Couple Cohesion: Differences Between Clinical and Non-Clinical Mormon Couples

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Couple Cohesion: Differences between Clinical and Non-Clinical Mormon Couples

A Manuscript of a Journal Article
Presented to the
Department of Family Sciences
Brigham Young University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Colleen Margaret Peterson
July 1988

Running head: COUPLE COHESION IN MORMONS
Couple Cohesion: Differences between Clinical and Non-Clinical Mormon Couples

This thesis, by Colleen Margaret Peterson, is accepted in its present form by the Department of Family Sciences of Brigham Young University as satisfying the thesis requirement for the degree of Masters of Science.

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7/6/88
Date

Robert F. Stahmann, Department Chairman
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This book is dedicated to my late father, whose example, faith, friendship, support, confidence, and encouragement have given me the courage to pursue my potential and conquer life's challenges.
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COUPLE COHESION: DIFFERENCES BETWEEN CLINICAL AND NON-CLINICAL MORMON COUPLES

This thesis examined the differences between 30 clinical and 30 non-clinical Mormon married couples on the perceived and ideal cohesion scores on the FACES III family typology instrument. Two three-way analyses of variance were done to examine these differences. The results provided evidence that there were significant differences between cohesion scores in clinical and non-clinical couples. Both the clinical and non-clinical ideal scores fell close to the enmeshed end of the cohesion dimension of the Circumplex Model. The mean perceived cohesion scores, however, showed a difference between the clinical and non-clinical couples. The clinical couple mean scores fell in the disengaged category while the non-clinical couple cohesion mean scores were in the connected category, close to the enmeshed category cut-off score.
COUPLE COHESION: DIFFERENCES BETWEEN
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Colleen Margaret Peterson
Department of Family Sciences
M.S. Degree, August 1988

ABSTRACT

This thesis examined the differences between 30 clinical and 30 non-clinical Mormon married couples on the perceived and ideal cohesion scores on the FACES III family typology instrument. Two three-way analyses of variance were done to examine these differences. The results provided evidence that there were significant differences between cohesion scores in clinical and non-clinical couples. Both the clinical and non-clinical ideal scores fell close to the enmeshed end of the cohesion dimension of the Circumplex Model. The mean perceived cohesion scores, however, showed a difference between the clinical and non-clinical couples. The clinical couple mean scores fell in the disengaged category while the non-clinical couple cohesion mean scores were in the connected category, close to the enmeshed category cut-off score.

COMMITTEE APPROVAL:

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INTRODUCTION AND STATEMENT OF PURPOSE

The dimension of family cohesion was created to represent multiple concepts related to cohesion or togetherness in couples and families (Olson, Sprenkle, & Russell, 1979). Olson and his colleagues (1979) cited some 40 concepts from at least six different social science fields which had used the idea of cohesion with diverse conceptual and operational definitions (See Table 1, Appendix A, p. 51). The cross-disciplinary use of the construct of cohesion verified its relevance to the study of interpersonal relationships.

Insert Table 1 about here

The marital relationship was the first relationship that was established in a family system. The marital dyad also influenced the types of interpersonal interaction that existed in the family system as children were added to the marital unit. As Satir (1964) stated: "The parents are the architects of the family and the marriage relationship is the key to all other family relationships (Satir, 1964, p. 1). Of the marital and family system constructs relating to cohesion reviewed
in the previous table, the majority of them were related to emotional closeness, individual autonomy, and boundaries. Since the marital dyad was the first and directive relationship of the family system, it would be important to look at the emotional bonding and individual autonomy spouses experience in their marriage. Thus, this study specifically focused on couple cohesion as a determining element in family cohesion. Wherever "family" is used, "couple" can be interjected, inasmuch as the "couple" is the governing unit in the family.

The concept of cohesion is part of the Circumplex Model developed by Olson, Sprenkle and Russell (1979). The Circumplex Model is an attempt to bridge research, theory, and practice in family studies and allows classification of families into 16 specific types of family interaction.

The three primary dimensions of family behavior identified by David H. Olson, Candyce Russell, and Douglas Sprenkle on the Circumplex Model were cohesion, adaptability, and communication (1979, 1980, 1982, and 1983). Family cohesion is the degree to which family members are emotionally separated or connected. Family cohesion is defined as "the emotional bonding that
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family members have toward one another" (Olson, 1985, p. 4). On a continuum from less to more cohesion, a couple (family) would be described as disengaged, separated, connected, or enmeshed.

Family adaptability deals with the family system's flexibility and ability to change. Family adaptability was defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson, et al., 1985, p. 4). Similar to the cohesion dimension, the adaptability dimension had four levels on the continuum, ranging from low to high: chaotic, flexible, rigid, and structured.

Finally, the third dimension of the Circumplex Model, family communication, was hypothesized to facilitate movement along the other two dimensions. As families moved along the cohesion and adaptability continuum, the communication facilitated and reflected these changes. The communication dimension, although part of the Circumplex Model, was not measured by the FACES III.

-----------------------------
Insert Figure 1 about here
-----------------------------
The dimensions of cohesion and adaptability yield sixteen types of family interaction which are divided into balanced, mid-range, and extreme areas (See Figure 1, Appendix B, p. 51). The central area of the model, containing flexibly separated, flexibly connected, structurally separated, and structurally connected, are hypothesized by Olson and his colleagues (1979, 1980, 1982, 1983, and 1985) to be the types of interaction that characterize healthy functioning. Extreme areas of chaotically disengaged, chaotically enmeshed, rigidly enmeshed, and rigidly disengaged are hypothesized by Olson to be dysfunctional and unhealthy. The mid-range areas between balanced and extreme areas are considered by Olson (1979, 1980, 1982, 1983, and 1985) to be borderline in terms of functioning. These areas include the following: flexibly disengaged, chaotically separated, chaotically connected, flexibly enmeshed, structurally enmeshed, rigidly connected, rigidly separated, and structurally disengaged.

Olson developed an alternative hypothesis to the curvilinear concept of healthy couple or family functioning within the middle areas on the dimensions of cohesion and adaptability. He stated that "extreme types will
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function well as long as all family members like it that way" (Olson, et al., 1980, 1982, 1983, and 1985). Olson indicated that this is especially relevant for certain cultural groups, such as Slovak-American, Puerto Rican, Italian, Mormon, Orthodox Jewish, and Amish families, that are more supportive of family behavior at the extremes of high cohesion and low adaptability. Olson hypothesized that these cultural groups would have rigidly enmeshed patterns on the Circumplex Model (Olson, et al., 1982, 1983, & 1985).

FACES III is an instrument developed by David Olson and colleagues to assess the two dimensions of cohesion and adaptability in the Circumplex Model (Olson, Portner, and Lavee, 1985). The FACES III instrument was designed such that both perceived and ideal family functioning could be measured (See Appendix C, pps. 53-54 for copy of the instrument). The perceived-ideal discrepancy gives a measure of family or couple satisfaction by showing the difference between an individual's perceived family or couple functioning and his or her ideal family or couple functioning. For those couples and families in therapy, the ideal score gives the
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therapist an idea of the preferences and desired direction for change.

There are two versions of the FACES III instrument, a family version and a couple version. The couple version differs from the family version in its focus; the couple version with questions relating to the couple relationship and interaction instead of the family relationship involving children.

DEFINITIONS

Adaptability: a couple's ability to shift its power structure, role relationships, and relationship rules in response to situational and developmental stress. Adaptability ranges from extreme change, which results in chaos, to very limited change which results in rigidity.

Cohesion: an emotional, intellectual and/or physical oneness that spouse feel toward one another. This variable ranges from extremely high, resulting in overidentification, or enmeshment, to extremely low, which results in isolation or disengagement.

Clinical Couple: a couple that is participating in therapy for marital problems and also has at least one
spouse whose Marital Adjustment Test (MAT) score is below 100.

**Non-clinical Couple**: a couple that is not participating in marital therapy and neither spouse's Dyadic Adjustment Scale (DAS) score is below 101.

**NEED FOR THE STUDY**

The literature has shown that the aforementioned cultural groups, Slovak-American, Puerto Rican, Italian, Mormon, Orthodox Jewish, and Amish families, have an expectation of close involvement as marital and family systems (Stein, 1978; Minuchin, Montavalo, Guerney, Rossman, & Schumer, 1967; Schvandeveldt, 1973). However, Olson's hypothesis that these cultural groups would be more likely to score in the rigidly enmeshed quadrant of the Circumplex Model has not been tested.

Glenn (1988) also used the Williams-Evans data set to compare Mormon couple cohesion category percentages with national cohesion percentage norms to see if Mormons as a group did indeed fall in the enmeshed area of the Circumplex Model. Glenn (1988) found in his Mormon sample of 249 individuals that a significantly higher percentage of Mormons scored in the enmeshed category than Olson's norms for people across the
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lifespan (See Table 2, Appendix D, p. 56). In a preliminary statistical analysis using regression, Glenn found that the other demographic variables, such as years of marriage and number of children, only accounted for 4% of the variance in cohesion scores.

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Insert Table 2 about here
------------------------

Although Glenn's (1988) study was exploratory, it provided some support for Olson's hypothesis that Mormons would be more likely to score in the enmeshed area on the cohesion level. With this information the next logical step would be to determine the differences between clinical and non-clinical Mormon couples on the FACES III, cohesion dimension. The knowledge of whether such differences exist would provide a therapist working with Mormon couples a better understanding of them. Thus the therapist would be more able to facilitate the kind of changes the couple desired.

REVIEW OF THE LITERATURE

The Circumplex Model of Family Functioning

The Circumplex Model came out of the work done by Olson and associates to integrate some of the concepts
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related to the family interaction, that researchers, theorists, and therapists had been propagating for years (Olson, Russell, & Sprenkle, 1983). The two different concepts that evolved through factor analysis were the dimensions of cohesion and adaptability (Olson, et al., 1983). A third concept of communication, was identified as the facilitating dimension that allows movement along the other two dimensions (Olson, et al., 1983).

The dimension of cohesion was originally defined as "the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson, Sprenkle, & Russell, 1979, p. 5). Beavers and Voeller (1983) harshly criticized the use of "autonomy" in the definition because of its individual developmental connotation in a definition of marital and family interaction. The subsequent definitions of cohesion used by the Circumplex Model authors did not include reference to autonomy (Olson, et al., 1983).

The dimension of cohesion was comprised of many different variables that measure the amount of cohesion. These are emotional bonding, boundaries, coalitions, time, space, friends, decision making, and interests
and recreation (Olson, et al., 1983). It was also placed on a continuum of low to high, with four levels. These four categories are: disengaged, separated, connected, and enmeshed.

With regard to the cohesion dimension, Olson and associates (1980) hypothesized that there was a curvilinear relationship between effective family and marital interaction and cohesion. It followed then that families and couples would function more effectively at the separated or connected levels of the model than at the extreme disengaged or enmeshed levels (Olson, Russell, & Sprenkle, 1980). (See Appendix B, Figure 1, p. 51, for Circumplex Model).

