Family-of-Origin Quality, Regulation of Negative Affect, Marital Stability, and Couple Drinking Patterns

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FAMILY-OF-ORIGIN QUALITY, REGULATION OF NEGATIVE AFFECT, MARITAL STABILITY, AND COUPLE DRINKING PATTERNS

by

Heidi Brunner Taylor

A dissertation submitted to the faculty of

Brigham Young University

In partial fulfillment of the requirements for the degree of

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School of Family Life

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GRADUATE COMMITTEE APPROVAL

of a dissertation submitted by

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This dissertation has been read by each member of the following graduate committee and by majority vote has been found to be satisfactory.

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As chair of the candidate’s graduate committee, I have read the dissertation of Heidi Brunner Taylor in its final form and have found that (1) its format, citations, and bibliographical style are consistent and acceptable and fulfill university and department style requirements; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the graduate committee and is ready for submission to the university library.

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ABSTRACT

FAMILY-OF-ORIGIN QUALITY, REGULATION OF NEGATIVE AFFECT, MARITAL STABILITY, AND COUPLE DRINKING PATTERNS

Heidi Brunner Taylor
Marriage and Family Therapy Program
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Doctor of Philosophy

The primary purpose of this study was to examine the relationship of family-of-origin quality, adult regulation of negative affect, and marital stability with the extent to which couples report they drink similarly and the extent to which they report that the husband drinks more than the wife. It was hypothesized that these two types of couple drinking patterns would be impacted by each individual spouse’s context as well as by the interaction of those contexts. A national sample of 1498 couples or 2996 individuals (1498 wives and 1498 husbands married to each other) participated in this study. This study sought to understand the family-of-origin influences when there was not an
alcoholic parent in the home. Therefore, adult children of alcoholics were excluded from the sample.

The results of this study suggested that wives family-of-origin quality and both spouses’ regulation of negative affect were highly predictive of a husband drinking more than the wife, and moderately to highly predictive of couple drinking similarity. The husband’s family-of-origin had only indirect effects on both alcohol use patterns. His family-of-origin had moderately significant effects on drinking similarity through the mediating variable of the husband’s regulation of negative affect. His family-of-origin had moderate to highly significant effects on whether or not he drinks more than his wife through two indirect paths, with regulation of negative affect and marital stability as mediating variables.

When examining partner effects on couple alcohol use patterns, findings suggest the contributions of husband and wife are not entirely equal. Findings suggest that the wife’s family-of-origin influences the pattern of the ‘husband drinking more than his wife’, through the mediating variable of the husband’s regulation of negative affect, and this relationship was found to be stronger than his own family-of-origin. The wife’s family-of-origin and her regulation of negative affect were more predictive of whether or not the couple drank similarly than the husband’s family-of-origin or his regulation of negative affect. The most poignant conclusion drawn from this study is the importance of recognizing not only individual contributors to later alcohol use, but also the influence of the interacting couple contexts when examining couple alcohol use patterns.
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CHAPTER I

Introduction

Alcohol treatment and the regulation of negative affect (anxiety, anger, and depression) are issues which have received much attention historically and currently in both research and clinical practice. When examining adult alcohol use, the systemic perspective dictates that treatment must encompass an understanding of the current and preceding systems. The purpose of this study was to examine the relationships of the current and preceding systems on married couples drinking patterns. More specifically, the couple drinking patterns included the extent to which a couple drinks similarly and the extent to which a husband drinks more than the wife. The relationships among family-of-origin factors (e.g., parental conflict, emotional expression, safety, etc.), adult regulation of negative affect (e.g., depression, anxiety, and anger), a couple’s marital stability, and the extent to which a couple drinks similarly or where the husband drinks more than the wife were explored.

In addition to examining whether the regulation of negative affect, family-of-origin quality, and marital stability were linked to couple drinking patterns, the relative toxicity of these variables in promoting alcohol use in adulthood was examined. A unique and interesting aspect of this study is the inclusion of the dyadic relational variable, the exploration of drinking patterns among couples. Most of the literature on alcohol use is related to individual predictors and individual use while no studies were found which investigated partner effects, or the interaction of the couple and couple system on individual and couples drinking patterns.
Review of Literature

Alcohol abuse and dependence are highly documented in their deleterious influences on the individual, the family, and the society. It is currently estimated that 17.6 million American adults meet standard criteria for some type of alcohol use disorder, according to DSM-IV diagnostic criteria (NIAAA, 2004; Grant, Dawson, Stinson, Chou, Dufour, & Pickering, 2004). Through the last decade an important trend of alcohol use has been established with American adults over the age of 18. Alcoholism, or alcohol dependence, is on the decline, while alcohol abuse is steadily increasing. In 1991-1992, there were approximately 8.2 million Americans dependent on alcohol. This number decreased in 2001-2002 to approximately 7.9 million Americans (NIAAA, 2004, Grant, Dawson, et al., 2004). In 1991-1992 it was estimated that there were approximately 5.6 million Americans who abused alcohol, while in 2001-2002 the occurrence dramatically increased to 9.7 million Americans (NIAAA, 2004; Grant, Dawson, et al., 2004).

Not only is alcohol use/abuse increasing, recent studies have also noted the increase of mood and anxiety disorders in adults, as defined by the DSM-IV. Results from the 2004 National Epidemiologic Survey on Alcohol and Related Conditions (Grant, Stinson, et al., 2004) found that 19.2 million adults meet standard DSM-IV diagnostic criteria for independent mood disorders (including major depression, dysthymia, manic disorder, and hypomania) and 23 million Americans over age 18 meet criteria for independent anxiety disorders (including panic disorder, generalized anxiety disorder, and specific and social phobias). The prevalence of co-morbidity is significant with approximately 20% of people experiencing an alcohol disorder, concurrently experiencing an independent mood or anxiety disorder. The distinction is drawn between
independent and non-independent mood/anxiety. Independent mood disorders are viewed as disorders that occur independent of substance use, meaning they presented and will maintain themselves regardless of the presence of substance. The NESARC (2004) finds that health care professionals and mental health workers may often make inappropriate assumptions that mood and anxiety disorders are caused by or due to the use of substance and that they will recede when a patient stops drinking (Grant, Stinson, et al., 2004). In sum, researchers have identified the existence of some type of a co-morbid relationship between alcohol use and mood disorders, or difficulties with negative affect regulation.

This study sought to explore variables thought to be predictive of alcohol use patterns in couples, specifically the extent to which couples drink similarly and the extent to which husbands drink more than wives. While many alcohol treatment models indicate that the couple system should be a target of treatment, few studies could be found which investigated couple alcohol use. Since the majority of American adults are married, studies of alcohol use should include the couple context as important.

By age 35, approximately 75% of Americans have married, according to the 2000 Current Population Survey conducted by the U.S. Census Bureau (Fields & Casper, 2001). As the majority of Americans enter into a marital relationship, the implications of that couple relationship on the individuals in the relationship, as well as the surrounding systems, cannot be overlooked. Individuals exist in a complex system, made up of past and present systems that influence current affective and cognitive processes. This study sought to address two integral systems and their relationship to a couple’s drinking patterns. First, this study sought to explore the system of one’s primary developmental stage, the Family-of-Origin, and its’ relationship to adult regulation of negative affect and
couple drinking patterns. This study also sought to address the current marital relationship stability and its’ relationship to couple drinking patterns.

Historical developmental variables such as functioning in one’s family-of-origin and current emotional process variables such as regulation of negative emotion in the context of the married couple allow for both partner and actor effects. Rotunda, West, & O’Farrell (2004) concluded that when such past and present systems overlap in a marital relationship, his or her behavior acts and interacts upon and with their significant other.

The importance of the couple dynamics has been established in the treatment of alcohol disorders. Multiple studies have detailed the value of involving the spouse in the treatment of an alcohol dependent client (O’Farrell & Fals-Stewart, 2003; Winters, Fals-Stewart, O’Farrell, Birchler, & Kelley, 2002; Smith, Meyers, & Milford, 2003; Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). In a randomized-control study of the effects of spousal involvement in alcohol treatment, researchers found that non-maritally distressed clients undergoing voluntary alcohol treatment with a spouse showed improved drinking patterns over those that were treated individually, regardless of the level and severity of alcohol consumption. Drinkers receiving treatment with a spouse showed a reduction in heavy drinking and an increase of light drinking and/or abstinence (Walitzer & Dermen, 2004). This study is significant as it is one of the few that address couple alcohol treatment with varying degrees of alcohol consumers, not just the alcohol dependent population. It is also significant in it’s’ findings that suggest spouses are better able to adjust negative drinking patterns when there is involvement from their spouse. This study suggests the importance of recognizing the systemic interaction in a couple’s relationship, rather than an individual, non-systemic approach.
Research supports the influence of family-of-origin on adult functioning in multiple ways. First, the influence of alcohol being present in one’s family-of-origin on adult functioning will be discussed. Then the influence of family-of-origin dynamics and quality on later adult functioning will be discussed.

The majority of literature linking one’s family-of-origin to adult alcohol use is in specific reference to adult children of alcoholics (ACOA’S). Although this study excluded ACOA’s in order to more clearly understand the relationship between family-of-origin and adult alcohol use outside of a clinical population, the findings of these studies are reviewed here because they illustrate that not only the presence of alcohol but family-of-origin dynamics influence adult outcomes. There is considerable evidence to support the view that children who grow up in an environment of parental alcoholism grow up to experience a myriad of difficulties. In a review of the literature since 1988, Harter (2000) found that controlled-study research suggests that ACOA’s tend to experience a variety of problematic outcomes such as antisocial behaviors, depression and anxiety, low self-concept, problems with family relationships, generalized maladjustment, and substance abuse. Additionally, there are gender-specific findings supporting the idea that ACOA’s tend to experience more maladjustment than children reared in a non-alcoholic family. Research suggests that female ACOA’s tend to report higher levels of depression, lower levels of self-esteem, perceived social support, family cohesion, marital satisfaction and higher levels of marital conflict (Domenico & Windle, 1993; Parker & Harford, 1988; Tweed & Ryff, 1991; Harter, 2000) when compared to
female non-ACOA’s. Female ACOA’s also tend to feel more powerless as a parent and state that they drink for coping purposes such as the relieving of stress. Their consumption levels don’t differ from non-ACOA’s, but rather their reasons for drinking differ (Domenico & Windle, 1993).

Researchers found that male ACOA’s also experience greater difficulties than non-ACOA’s, suggesting they’re at a greater risk for developing alcoholic disorders, manifesting sociopathic tendencies, and spending time in jail (McKenna & Pickens, 1981; Parker & Harford, 1988; Tweed & Ryff, 1991; Harter, 2000).

Some researchers have found that male and female ACOA’s tend to function as well as the control samples (Sher, 1991; Windle & Searles, 1990) when reared in families where strong maternal support exists, or when parents are recovered alcoholics (Tarter, Hegedus, & Gavaler, 1985; Callan & Jackson, 1986). It seems as though ACOA’s don’t necessarily experience negative adult effects when they experience specific protective factors in their childhood.

It is clear when dealing with a population where a primary attachment figure was an alcoholic, that there are close links between family-of-origin, adult emotional regulation (anxiety, anger, and depression), and alcohol use. The question is then raised as to the experience of those who do not come from an alcoholic family environment. Do the effects of family-of-origin and emotional regulation continue to play a central role in their adult use of alcohol, or does that effect disappear?

