FDB's guidelines has been demonstrated through limited psychological work with persons of varying cultures. Counseling with specific cultural groups has been demonstrated by Chan, Lam, Chow, Wong, & Leung (1988) with Chinese-Americans; Thomason (1991) with Native Americans; Smith (1984) with South-East Asians, and Vosburgh & Juliani (1990) with Irish and

Italians, to name a few. Clinical treatment issues and procedures specific to black families were outlined by Robinson (1989). While identifying concerns specific to black families, his work also contributes a significant point: that addressing cultural differences in the assessment-engagement process as an aspect of systems-oriented assessment and intervention can contribute significantly to the establishment of shared goals and enhance therapeutic treatment.

As well as the larger more recognized cultural groups, of equal significance are those non-traditional, and less recognized cultural groups - often referred to as subcultures - and the issues which affect them. For example, McLaughlin (1985) reported on issues specific to family members of students in graduate school, while Ruben (1988) discussed those issues specific to alcoholics, and DiNicola presented anorexia nervosa as a culture in and of itself (DiNicola 1990). Along with the above studies,others have also identified unexpected subcultures: varying personality types (Varma, 1988); women (Wilgosh, 1986); displaced farmers (Benesch, 1986); and the terminally ill (Dean, 1984). Being aware of such specifics of a subculture also seems to enhance the therapeutic bond and process.

Critically examining the present state of marriage and family therapy is another way of promoting the aware-

ness of cultural diversity. Hardy (1989), in reviewing the present state of marriage and family therapy, observes that it has a narrow - lineal - view of systems theory. He states that most therapy programs adopt and support a theoretical myth of sameness in practice and training involving the assumption that all families are basically the same. While this may be generally true, the specific unique elements of each family must be brought into therapeutic awareness so that it is possible to recognize and accept the multitudinous ways in which persons from a (cultural/subcultural) group "can be seen like all others, like some others, but like no others" at all (Hardy, 1989 p.18).

Key areas that help in identifying important aspects of a person's cultural identity (e.g. the high levels of stress and necessity for dealing with rejection in the life of graduates students as a subculture) can be found in their value systems. Karrer (1989) examined the evolution of cultural perspectives in family therapy and concluded that cultural multidimensionality provides points of connection and understanding required in the course of therapy. Recognizing these points assists in preventing therapist's and client's values from clashing, thereby promoting a therapeutic bond, and consequently improved therapeutic efficacy (Karrer, 1989; Forgas, 1983). A person's values and religion have also been studied in a

fashion similar to the other subcultures (Ridley, 1986; Kelly, 1990; Schlesinger, 1990; and Glenn, 1982). It is safe to assume that the differences establish seperate identities for each group.

Working from the view that religious differences can be seen as a cultural identity is not totally new. According to Rappaport (1977) "cultural relativity is a value orientation" identifying the differences between peoples and communities. Value differences, or orientation, is often seen within the framework of a person's religious orientation. Koltko (1990 p.133) recognized these differences as so important that he argued: "effective therapy with a religious client requires knowing specific information about the client's religion". This conclusion - that therapy has a better outcome when a therapist is knowledgeable of the central values of a client's religion - is also offered as one of the emerging viewpoints in the field (Bergin, 1980; Lovinger, 1984; Spero, 1985; & Worthington, 1988). Integrating the client's specific religious values into therapeutic solutions is therefore highly recommended (Shafranske & Maloney, 1987).

In the past few decades, some very prominent therapist/ theoreticians have decried religion as outside the bounds of psychology and indeed in opposition with the healing processes necessary to reinstate a client 's

mental health and well being (Ellis, 1980, Pearls, 1983). While a therapist's personal feelings about religion may differ from a client's, knowledge and respect for that client's particular beliefs can only aid in dealing with him/her. In the professional ethics of the APA (1981, 1987) psychologists are encouraged to learn and receive training in dealing with special populations. Koltko (1990) infers the "experiential and attitudinal characteristics of a given religious group" qualify it as a special population. Knowing about particular religious beliefs seems critical especially since religious beliefs have been noted to have psychological consequences (Kahoe, 1987). They are in fact "among the best predictors" of what people will say and do (Strommen, 1984). Since people have been found to desire to broach religious subjects in therapy (Quackenbos, Privett, & Klentz, 1985; & Shafranske & Maloney, 1987) this knowledge would seem to be a critical tool, if not required, in a therapist's arsenal.