With an enmeshed relationship, an extreme amount of emotional closeness and loyalty is demanded (Olson, 1988). The people involved in an enmeshed system are very dependent on each other and are also very reactive to each other (Olson, 1988). According to Olson (1988) there is a lack of personal separateness and very little private space. In terms of personal energy expended, it is mainly focused inside the marriage, with few outside friends or interests (Olson, 1988).
Another related hypothesis created by Olson and his colleagues (1980 & 1982) stated that "if the normative expectations of a couple or family support behaviors on one of both extremes of the circumplex dimensions, it will function well as long as family members accept these expectations" (Olson, et al., 1982, p. 6). In discussion of this hypothesis Olson stated the following:

"A sizable minority of families, have normative expectations that strongly emphasize family togetherness. Their family norms emphasize emotional and physical togetherness, and they strive for high levels of consensus and loyalty." (Olson, 1988, p.20-21)

It was with the discussion of this hypothesis that Olson further implicated that Mormons were one of the cultural groups which could be expected to score in the enmeshed category of the Circumplex Model because of their conservative religious and family values.

Concerning this assumption of enmeshment in Mormon couples and families, there has only been one empirical paper reported (Schvandeveldt, 1973). This was an article which described Mormon adolescent likes and dislikes about their parents (Schvandeveldt, 1973). This study indicated that Mormon families with adolescents
perceived love and trust between parents and children, but did not label the relationship as extreme, i.e. enmeshed.

The other dimension of the Circumplex Model, adaptability, was defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stresses" (Olson, et al., 1983, p. 48). Adaptability was also distributed on a continuum of low to high: chaotic, flexible, structured, and rigid (Barnes & Olson, 1985).

With regard to general systems theory, adaptability has been a useful concept as it is applied to marital and family systems. The positive feedback that facilitates a system's behavior of growth, creativity, and positive change is called morphogenesis. It is the change-promoting, self-directive processes a family is involved in. An example of morphogenesis is a family gathering information from outside the family boundaries about how to deal with adolescents and implementing some of the things learned to improve the family situation. On the other hand, negative feedback which inhibits behavior that leads to growth, is called morphostasis (Hoffman,
Morphostasis is frequently seen in families with schizophrenic members where the family boundaries are so tight that it is virtually impossible for family members to go outside the family for feedback to change the family system. Thus a morphostatic family is limited to information among family members, which promotes a sameness. Wertheim (1973) and Speer (1970) have indicated that both change and sameness are needed to provide systemic growth and at the same time maintain stability.

Although the concept of morphostasis has been criticized (Dell, 1980), the theoretical idea that a system must adapt to its environment has been generally accepted and voiced in the concept of adaptability in the Circumplex Model. It follows then from general systems theory, that the central area of the adaptability continuum is usually more functional than either of the extremes (Olson & Killorin, 1985).

The third dimension of the Circumplex Model, communication, was not represented as an axis as are cohesion and adaptability. Communication is seen as a facilitator that allows couples and family members to move along the other two dimensions (Olson, Russell, &
Sprenkle, 1983). Hypothesis V of the Circumplex Model states the following: "Balanced couples/families will tend to have more positive communication skills than extreme families" (Olson, et al., 1983, p. 74). This middle area being seen as more healthy than the extremes, is again indicative of the curvilinear nature of the Circumplex Model. Anderson (1986) tested this hypothesis and the results supported the idea that families scoring in the middle areas of cohesion and adaptability were more healthy in their communication than families scoring in the extreme areas. Rodick, Henggler, and Hanson (1986) also found clear support for the hypothesis that families scoring in the balanced area of the Circumplex Model have more positive communication skills.

Religion and Couple Cohesion

Within the social science literature there has been an increased emphasis on the importance of studying multiple institutions, such as family and religion, simultaneously (Thomas, 1988; Abrahamson & Anderson, 1984; Thomas & Henry, 1987; Thomas & Sommerfeldt, 1984). Thomas and Sommerfeldt (1984), Warner (1979), Bergin (1980), and McNamara (1985) have addressed the importance of dialogue between the disciplines of
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religion and family studies, particularly in relation to the extent that professionals deal with individuals who espouse certain religious values. This criticism of family and family therapy research for not dealing with religious differences and ethnic minorities (McGoldrick & Rohrbaugh, 1987) is a critical issue. Such religious and ethnic considerations are vital to providing more research-based information so therapists can provide culturally appropriate interventions for their clients.

In the literature several studies have shown that religious affiliation and participation were positively correlated with marital satisfaction (Albrecht, 1979; Glenn & Weaver, 1978; Kunz & Albrecht, 1977). Williams (1983) indicated in his review of the literature that 13 of the 17 major studies on marital satisfaction and religion reported a significant positive relationship between religiosity and marital happiness or satisfaction.

In 1983 Kennedy, Cleveland, and Schumm found that there was a correlation between religious commitment and commitment to the family. This strong commitment to the family, within a religious culture, could partially account for the "enmeshed" commitment of Mormon families.
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Within the Mormon religion, marriage and family life are seen as vital and important. In Mormon theology, marriage has been emphasized as a moral responsibility and it has been very important for every active church member to be married and rear a family. Heaton (1988) indicated that in comparison with Catholics, Protestants and people with no religious affiliation, Mormons have a higher percentage of people over the age of 30 who are married than any other religious group (see Table 3, Appendix E, p. 58).

Insert Table 3 about here

With respect to the importance of marital and family involvement, Spencer W. Kimball (1979), when he was President of the Church of Jesus Church of Latter-day Saints, said the following:

"It is the normal thing to marry. It was arranged by God in the beginning . . . Every person should want to be married. There are some who may not be able to. But every person should want to be married because that is what God in heaven planned for us."
Marriage is ordained of God. It is not merely a social custom. Without proper and successful marriage, one will never be exalted." (Kimball, 1982, p.291).

Close marital and family involvement is emphasized in the Mormon religion by the following:

1) Married couples continuing courtship after marriage (Kimball, 1982); 2) "Multiplying and replenishing the earth" and not delaying childbearing for convenience (Kimball, 1982); 3) Regular night and morning family prayers (Kimball, 1982); 4) Devoting at least one night a week at home ("Family Home Evening") to spend an evening together as a family (Kimball, 1982); 5) Knowing and living by the well known Mormon quote from David O. McKay, a former President of the Church: "No other success can compensate for failure in the home" (cited in Evans, 1971, p.11).

Close involvement within the marriage and family has been continually stressed and encouraged by Mormon doctrine and leaders. This close involvement is what might be considered by others to be enmeshment.

With regard to Mormon child-bearing practices, it is evident that the Mormon beliefs have influenced the
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fertility rate of Mormon couples. In 1981 it was noted that Utah, predominantly Mormon, had a 70% higher birth rate than the rest of the United States (Thornton, 1985). If the number of children a Mormon couple bears has been influenced by their religious belief, then there may be other areas that might be affected by their religious affiliation and practice. These factors which emphasize and encourage marriage and family institutions in the Mormon faith, could create a culture of intense involvement for Mormon family members. This intense involvement might also lead to high levels of cohesion in Mormon families.

In summary, a review of the literature supports the idea of religious influence on family cohesion, and the need to study more closely the interaction between religion and family cohesion. The literature, however, lacked conclusive evidence of research to support Olson's hypothesis (Olson, et al., 1985) that Mormon couples would score significantly higher (enmeshed) on the cohesion scale of the FACES III than would non-Mormon couples. Glenn (1988) in his preliminary study found that Mormon couple did score enmeshed more frequently than did non-Mormon couples. Consequently, this study
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was not done to verify Olson's hypothesis that Mormons would be more likely to score more enmeshed but to expand on that premise based on Glenn's (1988) preliminary study which supported that hypothesis. More specifically, this study compared Mormon couples, clinical and non-clinical, on the cohesion score of the FACES III (couple version).

HYPOTHESES

I. There is no significant difference, at the .05 level, between clinical and non-clinical Mormon couple ideal cohesion mean scores.

II. There is no significant difference, at the .05 level, between clinical and non-clinical Mormon couple perceived cohesion mean scores.

METHODOLOGY

Subjects

The sample consisted of two groups—a Mormon non-clinical group and a Mormon clinical group. The couples in both groups identified themselves as "Mormon" on the demographic questionnaires that they completed, however, there was no control for religiosity. Both the clinical and non-clinical group participants were given instructions to complete the instruments independent of their spouses.
The non-clinical group data were from the data collected in an earlier study (Williams-Evans, 1987). A random sample of 30 couples was generated from the 100 couples from the Williams-Evans data set. The Williams-Evans data were obtained by random phone calls in Davis, Salt Lake, and Utah Counties. Couples contacted by phone were mailed packet containing the instruments and a demographics sheet which were returned by mail. Couples in the non-clinical sample were required to have a Dyadic Adjustment Scale (DAS) score of at least 101 and Marital Status Inventory (MSI) scores below 3.

The mean years of marriage for the non-clinical sample was 11.5 with a standard deviation of 7.6. The mean ages of the 30 couples in the non-clinical sample were 35.91 with a range of 22 to 60 years for the males, with one 60 year old out-liar, and a mean of 32.86 with a range of 21 to 45 years of age for the females. They had an average of 2.6 children. In terms of level education, the over half of the non-clinical couples reported the equivalent of a bachelor's degree or higher. The mean income reported by the non-clinical group was $32,500. The DAS mean scores were 118.36 (s.d. 7.89) for males and 112.25 (s.d. 24.12)
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for females. Also the MSI mean scores were .28 (s.d. .68) and .76 (s.d. .90) for males and females respectively.

The clinical sample of 30 couples was obtained from the Brigham Young University (BYU) Comprehensive Clinic, which is a mental health facility that provides individual, marital, and family counseling services to the university and the community of 150,000 people. Therapists doing therapy with Mormon couples administered the FACES III (Couple Version) within the first two sessions with their Mormon clients. The Locke-Wallace Marital Adjustment Test (MAT) and the Marital Satisfaction Inventory (MSI) were also administered to assess marital satisfaction and distress and to assure that the couples included in the clinical sample were distressed. At least one of the spouses in the clinical sample needed to have a MAT score below 100 to be included. This follows the systemic concept that if one marital partner is distressed then the marriage is distressed. Demographic information was taken from the intake information forms in the clients' files.

The clinical sample was Caucasian, with the exception of one American Indian couple. The average age for clinical males was 30.23 with a range of 21 to 41
years. For females the average age was 27.74 with a range of 19 to 38. The couples were married an average of 5.88 years with an average of 2.18 children. In terms of education level, half of the sample had high school degrees and the other half had at least an associate degree, for both males and females. The clinical sample reported an average mean income of $15,865. The average scores on the MAT were 77.13 (s.d. 24.66) for the males and 70.13 (s.d. 22.88) for the females. The MSI average scores were 3.41 (s.d. 2.97) and 4.59 (s.d. 3.17) for the males and females respectively. The predominant presenting problem for this sample was marital difficulties.

