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16PF Couples Counseling Report:
Predictors of Marital Satisfaction, Personality Similarity and Relationship
Adjustment of Clinical vs. Non-Clinical Male Spouses

By

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Bachelor of Science
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We the undersigned committee
hereby approve the attached doctoral research project.

16PF Couples Counseling Report:
Predictors of Marital Satisfaction, Personality Similarity and Relationship
Adjustment of Clinical vs. Non-Clinical Male Spouses

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Abstract

TITLE: 16PF Couples Counseling Report: Predictors of Marital Satisfaction, Personality Similarity and Relationship Adjustment of Clinical vs. Non-Clinical Male Spouses

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The present study utilized the 16 Personality Factor Couple's Counseling Report (16PF-CCR) to contribute to the current paucity of research evaluating group differences between males receiving marital therapy and non-clinical males on personality factors which may influence marital satisfaction and relationship adjustment. Results were obtained from a total of 107 heterosexual males who have either received marital counseling or not (53 Non-Clinical and 54 Clinical). Statistically significant group membership differences were found in the Primary Personality Factors, including Warmth and Vigilance; however, there were no significant findings in the Global Personality Factors. Group differences were similarly observed when evaluating the nine Individual Satisfaction items and Overall Satisfaction scores. Counter to initial hypotheses, there were no significant differences reported for the Relationship Adjustment and Validity Scale scores. Limitations of this study, clinical implications, and areas for further research are also discussed.

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“Every step of the journey is the journey.”

-White Sands Buddhist Center

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Chapter 1

Introduction

The U.S. Census Bureau (2009) reported more than 96% of Americans over the age of 65 indicated having been married at least once in their lives (as cited in Bloch, Haase, & Levenson, 2014). The extant literature and anecdotal accounts purport that close interpersonal relationships (i.e., marriage) constitute an essential facet of social life. Given the relative weight of importance marital relationships have on the lives of individuals, researchers have examined these intimate relationships in an attempt to understand the nature and significance within people's lives.

Interpersonal relationships, more specifically, intimate and romantic relationships, appear to be not only an essential facet of social life but also an essential component of our well-being. Argyle (1999) noted that intimate relationships are a "unique social unit" in which individuals spend a significant amount of time together, sharing closeness and intimacy (as cited in Furler, Gomez, & Grob, 2013). Glenn and Weaver (1981) noted that marital satisfaction contributes more to overall life satisfaction than satisfaction in any other area of human functioning (as cited in Duncan, Piotrowski, Ph, & Mentor, 2008).

Furthermore, marital satisfaction has positive implications for the physical and mental health of individuals. Marital status, more specifically, the quality of one's marriage, has been correlated with positive health outcomes. In the overwhelming majority of studies comparing married and unmarried individuals,

those who were married tended to be happier and in better mental and physical health (Gove, Hughes, & Style, 1983).

Marriage is such a germane aspect of people's lives, with marital satisfaction impacting general well-being. Despite the relative positive impact marriage has on individuals, couples experience marital disharmony and discord, which ultimately ends in divorce. Kiecolt-Glaser and Newton (2001) linked marital dissatisfaction with various physical and mental health impairments, with Gottman and Levenson (1992) stating that dissatisfaction was a strong risk factor for later divorce (as cited in Bloch et al., 2014). Consequently, whether marriages persist and endure or terminate is of notable consequence and importance.

A considerable amount of research investigating marriages has focused on the negative factors contributing to marital dissatisfaction and, ultimately, divorce. Much of this research has looked at how personality factors may negatively impact the relationship, which contributes to conflict. Although preventative research investigating how personality characteristics positively impact the marital relationship may be of more clinical relevance within the realm of marital therapy, research is quite limited in this area.

Partners within a romantic relationship will have a unique and subjective experience of their perceived marital satisfaction. The obstacle in evaluating and measuring this level of satisfaction is that it will invariably be subjective, which suggests that in order to study it, the construct of satisfaction must be operationalized and transformed into an objective and measurable concept. Despite

previous attempts to operationalize this construct (e.g., via ranking and scales), marital satisfaction is quite nuanced, and important aspects of it are likely to get lost in its objective transformation. For instance, the cultural and personality factors of each partner invariably influence one another's experience of the marriage as well as their personal experience of the relationship. Furthermore, one must not discount the significant impact that gender differences have on the perception of marital satisfaction. Gender differences, the fundamental differences in which either gender thinks and behaves as influenced by environmental, social, and biological factors, can be expected to either positively or negatively impact marital quality and satisfaction.