For clients and professionals, the idea that a therapist is knowledgeble and non-condemning of their values appears to be important. Clients are often afraid that therapists will recommend that they violate central religious tenets (Greenberg, 1987) or have their behavior, normally seen as acceptable within their religious culture, misinterpreted as pathological (Moench, 1987). The misperception of values is seen as discriminatory by some

(Spero, 1983). Professionally there appears to be a deficit that needs to be addressed since religion is rarely broached in training. Shafranske & Maloney (1987) demonstrated through a survey of clinical psychologists that 85% of them were not presented with any training or supervision which deal with religious or spiritual issues raised by clients, though "most of them" thought that such training would be desirable.

To alleviate such an encumbrance several suggestions have been proffered. Sharing a common cultural/religious background would seem to be the simplest. However, even within the same religious group there can be sizable differences in interpretation of dogma. Broaching the impasse has been accomplished not merely by sharing a common cultural background, but most importantly by a "demonstration of cultural and therapeutic competence" (Sue, 1988; Sue & Zane, 1987). Specifically, this means the ability to obtain and know "specific details of a client's spirituality, not just vague generalities about religious people" (Peterson & Nelson, 1987; Spero, 1983). Details that are obtainable through research, training, and/or hands-on experience.

One of the most potent of the details that clinical persons need be aware of in a religious value sense is their clients' metabeliefs. Koltko (1990 p.134) clarifies a metabelief as having two parts: 1)"how important is my

religion and 2) how potent is my religion"? These demonstrate how much a person expects from their religion and if they believe it will affect an improvement in their life circumstances now or in a perceived here-after. Is their destiny determined - and to what degree - by a person's actions and/or beliefs, or is it predetermined, or do actions have no effect on life's outcome? Including these beliefs in therapeutic planning is especially critical as religion has been found to form a person's attitude about themselves, their worth, and what they should become. It also may endow answers to what form of lifestyle is most preferred, what forms of lifestyle are seen as pathological or normal, and those that are seen as genuine, healthy, and assist in transcending difficulties (Koltko, 1990).

The way individuals act out their metabeliefs in day to day life is important in psychological work with those individuals. It is particularly meaningful when dealing with couples as individual values are projected and assumed to be valid for both spouses (Stuart & Jacobson, 1987). Systemic theory views all human interactions as guided by values and philosophies of the persons concerned. Accordingly, these values and philosophies determine "the aspects of our experiences we label as events, the meaning we ascribe to the events, the way in which we plan from our experiences toward selecting and achieving

our goals, and the manner in which we evaluate the success of our collective efforts" (Stuart, 1980).

Even therapists can be presumed to work from a value base in a similar fashion. Therefore, it would seem critical to be able to recognize one's own value base prior to meeting with a person or a couple to prevent excessively value laden interpretations, assessments, and interventions. Wile (1977) ascribes much of the change accomplished in therapy as due to the therapeutic relationship. He sees that synchrony between the value orientations of the therapist and client(s) elicits the greatest chance for productive treatment outcomes. Meanwhile, dyssynchrony in values, he claims, leads to premature terminations and/or non-productive therapeutic results.

Also significant is the manner in which people employ their values via the things they do. Stuart (1980) noted that after assessing the values of clients it is important to observe their use in day to day life. He states: "philosophy is to intervention theory what values are to the practitioner's (and clients) actions: it provides shape and meaning to what otherwise might be a heterogeneous potpourri of treatment techniques". The grounding of the values in observable, specific, concrete behaviors enables the intangible to become tactile, making manipulation possible by client and therapist. Some common means whereby people demonstrate values in a tangible manner is

via communication patterns, division of home, child care, and work responsibilities, decision making system, child management (if applicable), conflict management styles, mood management, and relationship intimate interactions (Stuart, 1980). To bring these concepts together into a working format requires much work and integration, much of which is still before us - identifying as many specifics of cultures and subcultures as possible.

One specific group that is unique and generally unknown outside its own circles are members of The Church of Jesus Christ of Latter Day Saints, commonly known as "Mormons". This study endeavors to clarify non-value or religious elements common to dyadic heterosexual couples who are members of this church as compared to the validity studies of Stuart and Jacobson's Couple's Pre-Counseling Inventory (CPCI) (1987). The Couples Pre-Counseling Inventory revised is one instrument that inquires into each of the tangible areas of a person's life wherein their values may be manifested. It is a worthy instrument for distinguishing the elements particular to the Mormon culture.