Thus, the clinical and non-clinical samples are comparable in age, number of children, and level of education. The two groups, however, were not comparable in terms of number of years married and income. Other differences between the two groups were seen in their marital satisfaction (i.e. DAS and MAT scores) and marital distress (i.e. MSI) instrument scores.

**Instruments**

The Dyadic Adjustment Scale (DAS) and the Marital Status Inventory (MSI) were used with the non-clinical
sample to measure marital satisfaction and distress. The Locke-Wallace Marital Adjustment Test (MAT) was used to determine marital satisfaction in the clinical sample. The MSI was also administered to the clinical sample. The FACES III (Couple Version) was administered to both the non-clinical and to the clinical samples. Different instruments were administered to the two groups to measure marital adjustment, the DAS to the non-clinical group and the MAT to the clinical, however, the DAS and the MAT have a correlation of .86 among married respondents (Spanier, 1976).

**Dyadic Adjustment Scale (DAS).** The DAS is a 32 item scale which was developed by Spanier (1976). This instrument has four sub-scales and allows classification of couples into high and low adjustment groups. The DAS has the following reliability on the subscales: Dyadic Adjustment .96; Dyadic Consensus .90; Dyadic Cohesion .94; and Affectional Expression .73 (Spanier, 1976). Spanier and Felsinger (1983) stated that the DAS and its subscales have been tested and found to have internal consistency and reliability. The mean scores for the DAS are as follows: 114.8 for married respondents, 70.7 for divorced respondents, and a total
mean of 101.5 (Spanier, 1976). As there is no official cut-off between clinical and non-clinical the total mean of 101 was used in this study as a cut-off for the non-clinical sample.

**Locke-Wallace Marital Adjustment Test (MAT).** This test is the most widely used instrument in discriminating low and high levels of marital adjustment (Cross & Sharpley, 1981; Williams, 1979). It is a 16 item couple assessment with score possibilities from 0 to 158 and can be completed within five minutes. Locke and Wallace (1959) suggested that 100 be used as the dividing point between satisfied and dissatisfied individuals. The 100 point criterion was used in this study, with at least one spouse scoring below 100 in order for the couple to be included in the clinical sample. Locke and Wallace (1959) using a Spearman Brown split-half technique, found a reliability coefficient of .90 (Locke & Wallace, 1959).

**Marital Status Inventory (MSI).** The MSI is a 14 item Guttman scale designed by Weiss and Cerreto (1980) which is used with couples to determine the dissolution potential of the marriage. It is composed of 14 true-false questions which vary in terms of divorce related
thoughts and actions. It can be administered in less than five minutes. Weiss and Cerreto (1980) report means and standard deviations for two groups, couples in therapy for marital difficulties and couples in therapy for parent-child difficulties. The mean and standard deviation for couples in marital therapy are respectively 4.4 and 2.8 for husbands and 4.8 and 2.1 for wives (Weiss & Cerreto, 1980). The MSI has been shown to be reliable using the Minimum Marginal Reproducibility (MMR) with a coefficient of reproducibility equal to .90.

Family Adaptability and Cohesion Evaluation Scales (FACES III), Couple Version. The FACES III is a 20-item self-report instrument (see Appendix C) which is designed to measure the individual family member's perception of family cohesion and family adaptability (Olson, 1985). It is administered twice—once for the perceived (now) and once for the ideal (future). The perceived-ideal discrepancy score provides a measure of family satisfaction in the current family system. The couple version is specifically for use with marital couples to evaluate their perceptions of their current
couple satisfaction and how they would like their marriage to be ideally.

Method of Analyses

This study was interested in determining the differences of Mormon clinical vs. non-clinical couples as measured by the cohesion scale on the FACES III (Couple Version). A three-way Analysis of Variance (ANOVA) was done to determine the differences between the two samples. The three independent variables are sample (clinical vs. non-clinical), gender (male & female), and cohesion (perceived vs. ideal). Cohesion was treated as an independent variable because of the test/re-test nature of the FACES III, with the instrument being taken twice, once for perceived and once for ideal (Galbraith, personal communication, March 11, 1988). The actual perceived and ideal cohesion scores were the dependent variables in this study.

The first variable, sample, is a between variable in the three-way ANOVA. The second variable, gender, is also a between variable in the three-way ANOVA. This variable makes a comparison between males and females. Finally, the third variable is nested within. The couples are asked to complete the FACES III
questionnaire twice, once looking at the perceived marital relationship and the other looking at the ideal marital relationship. The cohesion dimension, however, was the focus of this study.

A second ANOVA was executed to look at gender as a mixed variable for a comparison of the dyadic interaction. This helped control for any dependence that could occur in the way one answered the questions based on the spouse with whom one is married. Thus, the degrees of freedom are collapsed accounting for the dyadic interaction (O'Leary & Turkewitz, 1978). All other variables remained the same as the previous ANOVA.

According to Keppel (1982) a three-way ANOVA was imperative for a study such as this. A three-way ANOVA was an efficient way of studying three independent variables and of providing a "rich source of analytical comparisons to pinpoint specific differences for a significant main effect or significant interaction" (Keppel, 1982, p. 209). The data for this study were analyzed using "ANOVA", a statistical program developed by Richard Galbraith (personal communication, March 11, 1988). The ANOVA runs off of an IBM compatible computer. The criterion for the alpha level was .05.
Thus, this study focused on the differences reported on perceived versus ideal scores on the cohesion scale, between the clinical or non-clinical Mormon couples. Main effects were also reported.

Descriptive analyses were performed to identify means and standard deviations of demographic variables (i.e. age, years of marriage, number of children, etc.). Means and standard deviations for clinical and non-clinical couples were also given for the cohesion scores (perceived and ideal) of the FACES III (Couple Version).

RESULTS

Table 4 presents the mean scores and standard deviations of the clinical and non-clinical Mormon couples' scores on the FACES III cohesion dimension. (See Table 4, Appendix F, p. 60).

Insert Table 4 about here

Figure 2 gives a graphic representation of the mean scores for the male and female, clinical and non-clinical, perceived and ideal, cohesion scores (See Figure 2, Appendix F, p. 61).
As seen in Table 4 and Figure 2, the clinical and non-clinical perceived cohesion scores fell in the same area. In looking at the raw data, the majority of the ideal scores for both the clinical and non-clinical groups were in the enmeshed category. For the clinical sample, 63% of the male and 53% of the female ideal cohesion scores fell within the enmeshed quadrant. For the non-clinical sample, 50% of the males and 63% of females scored enmeshed on the ideal cohesion score. These findings support hypothesis 1 with no significant difference between clinical and non-clinical ideal scores.

On the cohesion dimension of the FACES III, the cut-off score for the enmeshed level was 46 (Olson, et al., 1985). This posits that any score between 46 and 50 is categorized as enmeshed. The only portion of the sample which clearly fell within the enmeshed category of the cohesion dimension of the Circumplex Model was the non-clinical wives' ideal scores (\(\bar{x}=46.5\)). In looking at Figure 2, however, it is evident that the
other ideal cohesion scores also had a tendency toward enmeshment. Although the mean ideal scores do not fall within the enmeshed category at a level of statistical significance, there is a great deal of clinical significance with all four ideal scores falling so close together.

The differences between the two samples, however, came in looking at the perceived scores. Once again looking at the raw data, the majority of the non-clinical sample perceived scores fell within the enmeshed categories. For the non-clinical male the category percentages were as follows: 46% connected and 30% enmeshed. For the non-clinical females the percentages were 33% connected and 43% enmeshed. On the other hand, for the clinical sample, 73% of the male perceived scores and 67% of the female perceived scores fell within the disengaged quadrant. These findings reject hypothesis 2 in that there was a significant difference between clinical and non-clinical perceived cohesion scores.

A three-way analysis of variance was employed to determine the differences between clinical and non-clinical Mormon couples on the FACES III cohesion dimension (See Table 5, Appendix G, p. 63). A second three-way ANOVA was performed to account for any correlation
Couple Cohesion in Mormons

between marital partners and how they answered the FACES III (Keppel, 1982; Galbraith, personal communication, June 13, 1988). (See Table 6, Appendix G, p. 64, for the control ANOVA.)

As can be seen in Table 5, the B level examined gender differences. This level was non-significant $F(1,116)=2.66$, $p<.25$, showing no difference between male and female responses.

Looking at Table 6 (see Appendix G, p. 64), level B took into account the cohesion scores as a couple. It asked the question "does being married to my spouse contribute to my score?" This test was also non-significant $F(1,58)=.49$, $p=.48$.

Because both of the analyses on level B were non-significant, there was no support for the notion that who one is married to, or what one's gender is, influences the cohesion scores for this sample. Thus, neither gender nor couple differences were confounding variables (Galbraith, personal communication, June 13, 1988).
Table 5 indicated that there were two significant simple main effects. The first was the difference between perceived and ideal scores ($F(1,116)=12.11$, $p<.001$) stating that there was a greater difference between the perceived and ideal scores than there was within them. Secondly, there was a significant difference between the clinical and non-clinical couples ($F(1,116)=223.78$, $p<.001$).

Additionally, there were interaction effects which were significant between perceived and ideal cohesion scores and spouses ($F(1,116)=4.51$, $p<.005$). There was also an interaction effect between perceived and ideal cohesion scores and clinical and non-clinical ($F(1,116)=110.79$, $p<.001$). Moreover, this study found that there was no significant interaction among cohesion scores, spouses, and sample group ($F(1,116)=.15$, $p=.70$).

**DISCUSSION**

**Conclusions**

The results of the three-way analyses of variance indicated that there was no significant difference between clinical and non-clinical Mormon couples' ideal scores on the FACES III cohesion dimension. The difference between the two samples, however, came in looking at
their perceived scores. The data indicated that the non-clinical perceived scores approach the expressed desire for couple functioning close to the enmeshed level.

This reported functioning close to the desired enmeshed level, however, was not the case for the clinical sample. In looking at their raw data category percentages, only 3% of the males scored in the enmeshed category and 10% in the connected. For the clinical females, 0% of the perceived scores fell in the enmeshed category and 13% in the connected category. This showed that the greater portion of clinical couples perceived functioning fell at the disengaged end of the Circumplex Model, at the opposite extreme of their desired enmeshed ideal scores.

The results show evidence that for the clinical sample, cohesion fell short of the desired enmeshed functioning, whereas, for the non-clinical couple, cohesion approached the desired level of enmeshment. The discrepancy between perceived and ideal scores for the non-clinical group could contribute to their marital dissatisfaction as measured in their MAT and MSI scores and as seen in their seeking of marital therapy. Thus, couples whose cohesion is less than desired, may be
dissatisfied with the current status of the marital relationship and seek help to bring their relationship to the desired level.