Researchers have addressed familial transmission of alcohol patterns as early as 1959 (Napier, J., Johnson, B., & Epstein, F. (1970). Only looking at randomized control-studies, research has emerged linking parental drinking behaviors and adult children’s
drinking patterns (Webster, Harburg, Gleiberman, Schork, & DiFranceisco, 1989). Using a randomized-control design and a sample of 1672 adults ranging from 20 to 71 years old, Glieberman and associates sought to ascertain the influence of familial transmission on adult alcohol use and partner alcohol use. Using report on self, partner, and recollection of familial drinking patterns, researchers found an association between spousal drinking patterns and familial use of alcohol, even when the adults came from families with varying degrees of alcohol consumption, e.g. abstinence to alcoholism (Glieberman, Harburg, DiFranceisco, & Schork, 1992). Although the generalizability of this study is limited because the sample consisted only of white, non-Hispanic, middle class Americans, findings suggest that the family-of-origin does influence adult drinking patterns, regardless of the amount or clinical severity of use.

Questions arise as to the influence of parental drinking on the adult children. Not only would alcohol likely transmit itself through the generations, but it is also likely that one’s family-of-origin experience would also influence an adult’s mate selection surrounding alcohol use. Research on assortive mating may best address this issue. Assortive mating, defined as “the marriage of people who share certain traits more often than would be expected by chance” (Gleiberman et al., 1992, pp. 64), has been studied among alcoholics and their family members (Jacob & Bremer, 1986, Hall, Hesselbrock, & Stabenau, 1983a,b; McKennan & Pickens, 1981). Results showed that children from families of problem drinkers tend to be polarized in their own drinking behaviors, becoming either problem drinkers themselves (34%) or abstainers (35%) (Hall et al., 1983a). Not only were the adult children at extremes on the continuum of drinking (either problem drinkers or abstainers), but the drinking characteristics of their chosen
spouse were also polarized, meaning their spouses were also either problem drinkers or abstainers. Of the men that grew up to be alcoholics themselves, they were also more likely to select spouses that were either problem drinkers (38%) or abstainers (38%) (Hall et al., 1983b). Of the women that grew up to be alcoholics, they tended to marry problem drinkers if their own parents were problem drinkers (Hall et al., 1983b). These two studies clearly indicate a connection between spouse selection, adult alcohol use, and parental drinking behavior. More current research illustrates similar trends, e.g., that 75% of daughters from problem drinking fathers, tend to marry abstemious men, and tend to be abstemious themselves (Harburg, DeFranceisco, Webster, & Gleiberman, 1990; Gleiberman et al., 1992). Harburg and associates (1990) also concluded that adult children tend to do the reverse of their opposite sex parent if their parent has problematic behaviors and the parents traits are not admired by the offspring.

Less research exists on assortive mating among families with normal drinking patterns. Gleiberman et al., (1992) Found that couples tend to choose a spouse with similar drinking patterns or with drinking patterns similar to their families. This finding was confirmed by other studies, where it was termed phenotypic assortive mating (Cloninger, 1980; Cloninger, Rice, & Reich, 1979). This study is not only interested in the variable relationships influencing similar alcohol use patterns, but also variable relationships influencing discrepant couple alcohol use patterns. This study seeks to explore the relationships between a couple’s family-of-origin experiences and the couples drinking patterns, specifically, their drinking similarity versus the husband drinking more than the wife.
As previously shown, the majority of research studying family-of-origin influences on adult alcohol patterns tends to focus on parental alcohol consumption. However, there is research that indicates that the parents’ marital quality, along with other important factors in the family-of-origin (e.g., boundaries, emotional expression, intimacy, conflict styles, etc.), impacts decisions in mate selection and in the development of the resulting marital relationship (Holman & Birch, 2001; Bennett et al., 1988; Doxey, 1994; Fischer, & Ayoub, 1996; Napier, 1971; Napier & Whitaker, 1978; Noam, 1996). Some researchers suggest that alcoholism is just one example of multigenerational transmission of dysfunctional family dynamics, where substance use is utilized to manage anxiety or attachment difficulties (Morris, Wise, Comensky, & Loney, 1992). Using Bowenian Family Systems Theory (Bowen, 1978), Prest, Benson, & Protinsky (1998) suggested that families of alcohol consumers have higher levels of codependency or lower levels of differentiation than average families. Codependency is conceptualized by Bowen (1978) as a means of coping with the nature of life in a system that is unpredictable, chronic, and utilizes emotional denial. Research indicates that current family intimacy is the most predictive of codependency. Clinical couples are shown to have lower levels of family intimacy in their respective families-of-origin than non-clinical couples (Prest et al., 1998). It is suggested that since codependency is an inadequate resolution to ongoing and developing relational difficulties, the behaviors of the high-alcohol consumer, and the spouse can be considered attempts to manage chronic anxiety (Prest & Protinsky, 1993; Scharff & Scharff, 2003).

In summary, the majority of literature found linking family-of-origin to adult alcohol use tends to focus on the parental use of alcohol in the home, e.g. adults whose
parents were alcoholics. When looking outside of the ACOA literature, literature indicates that the family-of-origin dynamics (e.g., boundaries, emotional expression, intimacy, conflict styles, etc.) are transmitted from generation to generation, and when dysfunctional, these dynamics often result in alcohol use for either anxiety reduction or relationship mediation.

Not only does research support a relationship between family-of-origin and alcohol use, it also supports the relationship between family-of-origin and all other variables in the model. This link with negative affect regulation is strongly documented in the attachment literature (Bowlby 1969; 1988; Bartholomew, 1993; Shaver & Clark, 1996) and literature on Bowenian family therapy (Bowen, 1978). The relationship between family-of-origin and marital stability will be discussed briefly in the marital stability section of the literature review.

Negative Affect Regulation and Alcohol Use

In this study regulation of negative affect was defined as the overall regulation or management of negative affect measured by self-reported experiences with depression, anxiety, and anger. The studies that will be reviewed do not all use the term regulation of negative affect. They are more likely to use terms like anxiety or depression, but they are reviewed here because they are consistent with the definition.

The comorbidity of alcohol use and depression and/or anxiety has been shown in multiple studies (Kessler, Nelson, McGonagle, Edlund, et al., 1996; Kessler, Crum, Warner, Nelson, et al., 1997; Kushner, Sher, & Erickson, 1999; Kushner, Sher, & Beitman, 1990; Regier, Farmer, Rae, Locke, et al., 1990; Swendsen, Merikangas, Canino,
et al., 1998; Swendsen & Merikangas, 2000), and recent research asserts that the trend is increasing. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), a branch of the U.S. Department of Health and Human Services, currently conducts and/or supports approximately ninety percent of United States research on the causes, effects, prevention and intervention of alcoholism, alcohol abuse, and alcohol problems (NIAAA, 2004). The NIAAA directed a study in 2001-2002 following up on research done a decade before (1991-1992) called the National Longitudinal Alcohol Epidemiologic Survey (NLAES). The sample consisted of 43,093 households, with sampling criteria strictly mirroring the U.S. Census Bureau’s Current Population Survey. The survey addressed a representative sample of the U.S. noninstitutionalized population. This study used advanced sampling which yielded a sample representative of the entire noninstitutionalized population beginning at age 18 by race, age, income, employment, marital status, education, region, etc. (for specific demographic criteria see Grant, Kaplan, Shepard, & Moore, 2003). Researchers conclude that approximately 20 percent of the population currently experiencing an alcohol disorder, concurrently experiences a mood or anxiety disorder. Conversely, about 20 percent of the population experiencing a mood or anxiety disorder experiences a concurrent substance use disorder. With approximately 18 million and 20 million people experiencing alcohol use disorders and anxiety/mood disorders respectively, the implications of researching or treating either disorder are highly significant (NIAAA, 2004; Li, Hewitt, & Grant, 2004; Grant, Stinson, Hasin, et al., 2004; Grant, Hasin, Stinson, et al., 2005). Although the previous researchers clearly identified comorbidity of alcohol use disorders and emotional disorders, they also stated "This study does not resolve questions about causal mechanisms that may underlie
relationships between DSM-IV substance use and mood and anxiety disorders,” (NIAAA, 2004, ¶ 8). Etiological research is needed to help determine the complex interactions leading to and from adult alcohol use patterns.

Additional studies support the comorbidity of alcohol abuse or dependence and DSM-IV diagnosed mood or anxiety disorders. Bjork, Dougherty, and Moeller (1999) studied 172 females ranging from non-drinkers to heavy-drinkers. All subjects were administered the BDI (Beck Depression Inventory) as well as the BAI (Beck Anxiety Inventory). Researchers found that women who drank, even if only lightly (up to 3 drinks per week), showed significantly higher rates of depression and anxiety, suggesting that even slight degrees of alcohol intake are associated with moods of depression and anxiety. Although these researchers found a correlation between alcohol use and depression and/or anxiety, the direction of the relationship between the two remains unclear. Bjork et al. (1999) hypothesized that alcohol exacerbates depressive symptoms.

Additional studies support the findings that those who drink tend to experience more depression or anxious symptomology or disorders than those who abstain (Birnbaum, Taylor, & Parker, 1983; Fuchs, Stampfer, Colditz, et al. 1995). Swendsen et al. (1998) discovered that the presence of an anxiety or depressive disorder increased the use of alcohol. Those with alcoholism were also associated with a two to three times greater risk of anxiety or depressive disorders compared to those without alcoholism.

Although there have been many studies examining the comorbidity of alcohol with anxiety and depressive disorders, the direction of the relationship between the two is still unclear (Swendsen & Merikangas, 2000). Some theorize that anxiety or depressive disorders occur first, with an alcohol disorder developing later as a form of self-
medication (Swendsen, et al., 1998; Kessler, et al., 1996; Kessler, et al., 1997; Kushner, Sher, & Beitman, 1990). Others believe that anxiety and depression are induced by alcohol use (Swendsen, et al., 1998; Swendsen & Merikangas, 2000). Research supports causal relationships between alcohol use and depression/anxiety in each of the following ways: (1) Anxiety/depression increasing alcohol use through self-medication; (2) Indirect paths between alcohol and anxiety/depression; (3) A reciprocal causal relationship between alcohol and anxiety/depression; (4) A u-shaped relationships between alcohol and anxiety/depression. Each is discussed as follows:

(1) Self-medicating to cope with anxiety/depression has been suggested as a possible etiology of alcohol consumption. One study used a ten-year model to examine the relationship of drinking to cope with distress in predicting future alcohol use and the influence on depression and anxiety (Holahan, Moos, Holahan, Cronkite & Randall, 2001). They discovered that initial drinking to cope with distress strengthened the relationship between drinking behavior and emotional distress (Holahan, et al., 2001). They also found that individuals who drank to cope also showed a stronger link between depression and drinking outcomes across the 10-year interval as well as a stronger association between anxiety and drinking outcomes (Holahan, et al., 2001). An interesting discovery was that for men, the link between anxiety and drinking behavior was stronger than for women (Holahan, et al., 2001). A second 10-year model longitudinal study supports the findings of Holahan’s (2001) first study, namely that drinking to cope is shown to strengthen the link between drinking problems and alcohol consumption and depressive symptoms (Holahan, Moos, Holahan, Cronkite, & Randall, 2003).
“Self-medication” was found to be the single most important predictor of alcohol consumption behavior in a sample of subjects with panic-disorder (Kushner, Abrams, Thuras, & Hanson, 2000). For women only, the frequency of drinking was associated with self-medicating. When addressing issues of drinking quantity, the quantity of drinking was positively associated with drinking to cope for both men and women (Kushner, et al., 2000). There are other studies in support of self-medication to cope with negative affect (Colder, 2001; Carrigan & Randall, 2003; Phillips & Johnson, 2001; Sbrana, Bizzarri, Rucci, Gonnelli, Doria, et al., 2005) The several studies listed above support the hypothesis that depression/anxiety increases drinking. However, other studies contradict this evidence and show a different directional relationship altogether.