The religious aspects and values commonly held by many Mormons have been outlined by researchers (Koltko, 1990; Bergin, 1980; Goodman & Heaton, 1986; Moench, 1985). Some specific Mormon subculture studies have also been completed: e.g. bereavement (Lund, Caserta, & Di-

mond, 1989), parental satisfaction of fathers (Canfield, Schumm, Swihart, & Eggeriche, 1990), depression of Mormon women, men and non-members (Erickson, 1979), religious socialization (Cornwall & Thomas, 1990), and marital intimacy and satisfaction (Elliott, Bingham, Nielsen, & Warner, 1986).

There appears to be little work in cross validation of assessment instruments for specific cultures or subcultures in the realm of marriage therapy. Given the apparent scope of the validity studies of the Couples Pre-Counseling Inventory, with few if any culturally specific elements, it would be a useful requisite to expand upon what Stuart and his colleagues have found.

Clarifying validation studies given for marital instruments is not unique to the CPCI. Stuart (1987) remarked in a review of marital inventories that: "conventionalization is more of a problem for marriage researchers ..... it can confound reports of the extent of pathology, making it difficult to draw firm epidemiological conclusions". What is needed is a means whereby couples can express their concerns, interactions, etc. in their own voice so the therapist can gain a clear view of their relationship, personal and interpersonal values. Obtaining such a vision should clarify the therapy picture, tailoring the means and results to a person's or couple's values.

CHAPTER TWO

METHODS

Subjects

Subjects in the study included 20 married, dyadic heterosexual couples, 13 male and 17 female who were members of the LDS (Mormon) Church. Participants were selected from among LDS couples seeking professional therapeutic assistance for relationship difficulties from therapists who were also members of the LDS Church. Both members of the couple agreed to participate as subjects of the study in order to be included, however, in several of the cases only one of them returned the instrument. Precisely, three female subjects and seven male subjects did not return the CPCI.

The mean age for the couples was 30 years (SD = 15.2 years) ranging from 19 to 58 years of age. The mean age of the male participants was 37 years (SD = 9.52) ranging from 22 to 58 yearsof age. The female subject's mean age was 31 (SD = 14.59) ranging from 21 to 71 years of age. The mean years of active church participation by subjects was 34.12 years (SD= 12.05).

Subjects were selected by soliciting the aid of LDS therapists in the community who agreed to pass out the CPCI to some of their marital relationship clients. These

subjects completed the CPCI with complete confidentiality to the researcher. The subjects who were seeking therapy through LDS Social Services, as a matter of agency policy, signed a release of information statement that allowed their clergy leader - known as a bishop within the church - to speak with their therapist and technically view their file at will. Therefore, confidentiality was not complete with these subjects and may possibly effect their responses on the CPCI.

All subjects were volunteers, receiving no remuneration other then the results of the study once it was completed.

Materials

Each person independently completed the Couple's Pre-Counseling Inventory revised edition (Stuart & Jacobson, 1987). Subsections of this inventory include demographic information - age, occupation, education level, family size, when couple first met, married, and if they separated for any reason. Other sections asked a subject's rating of conflict management, communication, sexual interaction, moods and management of personal life, decision making and division of home, child care, and work responsibilities in their relationship. Each subject marked their scale as well as their impression of their spouse's rating for the same item.

The Couple's Pre-Counseling Inventory (CPCI) is a valid and reliable instrument that distinguishes items that reflect marital/ relationship discord. While the CPCI validity study supports its purpose and is in line with the Standards for Educational and Psychological Tests (APA, 1987), the validity study performed was a shallow one, without apparent regard for cultural, subcultural, or other differences. It consists of 98 items broken down into 11 subcategories, 8 of which are reflected in the present study. Most items were rated a on five point Likert-type scale, two were rated on a nine point Likert-type scale, and others, not used as part of this study, included fill-in-the-blank. The validation of the CPCI revised edition (1987) was validated on 55 couples (110 individuals in 10 states. There was no division of subjects in this study except, in certain sections, where male and female differences were categorized.