Although the non-clinical couple scores did not indicate that non-clinical couples were functioning precisely at their desired levels, these couples' scores did show evidence that they are functioning much closer to the desired levels. It could follow then, that the non-clinical couples' perceived cohesion fell close enough to their ideal cohesion level that they did not experience a great deal of marital distress and therefore felt no need for marital therapy.

The preponderance of enmeshed ideal cohesion scores in both the clinical and non-clinical samples, supported Olson's hypothesis that Mormons would tend to score enmeshed based on their religiously influenced desire for close family interaction. The results also supported the current hypotheses that clinical perceived scores would fall further from the ideal scores than non-clinical perceived scores. Although Olson's model and norms provided a base of comparison for this group, the norms (Olson, 1985) were reported only by range, with no distinction between perceived and ideal score
norms. This leaves some question as to whether Olson's reported norms represent the perceived scores or ideal scores.

It seems logical that differentiating norms between the two scores would be vital in ascertaining whether the cause for the discrepancy between perceived or ideal scores lies in couple functioning or in the expectations that spouses have of couple functioning. This distinction between perceived and ideal norms would also be important in establishing norms for subgroups, such as the Mormons, which Olson hypothesized would have some different expectations for couple functioning than the population at large. The distinction between perceived and ideal norms would also be helpful in establishing norms for clinical and non-clinical samples. Such norms distinguishing between perceived and ideal, clinical and non-clinical, scores would provide therapists working with distressed couples vital information in determining the source of dissatisfaction, whether that be unhealthy couple functioning or unhealthy expectations of couple functioning.

This study provides evidence for the need for distinctions between clinical and non-clinical perceived
and ideal scores. As this study was preliminary, future studies would need to replicate this study, providing more validity for the results. Future studies might also look at establishing norms for other cultural sub-groups.

**Limitations**

One limitation for this study dealt with the non-clinical sample. Phone sampling methodology has been shown to skew the sample toward more middle and upper-class respondents and apart from poverty level respondents (Maxwell, Camp, & Avery, 1981). Consequently, this sample may not have depicted the entire population, however, it was analogous to samples seen by most therapists (Reiss, 1986).

Secondly, this study was limited by the fact that the Mormon couples for both samples were collected from Utah. Given that Utah is predominantly Mormon, the factors which could influence enmeshment might stem from Utah Mormon cultural considerations rather than solely religious considerations. Thus, this study may not be representative of Mormon couples in general. A further study would look at Mormon couples in areas of less Mormon predominance.
Another limitation is that there was no measure of religiosity or religious activity included in the study. There may be a difference between the relationship between degree of religious practice by Mormon couples and their cohesion scores. A further study might include a religiosity measure and look at the differences between highly active Mormons and inactive Mormons.

A final limitation to this study was that the clinical and non-clinical groups were not comparable in number of years married and reported yearly income. This difference in demographics leads a question of whether years of marriage or level of income influenced these subjects marital satisfaction and cohesion.

Implications

The implications for this study are threefold. First, this study helped to bridge the gap between research on family cohesion and research on religion. This was done by taking the widely used and accepted family typology instrument within marital and family research, FACES III, and ascertaining where a particular religious subgroup (Mormon couples) fell on the FACES III Circumplex Model or family map.
Secondly, since there are Mormon subcultural cohesion differences, it would be imperative that therapists working with such couples know these differences. This acknowledgment of religious differences would facilitate therapists developing needed culturally-based intervention strategies (Pinderhughes, 1982) to move couples and families toward their ideal level of functioning.

An implication for further study would be to examine the discrepancy of husband and wife ideal cohesion scores for distressed Mormon couples. Conversely, it would be important to look at non-distressed couples and look at their similarities and differences in their cohesion scores. This would be clinically relevant in helping therapists intervene in promoting increased marital satisfaction in distressed Mormon couples.
Couple Cohesion in Mormons

References


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Couple Cohesion in Mormons


Couple Cohesion in Mormons

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Figure 1. Circumplex Model: Sixteen Types of Marital and Family Systems
Couple Cohesion in Mormons

50

Appendix B

Figure 1

Circumplex Model
Appendix A

Table 1

Cohesion Dimension: Related Theoretical Concepts
Table 1
Cohesion Dimension: Related Theoretical Concepts

<table>
<thead>
<tr>
<th>Author</th>
<th>Extreme Low</th>
<th>Balanced</th>
<th>Extreme High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowen (1960)</td>
<td>Emotional</td>
<td>Differentiate</td>
<td>Undifferentiated</td>
</tr>
<tr>
<td></td>
<td>divorce</td>
<td>self</td>
<td>ego; emotional fusion</td>
</tr>
<tr>
<td>Hess &amp; Handel (1959)</td>
<td>Separate</td>
<td></td>
<td>Connected</td>
</tr>
<tr>
<td>Kantor &amp; Lehr (1975)</td>
<td></td>
<td></td>
<td>Bounding</td>
</tr>
<tr>
<td>Lidz (1957)</td>
<td>Schism, skew</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olson (1979)</td>
<td>Independence</td>
<td>Interdependence</td>
<td>Dependence</td>
</tr>
<tr>
<td>Reiss (1971)</td>
<td>Interpersonal</td>
<td>Environment</td>
<td>Consensus</td>
</tr>
<tr>
<td></td>
<td>sensitive</td>
<td>sensitive</td>
<td>sensitive</td>
</tr>
</tbody>
</table>
Couple Cohesion in Mormons

Table 1 (cont.)

Cohesion Dimension: Related Theoretical Concepts

<table>
<thead>
<tr>
<th>Author</th>
<th>Extreme Low</th>
<th>Balanced</th>
<th>Extreme High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rosenblatt (1979)</td>
<td>Apartness</td>
<td></td>
<td>Togetherness</td>
</tr>
<tr>
<td>Scott &amp; Askworth</td>
<td>Extra-ordinary</td>
<td></td>
<td>mutual involvement</td>
</tr>
<tr>
<td>Stierlin (1974)</td>
<td>Expelling</td>
<td>Centripetal</td>
<td>Binding</td>
</tr>
<tr>
<td>Vogel &amp; Bell</td>
<td>Scapegoating</td>
<td></td>
<td>pseudo-hostility</td>
</tr>
<tr>
<td>Wynne</td>
<td>Pseudo-hostility</td>
<td>Mutuality</td>
<td>Pseudo-mutuality</td>
</tr>
</tbody>
</table>

Couple Cohesion in Mormons

Appendix C

FACES III Instrument
# FACES III

David H. Olson, Joyce Portner, and Yoav Lavee

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family members ask each other for help.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>In solving problems, the children's suggestions are followed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>We approve of each other's friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Children have a say in their discipline.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>We like to do things with just our immediate family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Different persons act as leaders in our family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Family members feel closer to other family members than to people outside the family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Our family changes its way of handling tasks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Family members like to spend free time with each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Parent(s) and children discuss punishment together.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Family members feel very close to each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>The children make the decisions in our family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>When our family gets together for activities, everybody is present.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Rules change in our family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>We can easily think of things to do together as a family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>We shift household responsibilities from person to person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Family members consult other family members on their decisions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>It is hard to identify the leader(s) in our family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Family togetherness is very important.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>It is hard to tell who does which household chores.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FACES III: Couple Ideal Version

David H. Olson, Joyce Portner, and Yoav Lavee

<table>
<thead>
<tr>
<th></th>
<th>ALMOST NEVER</th>
<th>ONCE IN AWHILE</th>
<th>SOME TIMES</th>
<th>FREQUENTLY</th>
<th>ALMOST ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IDEALLY, how would you like YOUR FAMILY TO BE:**

- **21.** We would ask each other for help.
- **22.** When problems arise, I wish we would compromise.
- **23.** We would approve of each other's friends.
- **24.** We would be flexible in how we handle our differences.
- **25.** We would like to do things with each other.
- **26.** Different persons would act as leaders in our marriage.
- **27.** We would feel closer to each other than to people outside our family.
- **28.** We would change our way of handling tasks.
- **29.** We would like to spend free time with each other.
- **30.** We would try new ways of dealing with problems.
- **31.** We would feel very close to each other.
- **32.** We would jointly make the decisions in our marriage.
- **33.** We would share hobbies and interests together.
- **34.** Rules would change in our marriage.
- **35.** We could easily think of things to do together as a couple.
- **36.** We would shift household responsibilities from person to person.
- **37.** We would consult each other on our decisions.
- **38.** We would know who the leader is in our marriage.
- **39.** Togetherness would be top priority.
- **40.** We could tell who does which household chores.

---

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Appendix D

Table 2

Mormon Cohesion Levels

Compared with Olson's Norms
Table 2

Mormon Cohesion Levels Compared with Olson's Norms

<table>
<thead>
<tr>
<th>Cohesion Level</th>
<th>Olson Norms (n=2453)</th>
<th>Mormon Sample (n=249)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>16.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Separated</td>
<td>33.8%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Connected</td>
<td>36.3%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Enmeshed</td>
<td>13.6%</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Couple Cohesion in Mormons

Appendix E

Table 3

Marriage Patterns of Mormons

Compared with Other Religious Groups
Couple Cohesion in Mormons

Table 3

Marriage Patterns of Mormons Compared with Other Religious Groups

<table>
<thead>
<tr>
<th>Marriage Pattern</th>
<th>Sex</th>
<th>Cath.</th>
<th>Prot.</th>
<th>Mormon</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>% over 30 who</td>
<td>Male</td>
<td>88.6</td>
<td>94.9</td>
<td>97.5</td>
<td>81.0</td>
</tr>
<tr>
<td>ever married</td>
<td>Female</td>
<td>91.2</td>
<td>95.9</td>
<td>97.2</td>
<td>86.7</td>
</tr>
<tr>
<td>% ever married</td>
<td>Male</td>
<td>19.8</td>
<td>26.4</td>
<td>14.3</td>
<td>39.2</td>
</tr>
<tr>
<td>who divorced</td>
<td>Female</td>
<td>23.1</td>
<td>30.9</td>
<td>18.8</td>
<td>44.7</td>
</tr>
<tr>
<td>% ever married</td>
<td>Male</td>
<td>49.5</td>
<td>62.2</td>
<td>66.6</td>
<td>48.4</td>
</tr>
<tr>
<td>who remarried</td>
<td>Female</td>
<td>35.2</td>
<td>53.0</td>
<td>53.0</td>
<td>37.3</td>
</tr>
</tbody>
</table>

Appendix F

Table 4

Means and Standard Deviations of Clinical and Non-Clinical Mormon Couples' Scores on the FACES III Cohesion Dimension

and

Figure 2

Graphic Representation of Mean Cohesion Scores
Table 4

Means and Standard Deviations of Clinical and Non-clinical Mormon Couples' Scores on the FACES III Cohesion Dimension.