(2) Evidence for an indirect path between alcohol use and depression and/or anxiety. There is plenty of evidence to suggest that depression and alcohol use are related. However, Peirce et al. (2000) found that there is only partial support for this theory. In looking at the relations between social support, depression, and alcohol, findings indicated an indirect reciprocal relation between depression and alcohol, the first study to do so. As expected, decreased perception of available social support led to increased depression, which is positively related to alcohol use (Peirce, et al., 2000). However, alcohol use is only related to depression through social support, therefore, the relationship between alcohol and depression is indirect (Peirce, et al., 2000).

(3) Some research has shown a reciprocal causal relationship between alcohol use and anxiety disorders (Kushner, et al., 1999). Using cross-sectional analysis as well as prospective analyses through the use of logistic regression, researchers found that having an anxiety disorder significantly increased the chances of having an alcohol use
disorder concurrently and vice versa (Kushner, et al., 1999). However, when an identical path model was analyzed it was found that anxiety disorders predicted alcohol abuse or dependence but not vice versa (Kushner, et al., 1999). Similarly, Kessler et al. (1997) suggests that alcohol use disorders are usually secondary to anxiety or other psychiatric disorders. Others find, however, that there is more support stating that alcoholism increases depression and anxiety than vice versa (Katerndahl & Realini, 1999; Swendsen & Merikangas, 2000). Thus, the literature on this subject is divided, some finding that the mental disorder comes before the alcohol disorder (Kessler, et al., 1997; Kushner, et al., 1999; Kushner, et al., 1990), others finding that the alcohol disorder causes anxious or depressive symptoms (Swendsen & Merikangas, 2000), and still others finding that only indirect relationships exist between alcohol consumption and depression (Peirce, Frone, Russell, Cooper, & Mudar, 2000).

Contrary to many studies affirming the co-morbidity of depression and/or anxiety and alcohol use, (4) there have also been many studies showing a u-shaped relationship between alcohol and anxiety and depression (Roberts, Brunner, & Marmot, 1995; Rodgers, et al., 2000a, 2000b). One such study performed in the UK found that light drinkers reported better psychological well-being compared to non-drinkers (Roberts, et al., 1995). This finding was more evident for men than women (Roberts, et al, 1995). However, negative affect was found to be higher among hazardous drinkers only and not among non-drinkers (Roberts, et al., 1995). In another UK study, the u-shaped relationship between alcohol use and psychological distress persisted in both men and women at age 33 even after excluding past heavy or problem drinkers (Power, Rodgers, & Hope, 1998). In an Australian study, Rodgers, et al., (2000b) confirmed other research
in their finding that a U-shaped relationship does indeed exist between alcohol consumption and both depressive and anxiety symptoms. Moderate drinkers were found to have lower levels of anxiety and depression than both heavy drinkers and non-drinkers (Rodgers, et al., 2000b).

It has been suggested that perhaps high levels of anxiety or depression lead to increased alcohol consumption thus leading to heavy drinking (Rodgers, et al., 2000a, 2000b). It has also been suggested that non-drinkers may be placed at risk for anxiety and depressive symptoms because of personality characteristics or that non-drinkers are ex-drinkers (Rodgers et al., 2000b).

In summary, research supports the ideas of a linear, j-shaped, u-shaped, and co-morbid relationship between negative affect regulation and alcohol use. It is possible that all of the relationships are accurate, and depend primarily on the characteristics of the study population. It seems to be clear that there are likely some complicated mediating variables that have yet to be fully understood and examined by researchers.

Marital Stability

Research has shown marital stability to be related to all of the variables in this study. Research on marital satisfaction and stability shows that family-of-origin dysfunction is the strongest predictor of later marital dissatisfaction and instability (Holman, Larson, Stahmann, & Carroll, 2001; Vaillant, 1978; Larson, 2000). “The family of origin has a direct as well as an indirect influence on later marital quality” (Holman & Birch, 2001. pp 81).
Research also indicates that spouses that have a difficult time regulating their negative affect, such as feelings of anxiety, anger, and depression, tend to experience lower marital satisfaction and stability. In families where one or both parents experienced mental illness, the adult-child is likely to experience later problems with marital stability and quality as a result (Vaillant, 1978; Larson, 2000). Research supports the assertion that poor emotional health decreases marital stability (Kelly & Conley, 1987; Meredith & Holman, 2001; Vaillant, 1978). Levels of depression have been shown to be directly correlated with levels of marital satisfaction and stability (Holman, Larson, & Olsen, 2001).

When examining the relationship between marital stability and couple alcohol consumption pattern, findings are highly contradictory. Research indicates alcohol use in marriage can increase, decrease, or have no impact on marital stability.

The largest amount of research found was in support of heavy drinking having deleterious effects on marital stability (for review see Leonard & Rothbard, 1999). One recent study concluded, “Results provide overwhelming support for the notion that alcohol use is maladaptive, and that it is associated with dissatisfaction, negative marital interaction patterns, and higher levels of marital violence” (Marshal, 2003, p. 959). In contrast, one study found that couples who drank together showed higher measures of marital satisfaction, suggesting that drinking created a shared experience and fostered some form of interaction (Homish & Leonard, 2005). Other research suggests that there is a potential relationship between alcohol-related coping behaviors and relationship distress. Specifically, in couple’s where husbands drank more than their wives, female satisfaction was related to her ability to positively reinforce her husband’s abstinence,
and her ability to detach from her husband’s drinking (Kahler, McCrady, & Epstein, 2003). Still further research shows that there are no significant differences between couples who drink heavily or non-heavily in terms of the marital relationship (Zweben, 1986).

Research on couples in which there is an alcohol dependent or alcohol abusing spouse shows that these couples tend to experience less intimacy, less individuation, less personal authority, and increased marital dissatisfaction and marital violence than non-clinical couples (Prest et al., 1998; Baucom, Shoham, Mueser, Diauto, & Stickle, 1998).

Moving past the effects of alcohol on marital stability, the question then arises as to the couple-influenced etiology of that use. When looking at couple-influenced reasons why spouses might choose to use alcohol in their marriage, some research suggests that alcoholics and their spouses tend to drink to facilitate intimacy. When there is an absence of alcohol, the family is often left “depressed [and] emotionally impoverished… reflect[ing] the positive, stabilizing function of the alcohol for the family system despite the ‘costs’ to individual members” (Liepman et al., 1989, p. 241). If again, this is framed using Bowen’s (1978) theory, some literature suggests the etiology of problematic drinking in couples is the underlying codependency described under Family-of-Origin. It is suggested that the intergenerational transmission of dysfunctional patterns such as addiction, boundary problems, under- or over-functioning, and difficultly with intimacy (Prest, et al., 1998) influence present patterns of alcohol use in the marital relationship.

Although the effects of couple alcohol use on marital stability are contradictory, the majority of the research supports the present hypothesis that couples who consume
similar levels or alcohol or drink together have higher stability than those that disparate levels of alcohol use, or specifically, where the husband drinks more than the wife.

Theoretical Foundations

An important and under-addressed dynamic is the complex interplay of the couple relationship in alcohol use formation and maintenance. Individuals come to a marriage with highly developed neural frameworks (Gottman, 1997; Day, 2003). A Systems Theory concept foundational to the inception of Marriage and Family Therapy is that two individual’s complex systemic development combined together, interact creating a synergistic system with exchanges from each individual’s developmental history (Ackerman, 1958; Bowen, 1976; Boszormenyi-Nagy, 1966; Day, 2003; Nichols & Schwartz, 2004). If all interactions and experiences are influenced by the couple dynamic, it follows that alcohol use may be associated with the systemic dynamics of the couple. The couple context (or systemic construct of the individual) is therefore seen as an element necessary for inclusion in studying drinking patterns in marital relationships.

Another import theoretical assumption used in this study comes from Bowenian Family Systems Theory (Bowen, 1978). This theory assumes that personality, values, beliefs, behaviors, cognitions, attachment patterns, etc., are transmitted from the family-of-origin to the child and affect later adult functioning. This concept of intergenerational transmission supports the present hypothesis that a husband and/or wife’s family-of-origin dynamics would influence their later ability to regulate negative affect, their
marital processes and stability, and behavioral/emotional patterns such as couple’s
drinking similarly or the husband drinking more than his wife.

Statement of Purpose and Hypotheses

In summary, research suggests that family-of-origin quality, regulation of
negative affect, and marital stability all have an important relationship with adult alcohol
use. How those relationships are strengthened or weakened when examined within the
couple context is an important next step in understanding how to conceptualize, prevent,
and treat problems within the marital relationship.

The primary purpose of this study was to examine the relationship of family-of-
origin quality, adult regulation of negative affect, and marital stability with the extent to
which couples report they drink similarly and the extent to which they report that the
husband drinks more than the wife. As Figure 1 illustrates, it was hypothesized that
these two types of couple drinking patterns would be impacted by each individual
spouse’s developmental history in terms of their family-of-origin experiences, their
current process in terms of their ability to regulate negative emotion as adults, and their
current relationship stability within their marriage. Because of the empirically supported
link between family-of-origin and ACOA’s, this study excluded ACOA’s from the
sample. This was done to more clearly understand the non-ACOA population’s
relationship with the discussed variables. It was hypothesized that family-of-origin
quality, adult emotional regulation, and marital stability would be correlated with the
extent to which a couple tends to drink similar amounts of alcohol. It was also hypothesized that each of these same individual spouse’s variables would be correlated with the extent to which a husband drinks more than the wife, but it was assumed that the nature of the relationship between the variables might be different for “husband drinking more” than for the “couple drinking similarity”. Figure 1 shows the conceptual relationships between these variables.

Figure 1. Conceptual Model with Husband and Wife Regulation of Negative Affect, Husband’s and Wife’s Family-of-origin, and Marital Stability as Predictors and Drinking Together and Husband’s Drinking More as Criterion Variables

Definitions

The variables shown in Figure 1 were defined as follows.
**Family-of-Origin Quality.** One’s family-of-origin is defined as the family that one grows up in. In this study, family-of-origin quality refers to one’s self-reported experiences in their family-of-origin environment. It includes how each spouse viewed the mother-child relationship, the father child-relationship, their view of their parents’ marriage, an overall rating of family processes, and an evaluation of how one’s family of origin continues to impact current functioning.

**Regulation of Negative Affect.** This was defined as the overall regulation and management of negative affect. Measures in this study included one’s self-reported experiences with depression, anxiety, and anger. Measures also included how each spouse viewed the other in terms of their regulation of negative affect. In other words, this variable included how spouses view each other as well as how they see themselves in terms of their regulation of anxiety, anger, and depression.

**Marital Stability.** This variable was defined as a spouse’s self-evaluative sense of how stable he/she sees the marital relationship over time. Measures included spouses self-report of how often they have thought about, discussed or separated from each other.