Design

Dependent variables were obtained from the normative data established during the development of the Couple's Pre-Counseling Inventory. The studies demonstrate this instrument to be a reliable and valid measure of couples living in the United States. The independent variables were the scores provided by the LDS Church subjects in the described areas.

Procedure

Couples were requested to complete the Couple's Pre-Counseling Inventory independently, not sharing answers with each other. They were provided the inventory by their therapist along with an instruction sheet outlining the manner in which it was to be completed and returned. A release of information/agreement to participate in the research study was also included, signed, and returned at the time they received the inventory. Participants were asked to complete the inventory in one sitting, taking between one and one and one-half hours. All subjects were asked to begin with the demographic sheet, but to exclude their name and that of their children - merely indicating whether the siblings are male or female and their age. Then, they were to proceed to the areas of conflict management, communication, sexual interaction, moods and management of personal life, decision making and division of home, child care, and work responsibilities in their relationship. They were to go through the inventory section by section and item by item in the order presented, initially marking their response to the item at hand and then marking the same item according to how they believed their spouse would respond. When completed the inventory was to be sealed in the return envelope and given to their therapist or mailed in stamped envelopes provided by the

researcher. The inventories were then collected and scoring initiated.

CHAPTER THREE

RESULTS

Independent *t* tests were conducted to compare mean subject responses with the mean (validity) results from sections A., C, D, E, F, G, H, and I of the Couple's Pre-Counseling Inventory (CPCI). Only sections employing Likert - type scales were used in this study. The CPCI is included as Appendix A. Analysis of data supports the hypothesis that there are differences between Mormon heterosexual dyads (couples) and the couples in the validity sample. The analysis was conducted in four different areas: 1) a respondent's assessment of his/her own attitudes, 2) predictions of their spouse's responses, 3) item analysis of CPCI subsections, and 4) gender differences.

Comparisons in area number one (a subject's assessment of his/her own attitudes) support the hypothesis that there are differences in 3 of the 8 categories of the CPCI for Mormons as compared to the validating sample. These differences are described in Table 1.

Insert Table 1. About Here.

Significant differences were found in the categories "D" communication ($t(138) = 2.26$ $p < .05$) with subjects less satisfied with their communication then the validation

sample, "F" moods and management of personal life (t(138) = 3.62 p <.01) with subjects more satisfied, and "G" decision making (t(138) = 12.12 p <.01) with subjects less satisfied.

Analysis in area two (subject's predictions of partner's responses) also supported the hypothesis. These differences aregiven in Table 2.

Insert Table 2. About Here.

When respondents were asked to predict their partner's responses significant differences were also shown in category "D" communication (t(138) = 2.35 p<.05) - with subjects less satisfied, and category "E" sexual interaction (t(138) = 2.39 p<.05) - with subjects less satisfied.

Single item analysis, within the significant categories, illuminated further differences. In category "F" - Moods and Management of Personal Life - significant items were; nervousness (t(138) = 5.66 p <.01), health (t(138) = 2.17 p<.05), satisfaction at work (t(138) = 2.5 p<.05), alcohol and drug use (t(138) = 3.25 p<.01), and how their spouse rates them as a person (t(138) = 12.64 p<.01). Data also demonstrated that subjects were significantly more satisfied with religious issues in their marriage than the validating sample (t(138) = 3.99 p<.01).

Comparisons of gender-wise responses also demonstrat-

ed some significant differences in specific items: these were found in category "F" Moods and Management of Personal Life. Mormon females reported significantly greater depression ($\underline{t}(138) = 3.74$ $p<.01$) and indicated lower self-esteem ($\underline{t}(138) = 12.05$ $p<.01$). Mormon men also reported themselves with lower self esteem ($\underline{t}(138) = 4.32$ $p<.01$) and rated significantly lower esteem for their partner ($\underline{t}(138) = 2.15$ $p<.05$) than the validating sample. There were limited gender comparisons made due to few gender comparisons provided in the validating sample.

CHAPTER FOUR

DISCUSSION

The results clearly demonstrate there are significant differences between the validating sample of the CPCI and a specific cultural/subcultural group such as Mormon dyadic heterosexual couples. The indications appear to demonstrate that while there may be specific categories of behaviors common to all couples, there are unique variations specific to one's cultural group. The use of an assessment device, such as the CPCI, when conducting marital evaluations, when combined with specific cultural information, enables a therapist or researcher to gain this diverse valuable insight.