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Perceived Mean</th>
<th>Perceived S.D.</th>
<th>Ideal Mean</th>
<th>Ideal S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband</td>
<td>30</td>
<td>32.27</td>
<td>6.10</td>
<td>45.50</td>
<td>4.74</td>
</tr>
<tr>
<td>Wife</td>
<td>30</td>
<td>31.33</td>
<td>7.46</td>
<td>45.20</td>
<td>4.96</td>
</tr>
<tr>
<td>Non-Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband</td>
<td>30</td>
<td>42.17</td>
<td>4.56</td>
<td>45.17</td>
<td>3.79</td>
</tr>
<tr>
<td>Wife</td>
<td>30</td>
<td>43.73</td>
<td>4.46</td>
<td>46.50</td>
<td>3.38</td>
</tr>
</tbody>
</table>
Figure 2

Graphic Representation of the FACES III Cohesion Mean Scores

Category

<table>
<thead>
<tr>
<th>50</th>
<th>Enmeshed</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

- **X₁** = Clinical Husband, **O₁** = Clinical Wife,
- **X₂** = Non-clinical Husband, and **O₂** = Non-clinical Wife.
Couple Cohesion in Mormons

Appendix G

Three-way Analysis of Variance Summary Tables
Table 5

Three-way Analysis of Variance Accounting for Gender Differences.

<table>
<thead>
<tr>
<th>Level*</th>
<th>d.f.</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>1139.70</td>
<td>1139.70</td>
<td>12.11</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>B</td>
<td>1</td>
<td>250.10</td>
<td>250.10</td>
<td>2.66</td>
<td>&lt;.25</td>
</tr>
<tr>
<td>AB</td>
<td>1</td>
<td>424.00</td>
<td>424.00</td>
<td>4.51</td>
<td>&lt;.005</td>
</tr>
<tr>
<td>A/B</td>
<td>116</td>
<td>10917.18</td>
<td>94.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>3944.70</td>
<td>3944.70</td>
<td>223.78</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>AC</td>
<td>1</td>
<td>1766.70</td>
<td>1766.70</td>
<td>100.79</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>BC</td>
<td>1</td>
<td>.70</td>
<td>.70</td>
<td>.04</td>
<td>.84</td>
</tr>
<tr>
<td>ABC</td>
<td>1</td>
<td>2.60</td>
<td>2.60</td>
<td>.15</td>
<td>.70</td>
</tr>
<tr>
<td>A/BXC</td>
<td>116</td>
<td>2044.78</td>
<td>17.63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: A=perceived vs. ideal cohesion scores; B=male & female; A/B=error term; C=clinical vs. non-clinical; and A/BXC=error term.
Couple Cohesion in Mormons

Table 6

Three-way Analysis of Variance Accounting for Couple Differences.

<table>
<thead>
<tr>
<th>Level*</th>
<th>d.f.</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<td>2030.02</td>
<td>2030.02</td>
<td>43.43</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>A ERROR</td>
<td>58</td>
<td>2710.92</td>
<td>46.74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>1</td>
<td>10.42</td>
<td>10.42</td>
<td>.49</td>
<td>.48</td>
</tr>
<tr>
<td>AB</td>
<td>1</td>
<td>64.07</td>
<td>64.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB ERROR</td>
<td>58</td>
<td>1222.52</td>
<td>21.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>4050.82</td>
<td>4050.82</td>
<td>150.94</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>AC</td>
<td>1</td>
<td>1706.67</td>
<td>1706.67</td>
<td>63.59</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>AC ERROR</td>
<td>58</td>
<td>1556.52</td>
<td>26.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BC</td>
<td>1</td>
<td>.60</td>
<td>.60</td>
<td>.07</td>
<td>.79</td>
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<tr>
<td>ABC</td>
<td>1</td>
<td>2.82</td>
<td>2.82</td>
<td>.33</td>
<td>.57</td>
</tr>
<tr>
<td>ABC ERROR</td>
<td>58</td>
<td>494.58</td>
<td>8.53</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. A=perceived vs. ideal cohesion scores; B=spouses; and C=clinical vs. non-clinical.
Appendix B

Requirements for submission to the

Journal of Marriage and the Family
Instructions to Authors

The Journal of Marriage and the Family is a peer-reviewed quarterly published by the National Council on Family Relations. Membership in the council is not a prerequisite for publication. Only previously unpublished papers should be submitted. Authors must include four copies of each manuscript, all of which may be photocopies. To reduce mailing costs, the editors encourage two-sided reproductions for three of the four copies. One copy, however, must have type on one side only. For acknowledgment of receipt, authors must enclose a stamped, self-addressed postcard containing the title of the work. No other acknowledgment will be sent. Each manuscript also must be accompanied by a nonreturnable check in the amount of $15.00 (U.S. currency), payable to the Journal of Marriage and the Family. Manuscripts will not be returned to authors. Submit papers to

Dr. Alan Booth, Editor
Journal of Marriage and the Family
Department of Sociology
University of Nebraska-Lincoln
Lincoln, NE 68588-0367

Comments on articles already published in JMF will be evaluated in the same way as other manuscripts. Submissions should be accompanied by a processing fee. If the reviewers and the editor believe the comment warrants publication, the author(s) of the original article are invited to reply to the comment. The comment and the reply are published in the same issue of JMF in a section called Feedback.

Manuscript Preparation

1. Papers must be neatly typed on standard paper, with generous margins at the top, bottom, and sides of each page.
2. All copy must be double-spaced, including the abstract, indented master, footnotes, references, and tables.
3. To permit anonymity, authors must attach a separate title sheet with the author's full name and current affiliation. Unstarred footnotes should (a) acknowledge any grant or individual assistance or any previous presentations, and (b) provide the author's mailing address. For coauthors with different affiliations, asterisks should relate their respective names and addresses.
4. An abstract of 100 words or less should precede the body of the paper, outlining methodology and conclusions. Directly following the abstract, the author should list up to six key terms by which the paper may be indexed.
5. Textual footnotes, references, tables, and captions to figures should be typed double-spaced on separate sheets of paper.

Format of Text

Consult a recent issue of JMF for examples of the format of articles, comments, and book reviews.

Organize research papers into sections as follows:
Each first-order section heading is all capitalized and centered on a separate line from the text that follows. Each second-order heading is flush left on a separate line, with the first letter of every major word capitalized. Each third-order heading is indented five spaces on the same line with the text that follows, with only the first letter of the first word capitalized and a period closing. Underline second- and third-order headings to indicate italics. Section headings should be brief, and short articles should use only first-order headings.

Tables, Figures, and Illustrations

Carefully typewritten tables are acceptable. Both tables and figures should be kept to a minimum and presented as simply as possible. Consult a recent issue for guidance in preparation. For each table or figure included, insert a location note (e.g., "Table 2 about here") at the appropriate place in the text.

Figures and other illustrations must be professionally rendered and camera-ready. Institutions of higher learning generally have printing departments or professional illustrators, and the cost of preparation is minimal. Please include one glossy print of each figure, enclosed in cardboard, at the time of acceptance. The other copies may be photocopies. Indicate top and bottom on the back of the glossy and include your last name. Please use a soft pencil. Captions to figures and
Footnotes

Footnotes should be kept to an absolute minimum. Textual footnotes should be numbered serially and listed together just before the reference list. In the text each footnote should be identified by a superscript arabic number; in the list, however, the number introducing each footnote should be set to the left of it without superscript.

Footnotes to tables, on the other hand, should follow their respective tables. The word "Note:" should introduce a footnote referring to the table as a whole; superscript lower-case letters should introduce notes to specific items; and asterisks indicate probability levels.

References Listed after the Text

Limit references to the most essential works, preferably no older than 20 years. Full references must be given for all work cited in the text. Authors will be required to correct any discrepancies. List works alphabetically by author and, under author, by year of publication. Format examples follow:


Copies of these instructions are available upon request. Additional information on style can be obtained by consulting a recent issue of JMF or by referring to the Publication Manual of the American Psychological Association (3rd ed.), available from Order Department, American Psychological Association, 1200 Seventeenth Street, N.W., Washington, DC 20036.
Couple Cohesion in Mormons

Appendix I

Prospectus
Couple Cohesion: Differences between Clinical and Non- Clinical Mormon Couples

A Thesis Prospectus
Presented to the
Department of Family Sciences
Brigham Young University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Colleen Margaret Peterson
May 1988

Running head: COUPLE COHESION
Couple Cohesion in Mormons

Couple Cohesion: Differences between Clinical and Non-Clinical Mormon Couples

INTRODUCTION AND STATEMENT OF PURPOSE

The dimension of cohesion was created to represent multiple concepts related to cohesion (Olson, Sprenkle, & Russell, 1979). Olson and his colleagues (1979) cited some 40 concepts from at least six different social science fields which used the concept of cohesion even though the conceptual and operational definitions were diverse (See Table 1, Appendix A). The cross-disciplinary use of the concept of cohesion verifies its relevance.

------------------------
Insert Table 1 about here
------------------------

The marital relationship is the first relationship that is established in a family system. The marital dyad also influences the types of interpersonal interaction that exist in the family system as children are added to the marital unit. As Satir (1964) states: "The parents are the architects of the family and the marriage
relationship is the key to all other family relationships (Satir, 1964, p. 1).

Of the marital and family system concepts reviewed in the previous table, the majority of them involve concepts relating to emotional closeness, individual autonomy, and boundaries. Since the marital dyad is the first and directive relationship of the family system, it would be important to look at the emotional bonding and individual autonomy spouses experience in their marriage. Thus, this study will specifically focus on couple cohesion as it is a determining element in family cohesion. Wherever "family" is used "couple" can be interjected, inasmuch as "couple" is the governing unit in the family.

The concept of cohesion is part of the Circumplex Model developed by Olson, Sprenkle and Russell (1979). The Circumplex Model is an attempt to bridge research, theory, and practice in family studies and allows classification of families into 16 specific types of family interaction.

The three primary dimensions of family behavior identified by David H. Olson, Candyce Russell, and Douglas Sprenkle on the Circumplex Model were cohesion,
adaptability, and communication (1979, 1980, 1982, and 1983). Family cohesion measures the degree to which family members are emotionally separated or connected. Family cohesion is defined as "the emotional bonding that family members have toward one another" (Olson, 1985, p.4). On a continuum from less to more cohesion, a couple (family) would be described as disengaged, separated, connected, or enmeshed.

Family adaptability deals with the family system's flexibility and ability to change. Family adaptability was defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson, et al., 1985, p.4). Similar to the cohesion dimension, the adaptability dimension had four levels on the continuum, ranging from low to high: chaotic, flexible, rigid, and structured.

Finally, the third dimension of the Circumplex Model, family communication, was hypothesized to facilitate movement along the other two dimensions. As families moved along the cohesion and adaptability continuum, the communication facilitated and reflected these changes. The communication dimension, although part of
the Circumplex Model, was not measured by the FACES III instrument.

With the cohesion dimension, there were four levels, ranging from extremely low to extremely high: disengaged, separated, connected, and enmeshed. Analogously, there were four levels of adaptability which also range from low to high: chaotic, flexible, structured, and rigid. The two middle levels of each dimension were considered to be moderate or balanced and were hypothesized to be the best for healthy family functioning. Combining the four levels of cohesion and the four levels of adaptability provided sixteen specific types of family systems (Olson, 1985) (see Appendix B for Figure 1).