Although research investigating male's personality similarity to their partner, marital satisfaction, and relationship adjustment is quite sparse, some research has focused on men within marital therapy. Examining gender differences within the context of marital satisfaction is arguably necessary in order to cultivate a richer understanding of the factors which play a pivotal role in determining the quality of a marriage. This study aims to examine the particular nuances of the marital relationship which have been observed to be neglected in the extant literature. In order to contribute to the demand that the current literature calls for on marital satisfaction, this study seeks to examine differences in personality profiles among men receiving and not receiving clinical treatment.

The present study will utilize the 16 Personality Factor Couple's Counseling Report and utilize data completed by couples in outpatient marital

therapy in order to identify personality factors, individual areas of satisfaction, and demographic variables that are likely to influence therapy and satisfaction. The study will solely focus on comparing samples of clinical males (i.e., those receiving marital therapy) and non-clinical males (i.e., not receiving treatment).

Unfortunately, given the lack of established research investigating the clinical male population, the majority of the subsequent literature review will cite research from non-clinical samples, unless it is otherwise indicated.

Chapter 2

Literature Review

Marital Dissatisfaction

Despite the vast body of evidence suggesting that intimate relationships contributes to mental and physical well-being and general life satisfaction (Duncan et al., 2008; Gove et al., 1983), the American Psychological Association stated that approximately 50% of couples terminate their marriages (as cited in Kazdin, 2000). The U.S. Census Bureau (2006) reported that the divorce rate for first marriages was approximately 45% (as cited in Ashby, Rice, & Kutchins, 2008) and the National Center for Health Statistics reported that the divorce rate was at 3.2 per 1,000 population (2015). These astounding divorce rates suggest that there are factors at play that may be negatively impacting the longevity of marriages and satisfaction of married couples.

The literature on marriages has extensively supported the conclusion that couples experience changes in their relationship satisfaction as time progresses. Since the majority of one's time is spent interacting with one's partner, it would be inevitable that marital partners experience various levels of slights and hurts due to their spouse's behavior throughout daily interactions (Duncan et al., 2008). Therefore, research has sought to investigate the development of these negative aspects of the marital relationship as they are highly associated with the longevity of the marriage (Karney & Bradbury, 1995). Cattell and Schuerger (2003) noted that spouses who differ in terms of emotional stability, perfectionism, vigilance,

and sensitivity exhibit significantly more dissatisfaction in their relationship. These differences may contribute to the negative aspects experienced within the marriage, thereby negatively impacting its longevity (as cited in Knabb & Vogt, 2011). Additionally, Birditt, Wan, Orbuch, and Antonucci (2017) believed that these “negative aspects” of the marital relationship significantly contributed negatively more to the duration of the marriage than marital satisfaction and happiness.

Factors leading to divorce. Their positive and negative features may describe marriages in terms of whether they arouse feelings of satisfaction and happiness or conflict and negativity. The development of marital tension has been implicated as one of the driving forces behind a couple’s decision to divorce. Marital tension, which consists of negative emotions such as tension, resentment, and irritation about the marriage, is arguably the result of conflicts, disagreements, and disappointments within the marriage (Birditt et al., 2017). Birditt, Brown, Orbuch, and McIlvane (2010) reported that greater negativity (e.g., more considerable hostility) within the first years of marriage predicted increased marital instability and subsequent divorce. Since their positive and negative aspects characterize marriages, it should be highlighted that these dichotomous poles are not only opposite ends of the same continuum; spouses can maintain simultaneously positive and negative feelings for one another. Nevertheless, research has shown that the negative aspects may play a more significant role in a couple’s decision to separate. Marital tension during the early years of the marriage may set the tone for the marriage with subsequent changes providing a litmus test

for the quality and duration of the marriage. In this regard, Birditt et al. (2017) reported that it was not tension during the first years of marriage that predicted divorce; instead, it was the higher levels and increased tension over time, which predicated divorce.

Research has previously focused on the factors that contributed to marital difficulties and subsequent divorce, identifying communicative difficulties as a notable factor. Markman, Rhoades, Stanley, Ragan, and Whitton (2010) investigated the association between divorce and the quality of premarital communication. The authors reported that the overall level of negative communication within the first few years of marriage was a leading cause of later divorce. Regarding the longevity of the marital relationship, the authors additionally noted that the negative communication of non-distressed couples declined more than the distressed couples, indicating that the quality of a couple's communication was an integral component in the determination of a marriage's duration. One may surmise, given the author's findings, that couples who initiate a marriage with lower levels of negative communication and maintain higher levels of positive communication would be at a lower risk for divorce. Cramer (2000) investigated the association between relationship satisfaction and conflict style, offering a potential explanation as to how communication may be associated with later divorce. Dissatisfaction within a marriage is associated with negative conflict styles, that is, a negative style of handling differences of opinion, becoming irritated, or avoiding discussion (Cramer, 1998). Cramer (2000) noted that it was

not the frequency of opinion differences, but rather, how these disagreements were handled, which was significantly associated with marital satisfaction. Taken together with Markman et al.'s (2010) findings, one may conclude that a negative conflict style may perpetuate a couple's negative communication, contributing to increased marital dissatisfaction, and increasing the risk of subsequent divorce.