With Mormon heterosexual dyadic couples it was demonstrated that distinct differences in CPCI categories exist, specifically in the subject's self report of their own attitudes and behaviors. In the communications category - "D" - it appears that Mormon couples are less satisfied with the patterns of communication in their relationships. This finding is supported in that scores on this scale have a high level of internal consistency (Alpha = .90) (Stuart & Jacobson, 1987) and correlate with the rating of general satisfaction in the Dyadic Adjustment Scale (DAS) (Spanier, 1976) at the .69 level. As positive communications are seen to be a major resource in

a relationship (Gilford & Bengston, 1982; Noller & Fitzpatrick, 1988), as well as a transgenerational necessity in marriages (White, 1979), it is understandable that this (communication) can also be one of the best predictors of therapeutic gains (Markman 1981). Understanding the dissatisfaction that may be more inherent to Mormon couples allows a therapist to know that focusing early in developing a satisfactory pattern of communication is critical and may lead to more productive interventions with them.

A subject's prediction of their spouse's rating also demonstrates higher dissatisfaction with their communication patterns. This may be expected, since a subject's self observation - also elevated - demonstrates the discomfort present in the relationship. This suggests that these couples do not have a high level of reciprocal understanding, thus creating pseudo-disagreements that may be one of the cores of their difficulties (Reuben, Wiech, & Zimmer, 1984). The dissatisfaction is supported through a positive correlation (.60) of this (communication) section of the CPCI with the DAS.

Another area where Mormon couples appeared significantly different - in several general and specific areas - was in the "F" category, Moods and Management of Personal Life. This category was developed to give an initial overview of a person's daily functioning and their obser-

vation of their spouse. While the category analysis was significantly positive, here the items within the category demonstrate a much clearer picture. The scores of Mormon couples' were found to be significant in 7 of the 8 items with 4 of the 7 exhibiting a negative movement (depression, self esteem, esteem for partner, and work satisfaction) that were, however, outweighed by affirmative extremes (Nervousness, health, and alcohol and drug use). Interestingly, 2 of the 3 affirmative esteem items may be global reflections of the culture (the Mormon religion strictly prohibits use of alcohol and drugs) rather than specific relationship dynamics.

On the "nervous" scale, where subjects were asked to rate their own and their partner's nervousness (anxiety), Mormons were found to be less anxious. While one might imagine that marital discord may be evidenced in personal anxiety as supported by a .67 correlation with the Psychiatric Symptoms Scale and a .60 with the anxiety scale of the Personal Feelings Inventory (Stuart & Jacobson, 1987), it is not evidenced in Mormon couples. It may be assumed that it is manifest in a different area.

For Mormon women, one such area might be depression. Ericksen (1979) noted in his study that Mormon women as a group are more susceptible to depression then women who are not affiliated with the LDS Church. The findings of this study concur with that. While the CPCI correlates

satisfactorily as a single item measure of depression (.44 with interview rater of depression; .46 with the MMPI Depression Scale; and .54 with the Zung Depression Scale), further analysis is required if said depression appears clinically significant. The elevation may be due in part to the fact that the couples filled the survey out while experiencing marital difficulties. However, credence should be given to the partner's evaluation of their spouse's condition as a high congruence was found between their answers and the clinical level of depression in the spouse (Stuart & Jacobson, 1987). It may be that mere removal of the marital strains would alleviate the depression, or treating it simultaneously with the marital dysfunctions could be the key since the couple has identified the difficulty as interactional in nature and is willing to work from that position (Stuart, 1987).

Two areas identified as specific to Mormon men in this study would appear to indicate a trend towards low self esteem. The first being an expressed dissatisfaction with the way their partners spend their working days. According to Stuart and Jacobson (1987) this response is indicative of low self esteem in the respondent, it being interpreted as a reflection of their own (negative) self image. This negative perception concurs with the validation finding - that respondents were moderately pleased with the way they spend <u>their</u> working day yet believed

their spouse was not pleased with the way they (the men) performed. The difference being that the discrepancy is even greater among the Mormon men that participated. Similar to Stuart and Jacobson's (1987) findings, these beliefs proved false when cross compared with their partners - yet it remains a good point for further clarification especially when combined with other scale items.