**Couple Alcohol Use Patterns.** This was defined as the reported use of alcohol by self and by one’s spouse. These measures were then combined to form two latent variables, couple drinking similarity which was defined as the extent to husband and wife reports they both drink similar amounts of alcohol and husband drinking more which was defined as the extent to which both the husband and wife report that the husband drinks more than the wife.
CHAPTER II  
Method

Subjects

The sample was selected from married couples who had taken the RELATE instrument (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997) from the period between 1997 to 2005. The original sample consisted of 2890 married couples (n = 2890). Because previous studies (cited in the literature review) have confirmed effects of family-of-origin quality on adult functioning in ACOA’s, the researcher determined to screen out marriages in which the husband or wife reported that someone in their family-of-origin had struggled with addictions to alcohol or other drugs. Subjects who answered that someone in their family struggled with addictions to alcohol or other drugs were dropped from the sample, thus, reducing the final sample size to 1498 couples or 2996 individuals (1498 wives and 1498 husbands married to each other).

The mean age for females in the sample was 32.86 years (SD = 7.89) and 34.92 years (SD = 8.12) for males. Females ranged from 21-62 years of age, and males ranged from 23-63. As shown in Table 1, one hundred percent of the couples were in a marital relationship, either married or remarried. Couples had been married for anywhere from 0-3 months to 20+ years. The majority of the participants were enrolled in or had completed college-level education. The data in Table 1 shows that response to amount of self reported drinking for both husbands and wives is in the never to sometimes range which is what would be expected in a normal sample. Spousal reports on their partner’s
level of drinking seem to confirm this. However, approximately 16% of husbands and 11% of wives reported that they drink often or very often.

**Table 1. Demographic Characteristics of Sample of 1498 Married Couples.**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Husbands</th>
<th></th>
<th></th>
<th>Wives</th>
<th></th>
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<td></td>
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<td>Range</td>
<td>Mean</td>
<td>S.D.</td>
<td>Range</td>
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<table>
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<th>Wives</th>
<th>Percentages</th>
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<td>6.9%</td>
<td></td>
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<td>4-6 Months</td>
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<td></td>
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</tr>
<tr>
<td>7-12 Months</td>
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<td>7.3%</td>
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</tr>
<tr>
<td>1-2 Years</td>
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<td>18.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-5 Years</td>
<td>17.1%</td>
<td>16.9%</td>
<td></td>
<td></td>
</tr>
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<td>6-10 Years</td>
<td>14.8%</td>
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<td></td>
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</tr>
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<td>11-20 Years</td>
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### Table 1 Continued

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<td>Percentages</td>
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</tr>
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<td>16.4%</td>
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<td>49.1%</td>
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<td>Islamic</td>
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<td>0.5%</td>
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<td>Latter Day Saint</td>
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<td>Buddhist</td>
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<td>0.9%</td>
</tr>
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<td>Hindu</td>
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<td>0.7%</td>
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<td>Other</td>
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<td>No Religion</td>
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<td><strong>Drinking</strong></td>
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<td>Her Report</td>
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</tr>
<tr>
<td>Rarely</td>
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<td>30.1%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>32.4%</td>
<td>31.8%</td>
</tr>
<tr>
<td>Often</td>
<td>12.6%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Very Often</td>
<td>3.4%</td>
<td>3.9%</td>
</tr>
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</table>
Procedures

The measures were taken from the RELATionship Evaluation (RELATE) questionnaire (Holman, Busby, Doxey, Klein, & Loyer-Carlson, 1997). RELATE is a 271 item questionnaire geared toward the assessment of adult couple’s across four main multidimensional constructs: 1) the individual subsystem – with subscales assessing personality characteristics, styles of interacting, values and beliefs; 2) the couple subsystem – with subscales assessing couple communication, patterns of relating, and conflict resolution; 3) the familial context – with subscales assessing the parent’s couple relationship, parent-child relationships, and overall family tone; and 4) the social context – with subscales assessing social support, race, SES, religion, and cultural beliefs (Carroll, Badger & Yang, 2006). The nature of the questionnaire allows gathering of data about premarital and marital relationship development.

Psychometric properties of RELATE have been evaluated using a nationally representative sample. The questionnaire had almost sixty analyzed scales, with only three having reliability estimates below .70. Internal consistency scores for the other scales range from .70 to .90 (Busby, Holman, & Taniguchi, 2001). Factor analyses were performed and construct validity was determined. For a detailed description of the development and properties of the RELATE questionnaire, see Busby and colleagues (2001).

Study participants completed the RELATE questionnaire through the Internet (see http://relate-institute.byu.edu) from 1997 to 2004. The couples who completed the on-line questionnaire were generally recruited through three types of referral sources: (1) family professionals, such as therapists and counselors, educators, and clergy who use relate in
their professional practices or educational curriculum; (2) *media advertisements*, such as newspaper, magazine, and television; and (3) *personal referrals*, such as recommendations made by other individuals/couples who completed RELATE and people who happened upon the questionnaire while “surfing the net.” People who took the questionnaire as a couple were instructed to complete it without partner consultation. After separate completion of RELATE, partners receive a detailed report about the individuals and the relationship. The report shows the couple how they compare to one another and also details areas of potential difficulty and strength in the relationship (Carroll, Badger, & Yang, 2006).

**Measures**

*Family-Of-Origin Quality Assessment*

A latent variable for family-of-origin quality was created using five subscales (question number in parenthesis) as observed measures (see Figure 2). These subscales were the Overall Evaluation of Family Process Scale, Parents’ Marriage Scale, Father-Child Relationship Scale, Mother-Child Relationship Scale, and Current Impact-of-family-on-self-and-relationships Scale. Such a large sample size (n = 1498 couples; 2996 individuals) almost inevitably produces significant Chi-square values for most models and applies to subsequent analyses. The numeric values in the diagrams represent standardized estimates.
Family Quality Scale (4-item scale): This scale measures the perceived level of safety, connection, consistency, affection, and overall happiness in one’s family-of-origin. The scale consisted of the following items: Family relationships experienced as safe, secure, rewarding and a source of comfort (#108); family relationships experienced as confusing, un-fair, anxiety provoking, inconsistent and unpredictable – reverse scored (#113r); loving atmosphere in family (#118); childhood years were happy (#122). Responses ranged from strongly disagree (1) to strongly agree (5) on a 5-point Likert scale. Items were summed leaving subjects with a possible score of 4 to 20. Item #113r
was reverse scored so that the higher the score, the better the husband or wife views their overall evaluation of family quality. Internal consistency for this scale was .82 and .85 for males and females respectively, with a test-retest coefficient of .90 (Busby et al., 2001).

*Parents’ Marriage Scale* (3-item scale): This scale measures the perceived levels of parental marital quality and stability. The scale consisted of the following items: Father was happy in his marriage (#109); mother was happy in her marriage (#114); would like own marriage to be like parents’ marriage (#123). Responses ranged from strongly disagree (1) to strongly agree (5) on a 5-point Likert scale. Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was .91 for both males and females respectively, with a test-retest coefficient of .92 (Busby et al., 2001).

*Father-Child Relationship Scale* (3-item scale): This scale measures the perceived levels of love, affection, enjoyment, and emotional safety in the childhood relationship with one’s father. The scale consisted of the following items: Father showed appropriate affection (#110); father participated in enjoyable activities (#117); able to show feelings with father (#124). Responses ranged from strongly disagree (1) to strongly agree (5) on a 5-point Likert scale. Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was .75 and .77 for males and females respectively, with a test-retest coefficient of .86 (Busby et al., 2001).
*Mother-Child Relationship Scale* (3-item scale): This scale measures the perceived levels of love, affection, enjoyment, and emotional safety in the childhood relationship with one’s mother. The scale consisted of the following items: Mother showed appropriate affection (#115); mother participated in enjoyable activities (#121); able to share feelings with mother (#119). Responses ranged from strongly disagree (1) to strongly agree (5) on a 5-point Likert scale. Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was .67 and .71 for males and females respectively, with test-retest a coefficient of .84 (Busby et al., 2001).

*Current-impact-of-family-on-self-and-relationships scale* (3-item scale): This scale measures the perceived levels of family-of-origin impact on current emotional functioning and current relationship formation and maintenance. This subscale has been included because the family-of-origin relationship is not a static variable from the past. The continuing relationship with parents after marriage affects marital quality and stability (Vaillant, 1978; Larson, 2000) and continues to have an influence on current functioning, including alcohol use patterns. The scale consisted of the following items: Still having trouble dealing with/coming to terms with matters from family experience – reverse scored (#111r); ability to form close relationships is negatively affected by matters from family experience – reverse scored (#116r); feel at peace with anything negative that happened to me in family of origin (#125). Responses ranged from strongly disagree (1) to strongly agree (5) on a 5-point Likert scale. Items were summed leaving subjects with a possible score of 3 to 15. Items #111r and #116 were reverse scored so that the higher the score, the more positively the husband or wife views the current
impact of their family-of-origin. Internal consistency for this scale was .75 and .79 for males and females respectively, with a test-retest coefficient of .83 (Busby et al., 2001).

As noted in Figure 2, factor scores for these five measure variables ranged from .61 to .87 for the latent variable “Husband’s Family-of-origin” and from .64 to .87 for the latent variable “Wife’s Family-of-origin.” The CFI of .991 and the RMSEA of .03 seem to indicate that these hold together as good measures for both latent variables.

**Husband/Wife Regulation of Negative Affect**

A latent variable for Regulation of Negative Affect was created using three subscales as observed measures (see Figure 3). These subscales, as termed by the RELATE Institute are the Calmness (anxiety) Scale, Happiness (depression) Scale, and Maturity (anger) Scale. Each of the individual self-report (SR) subscales included an identical scale for report on partner-perceived (PP) scores. In other words, the wife answered questions on her own anxiety (self-report), and then answered questions on how she would describe her husband’s anxiety (partner-perceived report). All of the emotional regulation subscales were answered using a 5-point Likert scale, ranging from never (1) to very often (5). All items making up this latent variable were reverse scored, meaning that the higher the number, the better the regulation.
**Calmness (Anxiety) Scale – self report (4-item scale):** This scale measures the self-reported (SR) levels of anxious affect, or the husband and wife’s report on their own experience with anxious affect. The scale consisted of the following items: Worrier – reverse scored (#24r-SR); fearful – reverse scored (#9r-SR); tense – reverse scored (#16r-SR); nervous – reverse scored (#22r-SR). Items were summed leaving subjects with a possible score of 4 to 20. Internal consistency for this scale was .77 and .75 for males and females respectively, with a test-retest coefficient of .77 (Busby et al., 2001).
**Calmness (Anxiety) Scale – Partner perceived** (4-item scale): This scale measures partner perceived (PP) levels of anxious affect, or the level to which the husband or the wife sees their partner as experiencing anxious affect. The scale consisted of the following items: Worrier – reverse scored (#162r-PP); fearful – reverse scored (#147r-PP); tense – reverse scored (#154r-PP); nervous – reverse scored (#160r-PP). Items were summed leaving subjects with a possible score of 4 to 20. Internal consistency for this scale was .77 and .75 for males and females respectively, with a test-retest coefficient of .77 (Busby et al., 2001).

**Happiness (Depression) Scale – self report** (3-item scale): This scale measures the self-reported (SR) levels of depressive affect, or the degree to which a husband or wife sees themselves as experiencing depressed affect. The scale consisted of the following items: Sad and blue – reverse scored (#3r-SR); feel hopeless – reverse scored (#10r-SR); depressed – reverse scored (#17r-SR). Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was .79 and .84 for males and females respectively, and a test-retest coefficient of .55 (Busby et al., 2001).