How a couple handles conflict may serve as an essential barometer for subsequent marital success. Fincham, Beach, and Davila (2004) stated that conflict resolution is an essential factor in a marriage's success, with a spouse's resentment caused by relationship transgressions likely increasing conflict and hindering its resolution (as cited in Duncan et al., 2008). Montgomery (1989) defined marital conflict as "the process of interaction in which one or both partners feel discomfort about some aspect of their relationship and try to resolve it in a similar manner" (as cited in Hamamci, 2005).

One area of marital discord that has received considerable attention pertains to the cognitive components of marital conflict. Research utilizing the Cognitive Behavioral approach has implicated the impact of cognitive components such as irrational beliefs (Addis & Bernard, 2002), dysfunctional beliefs (Eildeson & Epstein, 1982), cognitive distortions (Beck, 1988), and attributions (Bradbury & Fincham, 1990) in marital distress (as cited in Hamamci, 2005). Of particular note, dysfunctional beliefs (i.e., irrational beliefs about the relationship which may be defined as exaggerated, rigid, and illogical) was shown to be positively correlated with frequency and number of marital conflicts and the tension after that

experienced (Hamamci, 2005). These findings appear to corroborate Litzinger and Gordon's (2005) conclusion that marital distress and “destructive conflict” are major risk factors for later dysfunction, and possibly divorce. Holley, Haase, and Levenson (2013) argued that there is a considerable shift in the manner that couples handle conflict over time. The authors described “demand-withdraw” communication as a set of conflict-related behaviors where one partner blames or pressures, and the other withdraws or avoids. Demand-withdrawal patterns of conflict often characterized dissatisfied and distressed couples; these couples reported less mutually constructive communication, more avoidance of communication, and more psychological distance (Litzinger & Gordon, 2005).

In their examination of couples who self-identified as having “great marriages,” yet considered divorce at some point during their marriage, Tulane, Skogrand, and Defrain (2011) consolidated the previous research of Amato and Previti (2003), Giggy and Kelly (1992), and Ponzetti, Zvonkovic, Cate, and Huston (1992) to offer various reasons couples may seek divorce. These included infidelity, physical separation or loss of closeness, discovering differences in marital expectations, incompatibility, lack of communication, conflicts regarding children, health problems, and individual spousal behavior. As previously mentioned, the marital relationship (i.e., the quality of the relationship) confers various positive mental and physical health benefits (Gove et al., 1983; Levenson, Carstensen, & Gottman, 1993; O'Rourke, Claxton, Chou, Smith, & Hadjistavropoulos, 2011). Similarly, research has shown that the deleterious impact

marital distress may have on a spouse's physical health, for example, immune functioning. Despite the variety of reasons underlying a couple's decision to dissolve their marriage, spouses appear to generally experience an increased frequency of health difficulties, an elevated risk of death, increased social isolation, and a lower standard of living (Aldous & Ganey, 1999)

Marital dissatisfaction and behavior. Many of the studies mentioned above evaluating marital distress, communication and conflict were tied with each individual's behavior. For example, Burns and Ashby (1983) stated that "perfectionism in a spouse can destroy a marriage" (as cited in Ashby et al., 2008). Previous investigations have linked unhealthy forms of perfectionism with relationship difficulties. Slaney and Ashby (1996) reported that 57% of interviewers indicated that perfectionism had caused significant problems within their intimate relationships. Flett, Hewitt, Shapiro, and Rayman (2001) found that perfectionism was associated with increased destructive relationship behaviors. Shea, Slaney, and Rice (2006) found that maladaptive perfectionism was positively correlated with relationship dissatisfaction (as cited in Ashby et al., 2008). These findings would suggest that there is a unique negative association between perfectionism in a spouse and marital adjustment. Similarly, Gardner and Wampler (2008) investigated the relationship between dominance and relationship satisfaction. They stated that dissatisfied couples who exhibited dominance (i.e., men with high levels of dominant behavior) were associated with lower marital satisfaction.