In addition, the level of esteem held by Mormon men for their partners appeared different from Stuart and Jacobson's sample (1987). While scoring their spouses just-above-average, their total scores among Mormon men were still lower. This was opposite of the trends manifested in the validation sample which were: 1) to rate one's spouse greater than oneself and, 2) men rating women higher than women rating men. The positive evaluation of a partner also correlates positively with marital satisfaction (.44 with the DAS) and suggests that an improvement in marital relations can help elevate self-esteem.

It is of interest to note the finding of greater than average health in the Mormon sample. As referred to before, this may be indicative of the Mormon religion's so called "Word of Wisdom", a scriptural prohibition against recreational drug and alcohol use, as well as coffee and tea. The "Word of Wisdom" also entreats the active Mormon to regular exercise, limited meat consumption, and other commonly accepted healthful lifestyles. These items

are all highly stressed as doctrinal, not optional, in the LDS Church religion and culture - manifest in the social circles of its members. The adherence to the "Word of Wisdom" was confirmed through subjects' self reports. In fact, many subjects were so apparently displeased with the survey's "almost never" response as the most extreme option (in the case of drug and alcohol usage) that they penciled in a vigorous "NEVER!". A seemingly clear indication of the importance of this cultural norm.

Dysfunctional sexual relations are another common symptom of marital difficulties either as a cause or consequence (Stuart & Hammon, 1980) of such. While the self-report findings were in line with the validation samples, manifesting their overall level of satisfaction in the moderate range, both men and women believed their partners were less satisfied with sexual interactions than the average (the self report of sexual interactions was well within the norms of the validating sample). The spousal report items varied between the quantity (frequency), variety (in methods, styles, and person who initiates the activity), and the quality of intimacy in sexual interactions between the partners. The low perception of their spouse's satisfaction may reflect the overall low self-esteem among both men and women found in this study as well as the projection of low regard for the other spouse (found in Mormon men). Improvements in communica-

tion patterns, as well as increased positive interactions (relationship enhancement) has been shown as requisite antecedants for enhanced sexual relations in couples (Stuart, 1980).

Decision making is another key area for Mormon couples. This category scored much lower signifying less agreement on how decisions are made. The diversity in the range of individual scores demonstrates these couples are having a difficult time deciding who should concede, in what areas, at what times, and to what degree. Along with establishing a (perceived) new method of communication, developing a regimen whereby decisions can be made with both partners giving and taking amicably, seems to be an important step early in therapy.

In the self-esteem scale, significantly lower scores were seen for both the category as a whole, and gender division specific areas for men and women. Since it has been noted that self-deprication contributes to dysfunction in marriages (Kitson, 1982) and persons with a low self value deprecate all areas of their interactions with their spouses (Schafer & Braito, 1979), these lower scores are not a surprise. It would seem reasonable that self esteem manifests a measure of marital satisfaction and the manner in which the performance of a partner is judged - though it is an area that needs further exploration.

This suggests that Mormons may tend to expend their

marital distress through low self-esteem, as opposed to the nervousness common among other couples. On the other hand, there may be a component in the culture that fosters a hyper-critical view of self and therefore a negative view of their interactions and relationship- which is never "good-enough". Given the sometimes unrealistic multitude of tasks that a "good" Mormon feels they should be involved in, a failure complex may be produced. Most members, along with their normal work, community, and family obligations, serve in a voluntary church position (known as a "calling") which often requires daily activities. The church employs no paid clergy, leaving its often complex and diverse functioning to its respective members, who in turn take this obligation very seriously. Along with this, families are expected to hold morning and evening prayers, scripture study - both personal and family, have quality time for each other, write in journals, be of service to other people, etc. It is easy to see how members may become overwhelmed, given their multitudinous obligations and the limited hours existing in each day during which to perform them. This may be perceived as causing them to fall short from the "be ye therefore perfect" edict given in the New Testament and touted by the culture as a reasonable life goal, with the accompanying repercussions on the individual's self esteem and relationships.

If discrepancies are noted the therapist will need to employ additional evaluative measures to determine the source for this - prominent low self-esteem among Mormon clients- and develop appropriate interventions. Since religion is fundamental for some couples in stabilizing their relationship, and conversely in bringing persons to a separation point due to incompatability, it is essential to understand each client's personal interpretations of what being 'religious' means (Koltko, 1990) as contrasted with "rational" living (Ellis, 1986). For many Mormons working with a therapist who can understand and stay within their values is critical. Developing this rapport establishes the first essence of a working bond between the client and therapist, regardless of the culture.