Insert Figure 1 about here

Figure 1 shows the sixteen types of family interaction which are divided into balanced, mid-range, and extreme areas. The central area of the model, containing flexibly separated, flexibly connected, structurally separated, and structurally connected, are hypothesized by Olson and his colleagues (1979, 1980, 1982, 1983,
Couple Cohesion in Mormons

and 1985) to be the types of interaction that characterize healthy functioning. Extreme areas of chaotically disengaged, chaotically enmeshed, rigidly enmeshed, and rigidly disengaged are hypothesized by Olson to be dysfunctional and unhealthy. The mid-range areas between balanced and extreme areas are considered by Olson (1979, 1980, 1982, 1983, and 1985) to be borderline in terms of functioning. These areas include the following: flexibly disengaged, chaotically separated, chaotically connected, flexibly enmeshed, structurally enmeshed, rigidly connected, rigidly separated, and structurally disengaged.

Olson developed an alternative hypothesis to the curvilinear concept of healthy couple or family functioning within the middle areas on the dimensions of cohesion and adaptability. He stated that "extreme types will function well as long as all family members like it that way" (Olson, et al., 1980, 1982, 1983, and 1985). Olson indicated that this is especially relevant for certain cultural groups, such as Slovak-American, Puerto Rican, Italian, Mormon, Orthodox Jewish, and Amish families, that are more supportive of family behavior at the extremes of cohesion and adaptability.
Olson hypothesized that these cultural groups would have rigidly enmeshed patterns (Olson, et al., 1982, 1983, & 1985).

FACES III is an instrument developed by David Olson and colleagues to assess the two dimensions of the Circumplex Model: cohesion and adaptability (Olson, Portner, and Lavee, 1985). The FACES III instrument was designed such that both perceived and ideal family functioning could be measured. The perceived-ideal discrepancy gives a measure of family or couple satisfaction by showing the difference between an individual's perceived family or couple functioning and his or her ideal family or couple functioning. For those couples and families in therapy, the ideal score gives the therapist an idea of the preferences and desired direction for change.

There are two versions of the FACES III instrument, a family version and a couple version. The couple version differs from the family version in its focus; the couple version with questions relating to the couple relationship and interaction instead of the family relationship involving children.
DEFINITIONS

Adaptability: a couple's ability to shift its power structure, role relationships, and relationship rules in response to situational and developmental stress. Adaptability ranges from extreme change, which results in chaos, to very limited change which results in rigidity.

Cohesion: an emotional, intellectual and/or physical oneness that spouse feel toward one another. This variable ranges from extremely high, resulting in overidentification, or enmeshment, to extremely low, which results in isolation, or disengagement.

Clinical: a couple that is being seen by a therapist in a marital or family counseling setting and also has at least one spouse whose Marital Adjustment Test (MAT) score is below 100.

Non-clinical: a couple that is not being seen by a therapist in a marital or family counseling setting and neither spouse's Dyadic Adjustment Scale (DAS) combined score is below 100.

NEED FOR THE STUDY

The literature has shown that the aforementioned cultural groups, Slovak-American, Puerto Rican, Italian,
Mormon, Orthodox Jewish, and Amish families, have an expectation of close involvement as marital and family systems (Stein, 1978; Minuchin, Montavalo, Guerney, Rossman, & Schumer, 1967; Schvandeveldt, 1973). However, Olson's hypothesis that these cultural groups would score in the rigidly enmeshed quadrant for the Circumplex Model has not been well tested.

Glenn (1988) looked at a sample of Mormon couples and compared them with national norms to see if Mormons as a group did indeed fall in the enmeshed area of the Circumplex Model. Glenn (1988) found in his Mormon sample of 249 individuals, compared with Olson's established norms, that a higher percentage of Mormons scored in the enmeshed category than Olson's norms (See Table 2, Appendix C). In a chi square test with 3 degrees of freedom Glenn (1988) found a goodness of fit of 61.145% that was significant at less than .0005 alpha level. In a preliminary statistical analyses using regression, Glenn found that the other demographic variables, such as years of marriage and number of children, only accounted for 4% of the variance.
Although Glenn's (1988) study is preliminary, it provides some support for Olson's hypothesis that Mormons would be enmeshed on the cohesion level. With this information the next logical step would be to establish the differences between clinical and non-clinical Mormon couples on the FACES III, cohesion dimension. The knowledge of whether such differences exist would provide a therapist working with Mormon couples to better understand his or her clients and thus the therapist would be more able to facilitate the kind of changes the couple desires.
LITERATURE REVIEW

The Circumplex Model of Family Functioning

The Circumplex Model came out of the work done by Olson and associates to integrate some of the concepts related to the family interaction, that researchers, theorists, and therapists had been propagating for years (Olson, Russell, & Sprenkle, 1983). The two different concepts that evolved through factor analysis were the dimensions of cohesion and adaptability (Olson, et al., 1983). A third concept of communication, was identified as the facilitating dimension that allows movement along the other two dimensions (Olson, et al., 1983).

The dimension of cohesion was originally defined as "the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson, Sprenkle, & Russell, 1979, p. 5). Beavers and Voeller (1983) harshly criticized the use of "autonomy" in the definition because of its individual developmental connotation in a definition of marital and family interaction. The subsequent definitions of cohesion used by the Circumplex Model authors did not include reference to autonomy (Olson, et al., 1983).
Cohesion in Mormons

The dimension of cohesion was comprised of many different variables that measure the amount of cohesion. These are emotional bonding, boundaries, coalitions, time, space, friends, decision making, and interests and recreation (Olson, et al., 1983). It is also placed on a continuum of low to high, with four levels. These four categories are: disengaged, separated, connected, and enmeshed.

With regard to the cohesion dimension, Olson and associates (1980) hypothesized that there was a curvilinear relationship between effective family and marital interaction and cohesion. It followed then that families and couples would function more effectively at the separated or connected levels of the model than at the extreme disengaged or enmeshed levels (Olson, Russell, & Sprenkle, 1980). (See Appendix B, Figure 1 for Circumplex Model).

With an enmeshed relationship, an extreme amount of emotional closeness and loyalty is demanded (Olson, 1988). The people involved in an enmeshed system are very dependent on each other and are also very reactive to each other (Olson, 1988). According to Olson (1988) there is a lack of personal separateness and very
Couple Cohesion in Mormons

little private space. In terms of personal energy expended, it is mainly focused inside the marriage, with few outside friends or interests (Olson, 1988).

Another related hypothesis created by Olson and his colleagues (1980 & 1982) stated that "if the normative expectations of a couple or family support behaviors on one of both extremes of the circumplex dimensions, it will function well as long as family members accept these expectations" (Olson, et al., 1982, p. 6). In discussion of this hypothesis Olson stated the following:

"A sizable minority of families, have normative expectations that strongly emphasize family togetherness. Their family norms emphasize emotional and physical togetherness, and they strive for high levels of consensus and loyalty." (Olson, 1988, p.20-21)

It was with the discussion of this hypothesis that Olson further implicated that Mormons were one of the cultural groups which could be expected to score in the enmeshed category of the Circumplex Model because of their conservative religious and family values.

Concerning this assumption of enmeshment in Mormon couples and families, there has only been one empirical
paper reported (Schvandeveldt, 1973). This was an article which described Mormon adolescent likes and dislikes about their parents (Schvandeveldt, 1973). This study indicated that Mormon families with adolescents perceived love and trust between parents and children, but did not label the relationship as extreme, i.e. enmeshed.

On the other dimension of the Circumplex Model, adaptability was defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stresses" (Olson, et al., 1983, p. 48). Adaptability was also superimposed on a continuum of low to high: chaotic, flexible, structured, and rigid (Barnes & Olson, 1985).

With regard to general systems theory, adaptability has been a useful concept as it is applied to marital and family systems. The positive feedback that facilitates a system's behavior of growth, creativity, and positive change is called morphogenesis. It is the change-promoting, self-directive processes a family is involved in. An example of morphogenesis is a family gathering information from outside the family boundaries about how to deal
with adolescents and implementing some of the things learned to improve the family situation. On the other hand, negative feedback which inhibits behavior that leads to growth, is called morphostasis (Hoffman, 1981). Morphostasis is frequently seen in families with schizophrenic members where the family boundaries are so tight that it is virtually impossible for family members to go outside the family for feedback to change the family system. Thus a morphostatic family is limited to information among family members, which promotes a sameness. Wertheim (1973) and Speer (1970) have indicated that both change and sameness are needed to provide systemic growth and at the same time maintain stability.

Although the concept of morphostasis has been criticized (Dell, 1980), the theoretical idea that a system must adapt to its environment has been generally accepted and voiced in the concept of adaptability in the Circumplex Model. It follows then from general systems theory, that the central area of the adaptability continuum is usually more functional than either of the extremes (Olson & Killorin, 1985).
The third dimension of the Circumplex Model, communication, was not represented as an axis as are cohesion and adaptability. Communication is seen as a facilitator that allows couples and family members to move along the other two dimensions (Olson, Russell, & Sprenkle, 1983). Hypothesis V of the Circumplex Model states the following: "Balanced couples/families will tend to have more positive communication skills than extreme families" (Olson, et al., 1983, p. 74). This middle area being seen as more healthy than the extremes, is again indicative of the curvilinear nature of the Circumplex Model. Anderson (1986) tested this hypothesis and the results supported the idea that families scoring in the middle areas of cohesion and adaptability were more healthy in their communication than families scoring in the extreme areas. Rodick, Henggler, and Hanson (1986) also found clear support for the hypothesis that families scoring in the balanced area of the Circumplex Model have more positive communication skills.

One of the assets of the Circumplex Model is that hypotheses can be deduced and tested to further expand the theoretical model (Olson, 1988). The following are
Couple Cohesion in Mormons

hypotheses derived from the Circumplex Model (Olson, 1988).

I. Couples/families with balanced (two central levels) cohesion and adaptability will generally function more adequately across the family life cycle than those at the extreme of these dimensions.

II. Balanced family types have a larger behavioral repertoire and are more able to change compared with extreme family types.

III. If the normative expectations of a couple or family support behaviors extreme on one or both of the Circumplex dimensions, they will function well as long as all family members are satisfied with these expectations.

V. Balanced couples/families will tend to have more positive communication skills than extreme families.

VI. Positive communication skills will enable balanced couples/families to change their levels of cohesion and adaptability more easily than those at the extremes.

VII. To deal with situational stress and developmental changes across the family life
Couple Cohesion in Mormons

cycle, families will change their cohesion and adaptability to adapt to stress." (Olson, 1988, p.19-22).