**Happiness (Depression) Scale – partner perceived** (3-item scale): This scale measures the partner-perceived (PP) levels of depressive affect, or the level to which the husband or the wife sees their partner as experiencing depressed affect. The scale consisted of the following items: Sad and blue – reverse scored (#141r-PP); feel hopeless – reverse scored (#148r-PP); depressed – reverse scored (#155r-PP). Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was
.79 and .84 for males and females respectively, and a test-retest coefficient of .55 (Busby et al., 2001).

*Emotional Maturity (Anger) Scale – self report* (3-item scale): This scale measures the self-reported (SR) levels of angry temperament, or the degree to which a husband or wife sees themselves as experiencing angry feelings. The scale consisted of the following items: Fight with others/loses temper – reverse scored (#5r-SR); acts immature – reverse scored (#12r-SR); easily irritated or mad – reverse scored (#19r-SR). Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was .70 and .78 for males and females respectively, and a test-retest coefficient of .84 (Busby et al., 2001).

*Emotional Maturity (Anger) Scale – partner perceived* (3-item scale): This scale measures the partner-perceived (PP) levels of angry temperament, or the level to which the husband or the wife sees their partner as experiencing angry feelings. The scale consisted of the following items: Fight with others/loses temper – reverse scored (#143r-PP); acts immature – reverse scored (#150r – PP); easily irritated or mad – reverse scored (#157r-PP). Items were summed leaving subjects with a possible score of 3 to 15. Internal consistency for this scale was .70 and .78 for males and females respectively, and a test-retest coefficient of .84 (Busby et al., 2001).

As noted in Figure 3, factor scores for these three subscales ranged from .55 to .82 for the self report variable for husbands and from .58 to .80 for the self report variable
for the latent variable “Husband Regulation of Negative Affect and from .64 to .87 for
the self report variable for wives. The factor scores for the three subscales ranged from
.58 to .85 for the partner report (wife’s report on husband) variable and from .62 to .85 on
the partner report (husband’s report on wife). The factor scores for the two reports on
Husband Regulation of Negative Affect were .91 for partner report and .68 for self report
and on Wife Regulation of Negative Affect were .85 for partner report and .68 for self
report. The researchers set the regression weight for partner report at 1 because it was
assumed that the partner report would be more accurate than self report. The CFI of .991
and the RMSEA of .03 seem to indicate that these hold together as good measures for
both latent variables.

Marital Stability

A latent variable for Marital Stability was created using both the husband’s and
the wife’s score from the Relationship Stability subscale as an observed measures for this
latent variable (See Figure 4). The Relationship Stability subscale is made up of 3 items,
each item being measured using individual self-report (SR). In other words, both the
husband and wife answered the items based upon their own feelings of marital
relationship stability. All items were answered using a 5-point Likert scale, ranging from
never (1) to very often (5). The scale consisted of the following items: Thoughts of
relationship being in trouble – reverse scored (#248r); Discussions with partner about
ending the relationship – reverse scored (#249r); Frequency of break-ups or separations
then getting back together – reverse scored (#250r). Items were summed leaving subjects
with a possible score of 3 to 15. All items in this scale were reverse scored, so that the
higher the number, the higher their marital stability. Internal consistency for this scale was .81 and .82 for males and females respectively, and a test-retest coefficient of .78 (Busby et al., 2001).

As shown in Figure 4, the loadings for Husband’s report of stability and for Wife’s report of stability were high, .92 and .95 respectively.

**Couple Drinking Patterns**

Individual drinking patterns were measured using items from the Substance Abuse Scale. Two items were used to create “Husband’s Drinking”, his report on his frequency of alcohol use and his wife’s report of his alcohol use both measured on a 5-point Likert scale ranging from never (1) to very often (5). Two items (wife’s report on her frequency of drinking and husband’s report on her frequency of drinking) were used to create the “Wife’s Drinking” variable. These two variables, husband’s drinking and wife’s drinking were then used to create two latent variables called “Drinking Similarity”
which means they report similar frequency of drinking and “Husband’s Drinking More” which means that they both report that he drinks more frequently. To do this the unstandardized regression weight for husband’s drinking and for wife’s drinking on drinking similarity were both fixed at 1.0; the regression weights for husband’s drinking on husband’s drinking more was fixed at 1.0, and the weight for wife’s drinking on husband’s drinking was set at –1.0. This re-expresses separate levels of husband’s/wife’s drinking in terms of dyadic drinking patterns; namely the similarity level of drinking in the couple, and the extent to which the husband’s drinking exceeds that of his wife.

![Diagram of Couple Latent Variable for Drinking Together and for Husband’s Drinking More](image)

Figure 5. Couple Latent Variable for Drinking Together and for Husband’s Drinking More (Estimates are standardized)

As shown in Figure 5, the factor loadings for his report on his drinking and for her report in his drinking were .96 and .92 respectively. The factor loadings for her report and his report on her drinking were .91 and .94. The CFI of 1.00 and the RMSEA of .000 indicate that this measurement model is a very good fit to the data. The overall measurement model in Figure 6 integrates all of the latent variables and their measures.
Figure 6. Model Showing Hypothesized Relationships for Husband and Wife Family-of-Origin Quality, Regulation of Negative Affect, Marital Stability, and Couple Drinking Similarly and Husband Drinking More. (Estimates are Standardized)
CHAPTER III

Results

The first step in the statistical analysis was to make sure that the measured variables appropriately factored on each latent variable. Those loadings for each of the latent variables were reported earlier in the measurement section in Chapter II. The next step was to calculate the means, standard deviations, and ranges for all of the measured variables in the study which are shown in Table 2. Many of the differences are statistically significant due to the large sample size, but many of the differences are not meaningful.

Table 2. Means, Standard Deviations, and Ranges for all Measured Variables. (N=2996 Individuals/1498 Wives/1498 Husbands)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Husbands</th>
<th></th>
<th></th>
<th>Wives</th>
<th></th>
<th></th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Report on Happy Scale</td>
<td>11.39</td>
<td>2.06</td>
<td>3-15</td>
<td>10.64</td>
<td>2.14</td>
<td>3-15</td>
<td>12.51***</td>
</tr>
<tr>
<td>Partner’s Perception of other on Happy Scale</td>
<td>11.58</td>
<td>2.39</td>
<td>3-15</td>
<td>10.36</td>
<td>2.47</td>
<td>3-15</td>
<td>21.28***</td>
</tr>
<tr>
<td>Self Report on Calm Scale</td>
<td>10.39</td>
<td>2.49</td>
<td>5-19</td>
<td>11.81</td>
<td>2.44</td>
<td>4-20</td>
<td>18.45***</td>
</tr>
<tr>
<td>Partner’s Perception of Other on Calm Scale</td>
<td>9.72</td>
<td>2.86</td>
<td>4-20</td>
<td>11.69</td>
<td>2.98</td>
<td>4-20</td>
<td>25.83***</td>
</tr>
<tr>
<td>Self Report on Mature Scale</td>
<td>10.71</td>
<td>1.74</td>
<td>3-15</td>
<td>10.57</td>
<td>1.76</td>
<td>4-15</td>
<td>.62</td>
</tr>
<tr>
<td>Partner’s Perception of Other on Mature Scale</td>
<td>10.70</td>
<td>2.42</td>
<td>3-15</td>
<td>10.58</td>
<td>2.32</td>
<td>3-15</td>
<td>2.89**</td>
</tr>
<tr>
<td>Current Impact of Family-of-Origin</td>
<td>11.33</td>
<td>2.74</td>
<td>3-15</td>
<td>10.64</td>
<td>2.86</td>
<td>3-15</td>
<td>9.32***</td>
</tr>
<tr>
<td>Overall Evaluation of Family-of-Origin</td>
<td>16.74</td>
<td>2.83</td>
<td>6-20</td>
<td>16.19</td>
<td>3.57</td>
<td>5-20</td>
<td>7.12***</td>
</tr>
<tr>
<td>Relationship with Father</td>
<td>9.96</td>
<td>3.25</td>
<td>3-15</td>
<td>9.66</td>
<td>3.49</td>
<td>3-15</td>
<td>.59</td>
</tr>
<tr>
<td>Relationship with Mother</td>
<td>11.12</td>
<td>3.75</td>
<td>3-15</td>
<td>11.02</td>
<td>3.08</td>
<td>3-15</td>
<td>1.47</td>
</tr>
<tr>
<td>Evaluation of Parents’ Marriage</td>
<td>10.43</td>
<td>3.34</td>
<td>3-15</td>
<td>9.83</td>
<td>3.51</td>
<td>3-15</td>
<td>7.81***</td>
</tr>
<tr>
<td>Marital Stability</td>
<td>12.65</td>
<td>2.25</td>
<td>3-15</td>
<td>12.55</td>
<td>2.36</td>
<td>3-15</td>
<td>.52</td>
</tr>
<tr>
<td>Self Report of Drinking</td>
<td>2.43</td>
<td>1.02</td>
<td>1-5</td>
<td>2.23</td>
<td>.95</td>
<td>1-5</td>
<td>12.46***</td>
</tr>
<tr>
<td>Partner’s Report Spouse’s Drinking</td>
<td>2.47</td>
<td>1.07</td>
<td>1-5</td>
<td>2.16</td>
<td>.91</td>
<td>1-5</td>
<td>16.46***</td>
</tr>
</tbody>
</table>

Note: To clarify “partner’s perception of other...”, the husband’s perception of his wife is under the heading of “Wives”. The wife’s perception of her husband is under the heading of “Husbands”.

Mean scores indicate that self-report and partner’s perception of other were fairly similar on most variables. On the Happiness Scale, husbands tended to view themselves...
as happy (11.39) which was similar to how their wives saw them (10.36), with the range being 3 to 15. Wives reported being slightly less happy (10.64) than their husbands, and husband’s reports (10.36) confirmed this.

Scores on the measure for the Calm Scale showed that views of self and views of spouse were similar (10.39 and 9.72 for husband’s calmness and 11.81 and 11.69 for wife’s calmness). Both husbands and wives saw wives as slightly more calm on average.

Both husbands and wives showed fairly high levels of emotional maturity as a group with scores of 10.72 (self view) and 10.70 (her view of him) and 10.57 (self view) and 10.58 (husband’s view of her).

Scores on the measure of Current Impact of Family-of-Origin ranged from 3 to 15. Mean scores showed that husbands experienced the current impact of their family-of-origin as slightly less negative (11.33) than wives (10.64). With husbands S.D. of 2.74 and wives S.D. of 2.86, both groups ranged from experiencing their family-of-origin impact as quite positive to fairly negatively impactful.

The Overall Evaluation of Family-of-Origin had a range of 6 to 20. Mean scores showed that Husbands and Wives had similar evaluations of their family-of-origin experience (16.74 – husbands; 16.19 – wives). Standard deviations for husbands (2.83) and wives (3.57) showed that their overall evaluation of their family-or-origin ranged anywhere from quite positive to fairly negative.

Scores on the measure for husbands and wives relationship with their father ranged from 3 to 15. Both husbands and wives mean score showed they experienced their relationships with their father similarly (9.96 – husbands; 9.66 – wives) and moderate. With higher standard deviation scores (3.23 – husbands; 3.49- wives), the majority of
husbands and wives experience the relationship with their father anywhere from somewhat positive to quite negative. Very few husbands and wives experienced their relationship with their father as extremely positive.