In conclusion, the author would suggest that therapists or other professionals using and/or interpreting data from an assessment device - whether for therapy or research - need to be aware of and include cultural variations in order to obtain an accurate understanding of the couple. This may also lead to more timely interventions thereby rendering therapy more effective. For these reasons, further investigation into other subcultures would be of profit and is suggested.

CHAPTER FIVE

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APPENDIX ONE

TABLE 1.

Comparison of CPCI Validity Study and Mormon Couples. Each person indicates own response to question items.

	CPCI		Mormon Couples		
CPCI Section	Mean	SDV.	Mean	SDV.	
A. General and Specific Happiness	3.57	.7	3.34	.89	
C. Conflict Management	3.93	.75	3.64	.6	
D. Communication	3.59	.82	3.16	.99	*
E. Sexual Interaction	3.52	.73	3.19	.76	
F. Moods and Management of personal life	3.62	.57	5.42	.88	**
G. Decision Making	4.46	.43	2.86	.36	**
H. Division of Home, Child Care, and Work Responsibilities	4.14	.70	3.91	.75	
I. Child Management	3.22	.69	3.42	.62	
Other Topics Covered by CPCI					
(On 5 point Likert-type scale 1 = least satisfied.)					
Religion	3.97	.89	3.18	1.09	**
(On 9 point Likert-type scale 1 = least satisfied.)					
Depression	4.94	1.8	4.92	2.1	
Depression - Male	5.2	1.8	4.64	2.29	
Depression - Female	4.7	1.8	3.69	1.56	**
Nervousness	4.65	1.77	5.08	1.95	**
Self-Esteem	6.6	.99	6.67	1.31	
Self-Esteem - Male	6.73	1.67	5.58	1.73	**
Self-Esteem - Female	6.6	1.99	5.54	2.5	**
Esteem for Partner - Male	7.35	1.45	6.82	1.6	
Esteem for Partner - Female	7.08	.86	6.15	2.12	**
Physical Health	6.94	1.9	7.5	1.18	*
Work Satisfaction	6.2	1.94	5.67	2.24	**
Alcohol & Drug Use Frequency	4.15	1.	4.8	.92	**
Problems in Relationship From Alcohol & Drug Use	4.56	4.4	4.4	.12	
Stress	2.57	.98	2.48	.97	

* p < .05
** p < .01

APPENDIX II.

Table 2.

Comparison of Means and Standard Deviations for CPCI Validity Study and Mormon Couples. Each person indicates partner perceived response to question items.

	CPCI		Mormon Couples		
CPCI Section	Mean	SDV.	Mean	SDV.	
A. General and Specific Happiness	3.54	.67	3.26	.84	
C. Conflict Management	3.91	.76	3.62	.88	
D. Communication	3.66	.75	3.23	.96	*
E. Sexual Interaction	3.51	.74	3.09	.71	*
F. Moods and Management of personal life	(not given)		4.97	.84	
G. Decision Making	(not given)		2.77	.43	
H. Division of Home, Child Care, and Work Responsibilities	(not given)		3.81	.81	
I. Child Management	(not given)		3.49	.67	
Other Topics Covered by CPCI (On 5 point Likert-type scale - 1 = least satisfied.)					
Religion	(not given)		3.48	.86	
(On 9 point Likert-type scale - 1 = least satisfied.)					
Depression	4.74	1.63	4.13	1.63	
Depression - male	(not given)		4.22	.89	
Depression - female	(not given)		3.69	1.25	
Nervousness	4.67	1.62	4.71	1.57	
Self-Esteem	6.45	1.6	5.54	2.17	**
Self-Esteem - male	(not given)		5.58	1.73	
Self-Esteem - female	(not given)		5.54	2.5	
Men's Esteem for Partner	7.35	1.45	6.36	1.57	*
Women's Esteem for Partner	6.33	1.62	6.15	2.12	
Physical Health	6.7	1.98	6.88	2.36	
Work Satisfaction	5.58	1.94	4.88	1.96	*
Alcohol & Drug Use Frequency	4.15	1.	4.88	.92	**
Problems in Relationship from Alcohol and Drug Use	4.42	1.16	4.75	.84	
Stress	(not given)		3.22	.9	

* $p < .05$
** $p < .01$