Religion and Family Functioning

Within the social science literature there has been an increased emphasis on the importance of studying multiple institutions, such as family and religion, simultaneously (Thomas, 1988; Abrahamson & Anderson, 1984; Thomas & Henry, 1987; Thomas & Sommerfeldt, 1984). Thomas and Sommerfeldt (1984), Warner (1979), Bergin (1980), and McNamara (1985) have addressed the importance of dialogue between the disciplines of religion and family studies, particularly in relation to the extent that professionals deal with individuals who espouse certain religious values. This criticism of family and family therapy research for not dealing with religious differences and ethnic minorities (McGoldrick & Rohrbaugh, 1987) is a critical issue. Such religious and ethnic considerations are vital to providing more research-based information so therapists can provide culturally appropriate interventions for their clients.

In the literature several studies have shown that religious affiliation and participation were positively
Couple Cohesion in Mormons

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correlated with marital satisfaction (Albrecht, 1979; Glenn & Weaver, 1978; Kunz & Albrecht, 1977). Williams (1983) indicated in his review of the literature that 13 of the 17 major studies on marital satisfaction and religion reported a significant positive relationship between religiosity and marital happiness or satisfaction.

In 1983 Kennedy, Cleveland, and Schumm found that there was a correlation between religious commitment and commitment to the family. This strong commitment to the family, within a religious culture, could partially account for the "enmeshed" commitment of Mormon families.

Within the Mormon religion, marriage and family life are seen as vital and important. In Mormon theology, marriage has been emphasized as a responsibility and it has been very important for every active church member to be married and rear a family. Heaton (1988) indicated that in comparison with Catholics, Protestants and people with no religious affiliation, Mormons have a higher percentage of people over the age of 30 who are married than any other religious group.
Along the lines of marital and family involvement, Spencer W. Kimball (1979), when he was President of the Church of Jesus Church of Latter-day Saints, said the following:

"It is the normal thing to marry. It was arranged by God in the beginning . . . Every person should want to be married. There are some who may not be able to. But every person should want to be married because that is what God in heaven planned for us.

Marriage is ordained of God. It is not merely a social custom. Without proper and successful marriage, one will never be exalted." (Kimball, 1982, p.291).

Close marital and family involvement is characterized in the Mormon religion by the following:

1. Married couples continuing courtship after marriage (Kimball, 1982). 2. "Multiplying and replenishing the earth" and not delaying childbearing for convenience (Kimball, 1982). 3. Regular night and morning family
Couples Cohesion in Mormons

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prayers (Kimball, 1982). 4. Devoting at least one night a week at home ("Family Home Evening") to spend an evening together as a family (Kimball, 1982). 5. Knowing and living by the well known quote from David O. McKay, a former President of the Church, "No other success can compensate for failure in the home" (cited in Evans, 1971, p.11).

Close involvement within the marriage and family has been continually stressed and encouraged by Mormon doctrine and leaders--an involvement that might be considered by others to be enmeshment.

With regard to Mormon child-bearing practices, it is evident that the Mormon beliefs have influenced the fertility rate of Mormon couples. In 1981 it was noted that Utah, predominantly Mormon, had a 70% higher birth rate than the rest of the United States (Thornton, 1985). If the number of children a Mormon couple bears has been influenced by their religious belief, then there may be other areas that might be affected by their religious affiliation and practice. These factors which emphasize and encourage marriage and family institutions in the Mormon faith, could create a culture of intense involvement for Mormon family members. This
intense involvement might also spurn high levels of cohesion in Mormon families.

In summary, a thorough review of the literature supports the idea of religious influence on family cohesion, and the need to look more closely at the interaction between religion and family cohesion. The literature, however, lacked conclusive evidence of research to support Olson's hypothesis (Olson, et al., 1985) that Mormon couples would score higher (enmeshed) on the cohesion scale of the FACES III than would non-Mormon couples. Glenn (1988) in his preliminary study found that Mormon couple do score enmeshed more frequently than do non-Mormon couples. Consequently, this study was not done to verify Olson's hypothesis that Mormons score more enmeshed but to expand on that premise based on Glenn's (1988) preliminary study which supports that hypothesis. More specifically, this study compared Mormon couples, clinical and non-clinical, on the cohesion score of the FACES III (couple version).

HYPOTHESES

In line with David Olson's hypothesis, it was hypothesized that the Mormon couples in this study would fall in the enmeshed area on the cohesion dimension
of the Circumplex Model. In looking at the differences between the clinical and non-clinical Mormon couples, it was hypothesized that the clinical sample would have larger discrepancies between their perceived and ideal scores on the cohesion scale than the non-clinical sample. In other words, it was hypothesized that both clinical and non-clinical Mormon couples would want enmeshment as an ideal, the difference between the two being that the non-clinical Mormon couple perceived scores would be closer to the desired enmeshed scores.

METHODOLOGY

Subjects

The sample consisted of two groups—a Mormon non-clinical group and a Mormon clinical group. The non-clinical group data were from the data collected in an earlier study (Williams-Evans, 1987). A random sample of 30 couples was generated from the 100 couples from the Williams-Evans data set. The Williams-Evans data were obtained by random phone calls in Davis, Salt Lake, and Utah Counties. Couples contacted by phone were mailed packet containing the instruments and a demographics sheet which were returned by mail. Couples
in this sample were required to have a DAS composite score of at least 100 and MSI scores below 3.

The clinical sample of 30 couples was obtained from the Brigham Young University (BYU) Comprehensive Clinic, which is a mental health facility that provides individual, marital, and family counseling services to the university and the community of 80,000 people. Therapists seeing Mormon couples administered the FACES III (Couple Version) within the first two sessions with their Mormon clients. The Marital Adjustment Test (MAT) and the Marital Satisfaction Inventory (MSI) were also administered to assess marital satisfaction and distress and to assure that the couples included in the clinical sample were distressed. At least one of the spouses needed to have a MAT score below 100 to be included. Only one spouse was required to score below 100 following the systemic concept that if one marital partner is distressed then the marriage is distressed. Demographic information was taken from the intake information forms in the clients' files.

Instruments

The Dyadic Adjustment Scale (DAS) and the Marital Status Inventory (MSI) were used with the non-clinical
sample to measure marital satisfaction and distress. The MAT was used to determine marital satisfaction in the clinical sample. The MSI was also administered to the clinical sample. The FACES III (Couple Version) was administered to the non-clinical sample and to the clinical sample.

*Dyadic Adjustment Scale (DAS).* The DAS is a 32 item scale which was developed by Spanier (1976). This instrument has four sub-scales and allows classification of couples into high and low adjustment groups. The DAS has the following reliability on the subscales: Dyadic Adjustment .96; Dyadic Consensus .90; Dyadic Cohesion .94; and Affectional Expression .73 (Spanier, 1976). Spanier and Felsinger (1983) stated that the DAS and its subscales have been tested and found to have internal consistency and reliability. The currently used guideline is that a couple is distressed when one partner scores under 100 (Spanier & Felsinger, 1983).

*Locke-Wallace Marital Adjustment Test (MAT).* This test is the most widely used instrument in discriminating low and high levels of marital adjustment (Cross & Sharpley, 1981; Williams, 1979). It is a 16 item couple assessment with score possibilities from 0 to
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158 and can be completed within five minutes. Locke and Wallace (1959) suggested that 100 be used as the dividing point between satisfied and dissatisfied individuals. The 100 point criterion was used in this study, with at least one spouse scoring below 100 in order for the couple to be included in the clinical sample. Locke and Wallace (1959) using a Spearman Brown split-half technique, found a reliability coefficient of .90 (Locke & Wallace, 1959).

Marital Status Inventory (MSI). The MSI is a 14 item Guttman scale designed by Weiss and Cerreto (1980) which is used with couples to determine the dissolution potential of the marriage. It is composed of 14 true-false questions which vary in terms of divorce related thoughts and actions. It can be administered in less than five minutes. Weiss and Cerreto (1980) report means and standard deviations for two groups, couples in therapy for marital difficulties and couples in therapy for parent-child difficulties. The mean and standard deviation for couples in marital therapy are respectively 4.4 and 2.8 for husbands and 4.8 and 2.1 for wives (Weiss & Cerreto, 1980). The MSI has been shown to be reliable using the Minimum Marginal
Reproducibility (MMR) with a coefficient of reproducibility equal to .90.

Family Adaptability and Cohesion Evaluation Scales (FACES III), Couple Version. The FACES III is a 20-item self-report instrument which is designed to measure the individual family member's perception of family cohesion and family adaptability (Olson, 1985). It is administered twice--once for the perceived (now) and once for the ideal (future). The perceived-ideal discrepancy score provides a measure of family satisfaction in the current family system. The couple version is specifically for use with marital couples to evaluate their perceptions of their current couple satisfaction and how they would like their marriage to be ideally.

Method of Analysis

This study was interested in determining the differences of Mormon clinical vs. non-clinical couples as measured by the cohesion scale on the FACES III (Couple Version). A three-way Analyses of Variance (ANOVA) was done to determine the differences between the two samples. The three independent variables are sample (clinical vs. non-clinical), gender (male & female), and cohesion (perceived vs. ideal).
The first variable, sample, is a between variable in the three-way ANOVA. The second variable, gender, is a mixed variable in the three-way ANOVA because there is a comparison between male and female as well as a dyadic interaction that should not be considered an independent unit of analysis (O'Leary & Turkewitz, 1978). Finally, the third variable is nested within. The couples are asked to complete the FACES III questionnaire twice, once looking at the perceived marital relationship and the other looking at the ideal marital relationship. The cohesion dimension, however, was the focus of this study.

According to Keppel (1982) a three-way ANOVA was imperative for a study such as this. A three-way ANOVA was an efficient way of studying three independent variables and of providing a "rich source of analytical comparisons to pinpoint specific differences for a significant main effect or significant interaction" (Keppel, 1982, p. 209). The data for this study was analyzed using "ANOVA", a statistical program developed by Richard Galbraith (personal communication, March 11, 1988). The ANOVA runs off of an IBM compatible computer. The criterion for the alpha level was .05.
Couple Cohesion in Mormons

Thus, this study focused on the differences reported on perceived versus ideal scores on the cohesion scale, between the clinical or non-clinical Mormon couples. Main effects were also reported.

Descriptive analyses were performed to identify means and standard deviations of demographic variables (i.e. age, years of marriage, number of children, etc.). Means and standard deviations for clinical and non-clinical couples were also given for the cohesion scores (perceived and ideal) of the FACES III (Couple Version).

Limitations.

One limitation for this study dealt with the non-clinical sample. Phone samples typically have been shown to skew the sample toward more middle and upper-class respondents and apart from poverty level respondents (Maxwell, Camp, & Avery, 1981). Consequently, this sample may not have depicted the entire population, however, it was analogous to samples seen by most therapists (Reiss, 1986).

Secondly, this study was limited by the fact that the Mormon couples for both samples were collected from Utah. Given that Utah is predominantly Mormon, the
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factors which could influence enmeshment might stem from Utah Mormon cultural considerations rather than religious considerations. Thus, this study may not be representative of Mormon couples in general. A further study would look at Mormon couples in areas of less Mormon predominance.