Scores on the measure for husbands’ and wives’ relationship with their mother ranged from 3 to 15. Both husbands and wives showed similar mean scores (11.12 – husbands; 11.02 – wives). Mean scores showed that husbands and wives, respectively, experienced better relationships with their mothers (11.12 and 11.02) than their fathers (9.96 and 9.66). With fairly large standard deviations (3.75 – husbands; 3.08 – wives), husbands and wives experienced the relationship with their mother being anywhere from extremely positive to moderate. Very few husbands and wives experienced the relationship with their mother as extremely poor.

Scores on the measure for Evaluation of Parents’ Marriage ranged from 3 to 15 with standard deviations of 3.34 to 3.51. Husbands evaluated their parents’ marriage as more positive (10.43) than wives evaluated their parents’ marriage (9.83). With fairly large standard deviations, husbands and wives experienced the quality of their parents’ marriage anywhere from quite positive, to negative.

Marital stability ranged from 3 to 15 for both husbands and wives and had standard deviations of 2.25 to 2.36. Both husbands and wives rated their marital stability almost identically (12.65 – husbands; 12.55 – wives).

Scores on the measure for Drinking ranged from 1 to 5 and had standard deviations from .91 to 1.07. Husbands’ report on his drinking (2.43) was very similar to his wife’s perception of his drinking (2.47) although on average wives reported that their husband drank slightly more than what husbands reported on their own drinking..
wives mean score on the report of her own drinking showed a mean score 2.23, similar to her husband’s perception of her drinking which was 2.16 which means on average, wives reported that they drink slightly more than what their husband’s perceived. The next step in the analysis was to run the Structural Equation Model using Amos 6.

Results of Structural Equation Analysis.

The final model included latent variables of Family-of-Origin, Negative Affect Regulation, and Marital Stability as predictors, and drinking similarity and husbands drinking more as criterion variables. Figure 7 shows the significant direct and indirect paths. The strongest paths appear to exist between the wife’s family-or-origin, both spouses’ ability to regulate negative affect, and both drinking similarity and husband’s drinking more.
Figure 7. Significant Direct and Indirect Paths with Husband and Wife Regulation of Negative Affect, Husband’s and Wife’s Family-of-origin, and Marital Stability as Predictors and Drinking Together and Husband’s Drinking More as Criterion Variables (Estimates are Standardized).
*p<.05, **p<.01, ***p<.001
Family-of-Origin

The wife’s family-of-origin was one of the most predictive variables in the model. The wife’s family-of-origin has a direct negative effect on whether a husband and wife drink similarly (−.79; p < .001), meaning that the higher the wife’s family-of-origin scores, the less likely they are to drink similarly. Wife’s Family-of-origin also had a direct negative effect on the husband drinking more (−.49; p < .01), meaning that the higher the wife’s family-of-origin scores, the lower the likelihood of her having a husband who drinks more than she does.

Several indirect paths were found to be statistically significant. The wife’s family-of-origin has indirect effects on both couple alcohol use patterns through the mediating variable of the wife’s negative affect regulation. A wife’s family-of-origin quality positively predicts her ability to regulate negative affect (0.71; p < .001). Her negative affect regulation, in turn, is negatively related to the couple pattern of the husband drinking more than the wife (−.57; p < .001), as well as negatively related to the husband and wife drinking similarity (−.50; p < .01).

Another indirect effect of wife’s family-of-origin quality on couple alcohol use patterns is through the mediating variable of marital stability. The better the wife’s family-of-origin quality, the higher her marital stability (0.58; p < .001), which is then negatively related to husband drinking more than the wife (-.19; p < .05). This means that the higher the functioning of her family-of-origin, the better her marital stability, and the better her marital stability, the less likely it is that her husband will drink more than her.
A three step indirect relationship was found between the wife’s family-of-origin and the husband drinking more than the wife, with a mediating path through wife’s negative affect regulation (.71; p < .001), and a secondary effect on marital stability (.68; p < .001). Marital stability was then negatively related to the husband drinking more than the wife (-.19; p < .05). This means that the higher the functioning in her family-of-origin, the better her ability to regulate negative affect which in turn is positively related to marital stability, and the higher the marital stability, the less likely the husband will drink more than his wife.

A similar indirect relationship was found with the wife’s family-of-origin influencing the husband drinking more, with an initial effect on husband’s negative affect regulation (.54; p < .01), and a secondary effect on marital stability (.31; p < .05). Marital stability was then negatively related to the husband drinking more than the wife (-.19; p < .05). This means that the higher the functioning in her family-of-origin, the better her husband’s ability to regulate his negative affect which in turn is positively related to marital stability, and the higher the marital stability, the less likely the husband will drink more than his wife.

The husband’s family-of-origin was not directly predictive of either drinking similarity or the husband drinking more. However, there was a significant indirect path from husband’s family-of-origin through his regulation of negative affect to both drinking similarity and husband drinking more. The higher his family-of-origin score, the higher his ability to regulate negative affect (.29; p < .05), which is then negatively related to both couple patterns, drinking similarity (-.38; p < .01) and the husband drinking more than the wife (-.78; p < .001).
A three step indirect relationship was found between the husband’s family-of-origin and the husband drinking more than the wife, with an initial effect on husband’s negative affect regulation (.29; p < .05), and a secondary effect on marital stability (.31; p < .05). Marital stability was then negatively predictive of the husband drinking more than the wife (-.19; p < .05). This means that the better the husband’s family-of-origin quality the better his ability to regulate negative affect which is positively related to marital stability, and the better the marital stability, the less likely he will drink more.

Negative Affect Regulation

Both the husband’s and wife’s negative affect regulation directly predict both patterns of couple alcohol use at highly significant levels. The wife’s regulation of negative affect has a direct and negative relationship with both the husband drinking more (-.57; p < .001) and both spouse’s drinking similarity (-.50; p < .01).

There was an indirect relationship between the wife’s negative affect regulation and husband’s drinking more through the mediating variable of marital stability (.68; p < .001).

The husbands’ negative affect regulation was directly and negatively associated with husband’s drinking more (-.78; p < .01) and spouse’s drinking similarity (-.38; p < .01).

There was an indirect relationship between the husband’s negative affect regulation and husband’s drinking more through the mediating variable of marital stability (.31; p < .05).
Marital Stability

Marital stability was predictive of only the husband drinking more than the wife (-.19; p < .05). Marital stability was a mediating variable in several indirect paths discussed above (i.e., wife’s family-of-origin, wife’s regulation of negative affect, and husband’s regulation of negative affect).
CHAPTER V

Discussion

A primary goal of this study was to better understand what historical (family-of-origin) and current processes (individual regulation of negative affect and marital stability) are related to whether husbands and wives drink at about the same frequency and to the husband drinking more.

The results of this study suggested that wives family-of-origin and both spouses’ regulation of negative affect were highly predictive of a husband drinking more than the wife, and moderately to highly predictive of whether a couple drinks similarly.

Findings indicate that both husband’s and wives family-of-origin have effects on couples drinking similarity and husband’s drinking more than their wives. These findings are consistent with previous studies that suggest family-of-origin alcohol use and dynamics are predictive of later alcohol use (Morris, Wise, Comensky, & Loney, 1992; Prest & Protinsky, 1993; Scharff & Scharff, 2003). Although family-of-origin is an important predictor of later alcohol use, this study suggests that husband’s and wives family-of-origin variables are not entirely equal in their contributions to couple alcohol use patterns. Findings suggest that the wife’s family-of-origin has a stronger relationship to whether a couple drinks similarly or whether a husband drinks more, than the husband’s family-of-origin. This is not to say that the husband’s family-of-origin has no effects, but that the strength of the relationships between the wife’s family-of-origin and ‘drinking similarity’ and ‘husband’s drinking more’ was higher. The wife’s family-of-
origin showed direct and indirect paths to both couple drinking variables, while the
husband’s family-of-origin showed only indirect paths.

No studies were found that differentiated husbands and wives family-or-origin in
terms of their influence on later marital drinking patterns. Some previous research
findings appear to be similar to the results of this study. For example, Wamboldt & Reiss
(1989) suggest that the female’s premarital traits are generally more predictive of marital
stability than the husband’s traits, or his family-of-origin. Although the previous study is
not specifically about the wife’s family-or-origin, it supports our findings that the
female’s historical context is more related to later marital processes than the husband’s
historical context. It could also be suggested that alcohol patterns are another of the
marital dynamics that are influenced by the females pre-marital construct.

A somewhat contradictory finding from previous research suggests that the
husband’s premarital psychological adjustment is more predictive of relationship
satisfaction than the females’ adjustment (Markman, Duncan, Straasli, & Howe, 1987).
The difference in findings could be a result of different measures and criteria. Due to the
significant differences recently being examined between genders, more research is
needed to understand the role and treatment of gender specific issues in marital outcomes
such as alcohol use similarity and discrepancy.

The wives family-of-origin was found to be moderately to highly predictive of
every variable in the study (minus husband’s family-of-origin). While the husband
showed a small relationship between his family-of-origin and his regulation of negative
affect, the relationship between the wife’s family-of-origin and her regulation of negative
affect was highly significant. Interestingly, her family-of-origin didn’t just effect her
negative affect regulation, but also had an effect on her husband’s regulation, more so even than his own family-of-origin. The husband’s negative affect regulation is significantly related to both drinking similarity and his drinking more. There is significant research supporting the influence of wives negative affect on a husband’s regulation of negative affect and the resulting marriage.

Research on marital relationships suggests that wives tend to be more expressive, both positively and negatively, and that husband’s tend to be more defensive and engage in what is termed “stonewalling”, which is defined as “nonexpressiveness when experiencing strong negative emotion” (Carstensen, Gottman, & Levenson, 1995, pp 141). This was found to be the case regardless of age or length of marriage (Gottman & Levenson, 1988; Levenson, Carstensen, & Gottman, 1994; Christensen & Heavey, 1990; Notarius & Johnson, 1982). When examining why men tend to experience higher rates of defensiveness and stonewalling, it has been suggested by previous research that men experience lower tolerance for negative affect and tend to make efforts to regulate it in ways that may unintentionally increase the negative affect of his spouse (Christensen & Heavey, 1990; Gottman & Levenson, 1993). Research suggests that men tend to experience “flooding”, or the partner’s negativity becoming emotionally overwhelming to the other (Gottman, 1994) more quickly than women do. When a husband experiences negative affect from his wife, it is possible his negative affect is exponentially experienced until he is overwhelmed and copes by using one of the previous coping mechanisms discussed above (i.e. defensiveness and/or stonewalling).

Further research supports that negative affect tends to be more unpleasant and overwhelming for men. Research suggests that negative affect can often result in high
A study by Levenson, Cartensen, & Gottman (1994) found that men and women experienced different reactions to negative affect. Men experienced a significant increase in physiological arousal and tended to make abrupt efforts to end the discussion, often by withdrawal. Women, on the other hand, showed considerably higher tolerance for physiological arousal and tended to be able to continue to have a high level of engagement.

The above research suggests that the wife’s negative affect tends to have a significant influence on the husband’s negative affect. The present study suggests that the wife’s family-of-origin and negative affect regulation create the wife’s emotional state, which the husband’s then reacts to or withdraws from, which then has a significant relationship with whether the couple drinks at a similar frequency or if the husband drinks more than the wife. The findings of this study suggest that the lower the husband’s ability to regulate his negative affect, the more likely he is to drink more than his spouse. This outcome would be expected. If a husband were to experience high amounts of negative affect with low ability to regulate, a potential coping mechanism of alcohol consumption could be expected.

Further research supporting the contributions of both husband and wife suggest that in more stable and satisfied marriages, wives tend to start conflict discussions softly, wives make repair attempts during challenging conversation (humor, affection, etc.), and the husband is able to self-soothe, which is the ability to regulate and calm himself when experiencing heightened affective and physiological arousal (Gottman et al., 1998). In summary, when wives are able to reduce the intensity with which they discuss conflict
and experience negative affect, and when men are able to soothe themselves, or regulate their negative affect, marital stability and satisfaction increases.

The previous research suggests that wives have significant influence on their husband’s negative affect. The findings of this study support this research and also suggest that the wife’s context influences many other aspects of the husband’s system. The questions must be asked, how does a wife’s context so strongly influence her husband’s drinking, marital stability, and regulation of negative affect?

The finding that the wife’s family-of-origin influencing her husband’s negative affect regulation more than his own family-of-origin could theoretically be explained using attachment theory (Bowlby, 1969; 1988). It is possible that the wife influences her husband’s ability to regulate negative affect through her own negative affect and her conflict and intimacy patterns passed down from her family-of-origin through intergenerational transmission. Regulating negative affect is essential to maintaining intimacy. It is commonly believed that men aren’t as capable of intimacy as women are. Research indicates that men don’t have trouble with intimacy & connection, but rather with conflict and negative affect (Markman & Hahlweg, 1993). “In a sea of conflict, men sink, women swim” (Gottman, 1983 as quoted in Markman & Hahlweg, 1993, pp 32). The researchers hypothesized that perhaps a husband’s negative affect is effected by his wife’s intimacy and conflict pattern, all of which would be learned and passed down through her family-of-origin. Attachment theory suggests the attachment one forms in childhood is reflected in adult romantic relationships (Hazan & Shaver, 1987; see review in Shaver & Clark, 1996). The quality of the parent-child relationship directly relates to later adult marital quality (Topham, Larson, & Holman, 2005; Holman et al., 1994;
Holman & Birch, 2001; Kelly & Conley, 1987). The main assertions of attachment theory are that family-of-origin attachment experiences characterize a person throughout their life, and the parent-child relationship establishes the structure and quality of later romantic relationships (Bowlby, 1969; 1988; Bartholomew, 1993). Bowlby (1988) suggests that there are three main attachment patterns learned from the relationship a child has with a parent. Because each parent does not attach to their child the same way, there are times when combinations may occur. Generally, a child develops one particular attachment style and these attachment patterns are relatively static. They resist change, but they can be changed (Bartholomew, 1993; Shaver & Clark, 1996). There are three main types of attachment behaviors seen in childhood and in later adult romantic attachment. They are avoidant, anxious-ambivalent, and secure (see review in Shaver & Clark, 1996). Briefly described, the avoidant type usually describes their parents as being rejecting and cold, and they generally had poor relationships with their parents. In adult relationships these people are generally not interested in developing true intimacy and tend to be very cynical about relationships. With the anxious-ambivalent type the parents are usually seen as intrusive and unfair, often as a result of inconsistent and unreliable parenting. In adult relationships these people generally yearn for romantic relationships and often appear desperate. They are also very often argumentative, intrusive, and over-controlling in romantic relationships, usually exhibiting these behaviors in order to keep and control the relationship. In the secure attachment type, people generally have a good relationship with their parents. They experienced their parents as consistent and loving, and emotional expression was allowed and encouraged. In adult romantic relationships
these people are more stable and have a greater ability to resolve problems and work together (Shaver & Clark, 1996).

Studies indicate that attachment styles are highly related to emotional regulation, specifically, that securely attached individuals experience more positive affect and a higher ability to regulate their negative affect, whereas those with avoidant or anxious/ambivalent types tended to either focus on negative affect or have some difficulty in regulating their negative affect (Feintuch, 1999; Gentzler, 2002; Schreiber, 2000). Emotionally Focused Therapy - EFT (Johnson & Greenberg, 1985) is an empirically validated approach to couple’s intervention (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). One of the key assumptions of EFT is that emotions are the means by which we experience, organize, and when necessary, re-organize our attachment frameworks. Johnson & Greenman (2006) suggest that when couple’s core attachment needs are not met, problem cycles ensue where the attachment insecurity continues to grow and relationship distress follows. Couple’s that experience overwhelming negative affect continue to perpetuate the cycle of dis-owned and unmet attachment needs, and they do so in the pursuit of secure attachment. Thus, negative affect between spouses is often seen as a struggle for attachment security (Johnson & Whiffen, 1999). EFT, along with attachment theory suggests that the basis of building secure bonds is the responsiveness and accessibility of a chosen intimate other, both of which cannot exist in the context of excessive negative affect (Gottman, 1994).

If following the theoretical underpinnings and research on EFT and attachment theory, the findings of this study suggest that the strength of the wife’s family-of-origin experience on the husband’s negative affect partially stem from his wife’s attachment
patterns learned in her family-of-origin, that characterize her adult love relationships through her life (Bowlby, 1969). Although this model did not measure the relationship between the husband and wife’s negative affect regulation, research supports the relationship as quite significant (Gottman, 1994; Hazan & Shaver, 1987; Johnson & Best, 2003). A husband and a wife’s attachment needs, if unmet, then perpetuate the cycle of negative affect (Johnson & Whiffen, 1999), highly influencing the husband’s likelihood of coping through alcohol consumption higher than that of his wife, as previous research suggests the wife generally has a higher tolerance for affective and physiological arousal than does her husband (Gottman et al., 1998). It is suggested then that the ability to regulate negative affect is partially a result and a perpetuation of one’s attachment style. Those with secure attachment would be more likely to experience higher positive affect, and an increased ability to regulate negative affect. Therefore, when treating couples with alcoholism or alcohol use problems, assessing and treating attachment needs may be an important area for therapists to include in their assessment and treatment.

The gender influences found in this study could possibly be explained using the theories discussed above. If a husband and wife experience their families-of-origin as safe, rewarding and positive (secure attachment), they are likely to recreate a similar environment in their current marriage. Their ability to regulate negative affect is likely learned and/or influenced by their family-of-origin AND their current relationship. These family-of-origin and present-day contexts interact with one-another, influencing the individual and marital processes, one of which would be couple drinking patterns.
The husband’s family-of-origin had no direct effects on either couple drinking pattern. His family-of-origin had moderately significant effects on drinking similarity through the mediating variable of the husband’s regulation of negative affect. In terms of his drinking more than his wife, his family-of-origin had moderate to highly significant effects on whether or not he drinks more than his wife through two indirect paths. In one, his family-of-origin influenced his drinking more than his wife only through his regulation of negative affect. The other indirect path suggested his family-of-origin influenced his drinking more through his regulation of negative affect influencing marital stability, which then had fairly significant effects on his drinking more. Other research supports this finding, suggesting that the higher the quality of the male’s family environment, the higher the male’s marital quality (Holman, Larson, & Harmer, 1994) which our findings suggest, then has an influence on the husband drinking more than the wife. With the attachment literature so well established, it is curious that this study shows only a moderate relationship between the husband’s family-of-origin and his regulation of negative affect. Attachment theory suggests that the attachment experiences in one’s family-of-origin characterize a person through their life (Bowlby, 1969). The question is then posed why the husband’s family-of-origin influence is not as significant as the wife’s. It is possible that the difference between significance of the husband’s family-of-origin and the wife’s family-of-origin are due to measurement differences. It is possible that this study did not measure family-of-origin precisely enough. For example, different family-of-origin specifics could be related to drinking similarity and another set could be related to the husband drinking more. There is also the possibility of a combination. If the wife comes from a healthy family-of-origin and the husband comes
from a poor family-of-origin, is he likely to drink more? The researchers suggest that there are alternate variables not accounted for in the present measure for “family-of-origin” that might better predict the husband’s negative affect, marital stability, and drinking patterns. Further research is suggested to expand the current understanding of the influence of the couple’s interacting contexts as well as each individual’s specific family-of-origin variables, negative affect regulation, and marital stability on couple alcohol use patterns.

One of the most interesting findings of this study is the gender difference in terms of contributions to different areas of one’s system. As discussed in the literature review, research suggests the relationships exist between one’s family-of-origin, their ability to regulate negative affect, their marital stability, and couple drinking patterns. However, it appears as though the contributions of each spouse to the resulting marital system are different. Findings of this study suggest that both the husband and wife’s ability to regulate negative affect were strongly predictive of disparate couple drinking patterns, or the husband drinking more than the wife. Interestingly, only the wife’s family-of-origin was strongly predictive of every variable within the study (excluding a husband’s family-of-origin). Research has supported the idea that the husband and wife contributions to marriage differ (Brooks, 1988; Filsinger & Thoma, 1988; Gottman, Coan, Carrere, & Swanson, 1998; Holman, Larson, & Harmer, 1994). Findings of this study, as well as the studies just mentioned, suggest the importance of studying partner effects when examining couple variables. The strong relationship between the wife’s family-of-origin and the husband’s negative affect regulation was somewhat unexpected. This finding
could have important implications for the conceptualization and treatment of multiple marital problems, including husband and/or wife’s depression/anxiety, problems with marital stability, and problematic drinking patterns where both spouses are high users, or where the husband drinks more than his wife. These implications would suggest the important role the spouse’s context potentially plays in the formation and maintenance of individual and couple dynamics.

Addressing the alcohol treatment literature, findings of this study suggest that both husbands’ and wives’ ability to regulate negative affect were significantly predictive of both drinking similarity and the husband drinking more than the wife. These findings support earlier research conclusions that depression, anxiety, and other aspects of negative affect regulation are highly related to both spouse’s having similar drinking patterns and the husband drinking more than the wife. Several directional studies were reviewed earlier, with many contradictory findings. Some studies were in support of a linear relationship, other a j-shapes, or u-shaped relationship between depression/anxiety and alcohol use. Interpretations of the present study suggest that it is entirely possible that when a husband drinks more than his wife, his drinking will also decrease his ability to regulate negative affect. In other words, there could be a spiraling relationship between drinking more and regulations of negative affect. This mutually amplifying assumption was not tested in the model in this study, but if negative affect regulation was the variable of interest, husband’s drinking more might have a causal relationship which should be tested in future studies.

Marital Stability was not the strong mediating variable as was hypothesized. Although it did have a significant relationship with a husband drinking more, there were
Researchers hypothesized that marital stability would show a strong relationship to couple alcohol use. Previous research suggested that family-of-origin was the strongest predictor of later marital satisfaction and stability (Holman, Larson, Stahmann, & Carroll, 2001; Topham, Larson, & Holman, 2005) and other research suggested that difficulty regulating negative affect (anxiety, depression, anger, etc.) was highly related to marital stability as well (Holman, Larson, & Olsen, 2001; Kelly & Conley, 1987; Meredith & Holman, 2001; Vaillant, 1978). The researchers hypothesized that if family-of-origin and regulation of negative affect were strong predictors of both marital satisfaction and stability and alcohol patterns, than a marital stability variable would also likely show a strong relationship with alcohol patterns.

Although there was a relationship shown between marital stability and the husband drinking more than the wife, the relationship was not exceptionally strong, and marital stability showed no direct relationship at all to drinking similarity. The lack of high significance could simply be the result of the measure. Marital conflict or marital process variables such as criticism, contempt, defensiveness, and stonewalling (Gottman, 1994) may be better predictors of marital stability than the measures used in this study. Future research is suggested to further clarify the contribution of the marital relationship on couple drinking patterns, especially the husband drinking more than the wife.