A third limitation is that there was no measure of religiosity included in the study. There may be a difference between the relationship between degree of religious practice by Mormon couples and their cohesion scores. A further study might include a religiosity variable.

Implications

The implications for this study are twofold. First, this study helps bridge the gap between research on the family cohesion and research on religion. This was done by taking the widely used and accepted family typology instrument within marital and family research, FACES III, and ascertaining where a particular religious subgroup (Mormon couples) fell on the FACES III Circumplex Model.

Secondly, since it has been shown that there are Mormon subcultural cohesion differences, then if there
are differences between clinical and non-clinical samples of Mormon couples with regard to the cohesion dimension of FACES III, it would be imperative that therapists working with such couples know these differences. This acknowledgment of religious cultural differences would facilitate therapists developing needed culturally-based intervention strategies (Pinderhughes, 1982) to move couples and families toward their ideal level of functioning.

An implication for further study would be to examine the discrepancy of husband and wife ideal cohesion scores for distressed Mormon couples. Conversely, it would be important to look at nondistressed couples and look at their similarities and differences in their cohesion scores. This would be clinically relevant in helping therapists intervene in promoting increased marital satisfaction in distressed Mormon couples.
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Rodick, J. D., Henggler, S. W., & Hanson, C. L. (1986). An evaluation of family adaptability and cohesion evaluation scales (PACES) and the circumplex model. *Journal of Abnormal Child Psychology, 14,* 77-87.


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Cohesion in Mormons

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Appendix A

Table 1

Cohesion Dimension: Related Theoretical Concepts
Cohesion Dimension: Related Theoretical Concepts

<table>
<thead>
<tr>
<th></th>
<th>Extreme Low</th>
<th>Balanced</th>
<th>Extreme High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowen</td>
<td>Emotional</td>
<td>Differentiate</td>
<td>Undifferentiated</td>
</tr>
<tr>
<td></td>
<td>divorce</td>
<td>self</td>
<td>ego; emotional fusion</td>
</tr>
<tr>
<td>Hess &amp; Handel</td>
<td>Separate</td>
<td>Connected</td>
<td></td>
</tr>
<tr>
<td>Kantor &amp; Lehr</td>
<td></td>
<td>Bounding</td>
<td></td>
</tr>
<tr>
<td>Lidz</td>
<td>Schism, skew</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minuchin</td>
<td>Rigid Boundaries</td>
<td>Clear</td>
<td>Diffuse Boundaries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Boundaries</td>
<td>Enmeshment</td>
</tr>
<tr>
<td>Olson</td>
<td>Independence</td>
<td>Inter-</td>
<td>Dependence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dependence</td>
<td></td>
</tr>
<tr>
<td>Reiss</td>
<td>Interpersonal</td>
<td>Environment</td>
<td>Consensus</td>
</tr>
<tr>
<td></td>
<td>sensitive</td>
<td>sensitive</td>
<td></td>
</tr>
<tr>
<td>Rosenblatt</td>
<td>Apartness</td>
<td></td>
<td>Togetherness</td>
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</table>
Table 1 (cont.)

Cohesion Dimension: Related Theoretical Concepts

<table>
<thead>
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<th></th>
<th>Extreme Low</th>
<th>Balanced</th>
<th>Extreme High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott &amp; Askworth</td>
<td></td>
<td></td>
<td>Extra-ordinary mutual involvement</td>
</tr>
<tr>
<td>Stierlin</td>
<td>Expelling</td>
<td>Centripetal Binding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Centrifugal &amp; Centrifugal Centripetal force balance force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vogel &amp; Bell</td>
<td>Scapegoating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wynne</td>
<td>Pseudo-hostility Mutuality Pseudo-mutuality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rubber-fence</td>
<td></td>
</tr>
</tbody>
</table>

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Appendix B

Figure 1

Circumplex Model
FIGURE 1. CIRCUMPLEX MODEL: SIXTEEN TYPES OF MARITAL AND FAMILY SYSTEMS

Low COHESION High

Disengaged Separated Connected Enmeshed

Chaotic

Flexible

Structured

Rigid

Balanced Mid-Range Extreme
Appendix C

Table 2

Mormon Cohesion Levels

Compared with Olson's Norms
Couple Cohesion in Mormons

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Table 2

Mormon Cohesion Levels Compared with Olson's Norms

<table>
<thead>
<tr>
<th>Cohesion Level</th>
<th>Olson Norms (N=2453)</th>
<th>Mormon Sample (N=249)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>16.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Separated</td>
<td>33.8%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Connected</td>
<td>36.3%</td>
<td>36.5%</td>
</tr>
<tr>
<td>Enmeshed</td>
<td>13.6%</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Appendix D

Table 3

Marriage Patterns of Mormons

Compared with Other Religious Groups
Cohesion in Mormons

Table 3

Marriage Patterns of Mormons Compared with Other Religious Groups

<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>Cath.</th>
<th>Prot.</th>
<th>Mormon</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>% over 30 who ever married</td>
<td>Male</td>
<td>88.6</td>
<td>94.9</td>
<td>97.5</td>
<td>81.0</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>91.2</td>
<td>95.9</td>
<td>97.2</td>
<td>86.7</td>
</tr>
<tr>
<td>% ever married who divorced</td>
<td>Male</td>
<td>19.8</td>
<td>26.4</td>
<td>14.3</td>
<td>39.2</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>23.1</td>
<td>30.9</td>
<td>18.8</td>
<td>44.7</td>
</tr>
<tr>
<td>% ever married who remarried</td>
<td>Male</td>
<td>49.5</td>
<td>62.2</td>
<td>66.6</td>
<td>48.4</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>35.2</td>
<td>53.0</td>
<td>53.0</td>
<td>37.3</td>
</tr>
</tbody>
</table>

Appendix E

Requirements for submission to the

*Journal of Marriage and the Family*
Instructions to Authors

The Journal of Marriage and the Family is a peer-reviewed quarterly published by the National Council on Family Relations. Membership in the council is not a prerequisite for publication. Only previously unpublished papers should be submitted. Authors must include four copies of each manuscript, all of which may be photocopies. To reduce mailing costs, the editors encourage two-sided reproductions for three of the four copies. One copy, however, must have type on one side only. For acknowledgment of receipt, authors must enclose a stamped, self-addressed postcard containing the title of the work. No other acknowledgment will be sent. Each manuscript also must be accompanied by a nonreturnable check in the amount of $15.00 (U.S. currency), payable to the Journal of Marriage and the Family. Manuscripts will not be returned to authors. Submit papers to:

Dr. Alan Booth, Editor
Journal of Marriage and the Family
Department of Sociology
University of Nebraska-Lincoln
Lincoln, NE 68588-0367

Comments on articles already published in JMF will be evaluated in the same way as other manuscripts. Submissions should be accompanied by a processing fee. If the reviewers and the editor believe the comment warrants publication, the author(s) of the original article are invited to reply to the comment. The comment and the reply are published in the same issue of JMF in a section called Feedback.

Manuscript Preparation

1. Papers must be neatly typed on standard paper, with generous margins at the top, bottom, and sides of each page.
2. All copy must be double-spaced, including the abstract, indented matter, footnotes, references, and tables.
3. To permit anonymity, authors must attach a separate title sheet with the author's full name and current affiliation. Unstared footnotes should (a) acknowledge any grant or individual assistance or any previous presentations, and (b) provide the author's mailing address. For coauthors with different affiliations, asterisks should relate their respective names and addresses.
4. An abstract of 100 words or less should precede the body of the paper, outlining methodology and conclusions. Directly following the abstract, the author should list up to six key terms by which the paper may be indexed.
5. Textual footnotes, references, tables, and captions to figures should be typed double-spaced on separate sheets of paper.

Format of Text

Consult a recent issue of JMF for examples of the format of articles, comments, and book reviews.

Organize research papers into sections as follows: Each first-order section heading is all capitalized and centered on a separate line from the text that follows. Each second-order heading is flush left on a separate line, with the first letter of every major word capitalized. Each third-order heading is indented five spaces on the same line with the text that follows, with only the first letter of the first word capitalized and a period closing. Underline second- and third-order headings to indicate italics. Section headings should be brief, and short articles should use only first-order headings.

Tables, Figures, and Illustrations

Carefully typewritten tables are acceptable. Both tables and figures should be kept to a minimum and presented as simply as possible. Consult a recent issue for guidance in preparation. For each table or figure included, insert a location note (e.g., “Table 2 about here”) at the appropriate place in the text.

Figures and other illustrations must be professionally rendered and camera-ready. Institutions of higher learning generally have printing departments or professional illustrators, and the cost of preparation is minimal. Please include one glossy print of each figure, enclosed in cardboard, at the time of acceptance. The other copies may be photocopies. Indicate top and bottom on the back of the glossy and include your last name. Please use a soft pencil. Captions to figures and
illustrations must be typed, double-spaced, on a sepa-
rate sheet of paper.

Reference Citations in the Text
All references to other work must be identified in
the text by enclosing the author's last name and the year of
publication in parentheses. Examples: (Jones, 1981);
(Jones and Smith, 1981) for dual authorship; (Jones et
al., 1981) for more than two authors; (Jones, 1980;
Smith, 1981) for two works by different authors;
(Jones, 1981a, 1981b) for two works by the same author
in a single year; (Jones, 1981: 342) for direct quotes,
which require pagination.

Footnotes
Footnotes should be kept to an absolute minimum.
Textual footnotes should be numbered serially and
listed together just before the reference list. In the text
each footnote should be identified by a superscript
arabic number; in the list, however, the number intro-
ducing each footnote should be set to the left of it with-
out superscript. Footnotes to tables, on the other hand, should fol-
low their respective tables. The word "Note:" should
introduce a footnote referring to the table as a whole;
superscript lower-case letters should introduce notes to
specific items; and asterisks indicate probability levels.

References Listed after the Text
Limit references to the most essential works, preferably
no older than 20 years. Full references must be given for
all work cited in the text. Authors will be required to
correct any discrepancies. List works alphabetically by
author and, under author, by year of publication.
Format examples follow:
Cooper, Judith E., Jacqueline Holman, and Valerie A.
Braithwaite. 1983. "Self-esteem and family cohe-
sion: The child's perspective and adjustment." Jour-
nal of Marriage and the Family 45: 133-159.
Pedersen, Frank A. 1980. The Father-Infant Rela-
New York: Praeger.
Rollins, Boyd C., and Darwin L. Thomas, 1979,
"Parental support, power, and control techniques in
the socialization of children." Pp. 317-364 in
Wesley R. Burr, Reuben Hill, F. Ivan Nye, and Ira
L. Reiss (eds.), Contemporary Theories about the
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by consulting a recent issue of JMP or by referring to
the Publication Manual of the American Psychological
Association (3rd ed.), available from Order De-
partment, American Psychological Association, 1200 Seventeen-
teenth Street, N.W., Washington, DC 20036.