Although an exceptionally significant relationship was not found between marital stability and the husband drinking more, there was a significant relationship. Marital stability was also a mediating variable between both the husband’s and the wife’s negative affect regulation and the husband drinking more than his wife. It is also possible that the husband started drinking in excess of his wife long before the marriage’s
stability was called into question. Because of the strong relationships between negative affect regulation and drinking, it is possible that drinking actually maintains the marital stability as a coping device for the husband. It could be suggested that marital stability negatively effecting husband’s drinking more than their wives could be a result of the husband drinking to escape or cope with difficulties in the marriage, but also potentially increasing the stability by helping him manage his negative affect. The difference in why the husband copes with marital stability problems with alcohol and the wife doesn’t could possibly be explained in traditional views of couple dynamics. As quoted earlier, “In a sea of conflict, men sink, women swim” (Gottman, 1983 as quoted in Markman & Hahlweg, 1993, pp 32). Men are often taught fewer healthy coping strategies for dealing with negative affect and conflict. It is possible that the husband’s drinking to cope could predict either marital instability or marital stability, depending on the couple and the relationship. For some marriages, his drinking may actually soothe the system, whereas in others, it may exacerbate the system. Again, further research is needed to clarify the relationship marital process variables have on husband’s drinking more than their wives.

Implications for Marriage and Family Therapy practice

Findings suggest couple drinking patterns are more influenced by the wives family-of-origin and both of their ability to regulate negative affect, than their marital stability. These findings strongly support the inclusion of a spouse in any kind of alcohol treatment, regardless of marital problems, since the spouse’s context may in some cases be just as influential as one’s own context. Literature and research strongly support the inclusion of a spouse and marital therapy in alcohol treatment (O'Farrell & Fals-Stewart,
2003; Noel & McCrady, 1993; Zweben & Barrett, 1993). And although research indicates the benefits of including marital therapy in the treatment of the alcohol dependent, problematic drinkers, and nonalcoholic distressed samples (Baucom, et al., 1998; Dunn & Schwebel, 1995; Walitzer & Dermen, 2004), no research was found that addressed the specific issues necessary to address within the marital relationship. The present study suggests that through increased specificity and targeted intervention, an increase in marital and drinking outcomes could be attained.

If drinking becomes a presenting issue in therapy, the findings of this study suggest the therapist assess for specific issues from the wife’s family-of-origin (beliefs, attitudes, values, relationships, etc.) that may increase or inspire feelings of depression, anxiety or anger in the husband. It is also suggested that the therapist assess for individual and couple’s ability to regulate negative affect. These relationships are strongly associated with the husband drinking in excess of the wife. It may be easy to overlook and instead focus on aspects of marital conflict and stability. This study suggests that the marital process variables may not be as related to drinking patterns as the family-of-origins and ability to regulate negative affect. This study also suggests that the interaction of the husband’s and wife’s systems are key, rather than just individual systems (one’s own family-of-origin and one’s own negative affect regulation). The treatment foci remain the same, whether addressing a husband’s drinking problem or a spousal drinking problem. If family-of-origin issues yielded minimal results, findings suggest that reasonable progress could be made by addressing issues around regulation of negative affect. Because of the indirect relationships found in this study, if alcohol is a problem, addressing negative affect regulation may be the most effective areas of focus.
Knowing that the parent-child relationship extends into adult romantic relationships, it is important for the therapist/educator to have an understanding and ability to recognize attachment types and how they are likely to play out in alcohol using/abusing relationships. As discussed earlier, the close relationship between negative affect regulation and bidding for attachment security would support the therapist including assessment of attachment and potentially employing Emotionally Focused Therapy (Johnson & Greenburg, 1985) in order to address the patterns of negative affect in the relationship. As this study finds a strong relationship between both partner’s negative affect and the husband’s drinking more than his wife, addressing the attachment may be one of the best ways to interrupt the complex interactional pattern of negative affect and thereby the husband’s excess use of alcohol.

The most important implication of this study to clinical practice is the finding of significant partner effects. Specifically, that couple interactional effects are often as important, if not more important in conceptualizing and treating individuals or couples presenting with significant drinking patterns as a couple or disparate drinking patterns.

Implications for future research

With emerging research finding significant differences between genders, more research is needed to understand the role and treatment of gender specific contributions to marital outcomes such as alcohol use and/or abuse as well as drinking similarities and discrepancies.

Findings of this study suggest that the wife’s family-of-origin has a significant influence on the husband’s regulation of negative affect, which then has a strong
influence on the husband drinking more than the wife. As mentioned previously, literature supports a strong relationship between husbands and wives regulation of negative affect. Further research is suggested to test and establish directionality between husband and wife’s regulation of negative affect. It is also recommended that the model include a family-of-origin variable to better test the association between the spousal interaction of family-of-origin and negative affect regulation. These findings would further clarify the effects each spouse’s context have on the marital system.

As discussed previously, it is possible that certain family-of-origin factors influence the wife, while others influence the husband. It is also possible that there are specific family-of-origin factors that influence drinking similarity, and others that influence the husband drinking more. Further research using different family-of-origin measures, as well as specific family-of-origin variables is suggested to further clarify the contribution family-of-origin has on negative affect regulation, marital stability, and couple drinking patterns.

Future research on the influence of marital dynamics and couple alcohol use patterns needs to incorporate the study of additional marital process variables. The present study included the measure of marital stability as measured by marital separations or discussions of ending the relationship. Other marital process variables such as couple conflict measures, communication patterns such as criticism, contempt, defensiveness, and stonewalling (Gottman, 1994), are important areas of future research in order to further clarify the influence the marital dynamics have on a husband choosing to drink more than his wife.
As mentioned in the limitations section, this study was comprised of approximately 83% Caucasians. Future research is suggested to more fully understand the implications race and culture may have on the path model presently studied. For example, research suggests that African Americans have lower marital stability than Caucasians, even when age, premarital pregnancy, and income are controlled for (Whyte, 1990). Research also suggests that African Americans experience higher affective intensity and a higher tolerance for affective intensity (Oggins, Veroff, & Leber, 1993). These racial/cultural differences would likely have a significant influence on the present study. Future research is suggested to further understand the influence of race and culture on couple alcohol use patterns.

As discussed earlier, research findings strongly suggest that the inclusion of spouses in treatment of alcohol problems yields greater benefit than no inclusion. Research also suggests that individuals undergoing treatment for alcohol dependence of problematic drinking also completing some form of marital therapy increases outcomes. What remains to be understood by researchers and clinicians are the issues and criteria that need to be addressed within the marital construct. This study suggests that addressing issues of family-of-origin and regulation of negative affect should be primary areas of focus in marital therapy. More research is needed to further clarify and add to the impact of family-of-origin and negative affect regulation on later couple alcohol use patterns.

This study excluded ACOA’s from the sample. Further research specifically applying the same analysis to a strictly ACOA population would further clarify the differences and contributions each variable has on children that come from alcohol dependent family-of-origins and those that come from family-of-origins with varying
degrees of alcohol consumption. Future research looking at the ACOA population would also likely illuminate the relationships extending beyond the family-of-origin into adult emotional regulation, marital stability, and adult couple alcohol use patterns.

Future research would benefit from utilizing more specific measures of the stated variables. The current measures evaluated alcohol use on a 5 point Likert scale (i.e. 1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often). Using measures that were more specific (i.e. 1 = one a week, 2 = 3 times a week, etc...) may reduce rater subjectivity.

Limitations

A limitation of this study is that the data was collected through the internet which might limit access to some parts of the population. This data was restricted to married and remarried couples and other couple formations were excluded. Therefore, the findings can only be generalized to these specific populations. Approximately 83% of the subjects studied were Caucasian so caution is recommended when generalizing to minority groups. This data is non-longitudinal, and with cross-sectional analysis the findings can only be interpreted as correlational rather than causal. The data set was restricted to the items that are present in the RELATE questionnaire. RELATE is designed to assess the individual, couple, familial, and social subsystems to create a relationship development profile. It is not designed as a substance use/abuse measure. The detail with which couple alcohol use could be determined might be expanded upon in future studies.
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Appendix A

Family of Origin Measures

Appendix A 1.0 – Father-Child relationships

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

How much do you agree with the following statements about your family, based on your years growing up?

110. My father showed physical affection to me by appropriate hugging and/or kissing.

117. My father participated in enjoyable activities with me.

124. My father and I were able to share our feelings on just about any topic without embarrassment or fear of hurt feelings.
Appendix A

Family of Origin Measures

A 1.1 – Mother-Child relationships

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

How much do you agree with the following statements about your family, based on your years growing up?

115. My mother showed physical affection to me by appropriate hugging and/or kissing.

121. My mother participated in enjoyable activities with me.

119. My mother and I were able to share our feelings on just about any topic without embarrassment or fear of hurt feelings.
Appendix A

Family of Origin Measures

Appendix A 1.2 - Overall Evaluation of Family Processes

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

How much do you agree with the following statements about your family, based on your years growing up?

108. From what I experienced in my family, I think family relationships are safe, secure, rewarding, worth being in, and a source of comfort.

113. From what I experienced in my family, I think family relationships are confusing, unfair, anxiety-provoking, inconsistent, and unpredictable.

118. We had a loving atmosphere in our family.

122. All things considered, my childhood years were happy.
Appendix A

Family of Origin Measures

A 1.3 – Parents’ Marriage

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

How much do you agree with the following statements about your family, based on your years growing up?

109. My father was happy in his marriage.

114. My mother was happy in her marriage.

123. I would like my marriage to be like my parents’ marriage.
Appendix A

Family of Origin Measures

A 1.4 – Current Impact of Family on Respondent and Relationships

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

How much do you agree with the following statements about your family, based on your years growing up?

111. There are matters from my family experience that I’m still having trouble dealing with or coming to terms with.

116. There are matters from my family experience that negatively affect my ability to form close relationships.

125. I feel at peace about anything negative that happened to me in the family in which I grew up.
Appendix B

Negative Affect Regulation Measures

B 1.0 – Calmness Scale (Anxiety): Self-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

Answer how well these words describe you.

24. Worrier
9. Fearful
16. Tense
22. Nervous

Calmness Scale (Anxiety): Partner-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

Now answer how well these words describe your partner.

162. Worrier
147. Fearful
154. Tense
160. Nervous
Appendix B

Negative Affect Regulation Measures

B 1.1 – Happiness Scale (Depression): Self-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

Answer how well these words describe you.

3. Sad and blue
10. Feel hopeless
17. Depressed

B 1.1 – Happiness Scale (Depression): Partner-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

Now answer how well these words describe your partner.

141. Sad and blue
148. Feel hopeless
155. Depressed
Appendix B

Negative Affect Regulation Measures


1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

Answer how well these words describe you

5. Fight with others / lose temper

12. Act immature under pressure

19. Easily irritated or mad

B 1.2 – Emotional Maturity Scale (Anger): Partner-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

Now answer how well these words describe your partner.

143. Fight with others / lose temper

150. Act immature under pressure

157. Easily irritated or mad
Appendix C

Marital Stability

Relationship Stability Scale

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

248. How often have you thought your relationship (marriage) might be in trouble?

249. How often have you and your partner discussed ending your relationship (marriage)?

250. How often have you broken up or separated and then gotten back together?
Appendix D

Substance Abuse

Alcohol Use Assessment: Self-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

25. How frequently do you use Alcohol?

Alcohol Use Assessment: Partner-Report

1= Never
2= Rarely
3= Sometimes
4= Often
5= Very Often

167. How frequently does your partner use alcohol?