Negative affect, specifically emotion regulation, has also received attention in predicting later declines of marital satisfaction. The husband's emotional suppression, defined as the "attempt to reduce or inhibit ongoing emotional expression" by Gross (1998), was found to be the most consistent predictor of declining marital quality (as cited in Velotti et al., 2015). The authors concluded that the husband's use of emotional suppression was more detrimental to marital satisfaction than the wives' use. Gross and John (2003), regarding emotional suppression, noted that although the concealment of emotions may serve short-term goals (e.g., avoidance of conflict and hurting their spouse's feelings), frequent usage may lead to various deleterious consequences, such as reduced interpersonal closeness (as cited in Velotti et al., 2015).

In an earlier study, Skowron (2000) demonstrated that "emotional cutoff" predicted marital discord, reporting that greater husband emotional cutoff accounted for the marital discord between husband and wife. Similar to Skowron's (2000) findings, Gottman and Levenson (1992) found that emotional withdrawal from the husband had negative implications for the "life of a marriage in the long run" (as cited in Skowron, 2000). Negative conflict style was significantly found to negatively impact relationship longevity, in which a negative conflict style was associated with relationship satisfaction (Cramer, 2000). When a couple is unable to resolve their disagreements appropriately, they are likely to engage in maladaptive conflict resolution behaviors (e.g., avoidance and insinuation).

Trust and “dispositional forgiveness,” which is the disposition to forgive interpersonal transgressions over time, or lack thereof, has also been shown to impact marital adjustment by creating a context for negative behaviors to perpetuate (Duncan et al., 2008). The more newlyweds become suspicious or distrustful, the more they are likely to behave negatively toward one another. Bloch et al. (2014) keenly pointed out that when couples experience negative, emotionally evocative events, they are likely to fall into “primitive, survival-oriented modes of interaction.” While in these interactions, spouses are likely to try to justify their behaviors, criticize their partner in “harsh and contemptuous ways” (Gottman, 1994), make broad and negative attributions (Bradbury and Fincham, 1990), and engage in “non-productive cycles of demand-withdraw behaviors” (Christensen, 1988; as cited in Bloch et al., 2014). As previously noted, communication and conflict styles contribute highly to marital dissatisfaction; additionally, mistrust, infidelity and negative behaviors in response to these thoughts and emotions can be predicted to impact satisfaction negatively. To demonstrate this association, Tulane et al. (2011) found that poor communication begot distance between spouses, which eventually resulted in marital difficulties, such as infidelity.

Marital Satisfaction

Relationship satisfaction has been commonly defined as the “subjective evaluation of a relationship partner of different aspects of his or her partnership, such as cohesion, consensus, and feelings of happiness and affection” (Spanier, 1976; Fincham & Beach, 2006; as cited in Altmann, Sierau, & Roth, 2013).

Mohammadi, Samavi, and Ghazavi (2016) defined marital satisfaction as the pleasure derived from an awareness of a comfortable situation, which is usually tied with satisfaction and marital longing. Gur-Aryeh (2011) defined a satisfied marriage as increased marital longevity, and improved physical and psychological health of spouses and their children. Similarly, Veroff, Douvan, and Kulka (1981) said that marital relationships are a significant source of life satisfaction, which is a strong predictor of one's quality of life, happiness (Zimmerman & Easterlin, 2006), psychological health (Beach, Katz, Kim, & Brody, 2003) and physical health (Schoenborn, 2005; as cited in Altmann et al., 2013). Various studies have demonstrated the association between satisfaction, happiness and health (Gottman, 1994; Kelly & Conley, 1987; Orbuch & Custer, 1995; White, 1994; as cited by Rosen-Grandon, Myers, & Hattie, 2004)

With all the positive benefits that a satisfying marital relationship confers, research has sought to investigate the components and underlying mechanisms that contribute to and maintain healthy and long marriages. Marital satisfaction has been measured in a variety of ways, with earlier studies suggesting that various factors, such as finances, education, age, religion, cultural background, number of children, and personality characteristics, play a critical role in its development (Zaleski & Galkowska, 1989; as cited in Kim, Martin, & Martin, 1989). Knabb and Vogt (2011) identified three ways of examining marital satisfaction: actor, partner, and dyadic effects. Actor effects are the impact of one spouse's personality on his or her marital adjustment. Partner effects would be how a spouse's personality

impacts their partner's marital adjustment. Dyadic effects would be the impact of how personality similarity (or dissimilarity) between partners impacts marital adjustment.

Rosen-Grandon et al. (2004) discussed three avenues to marital satisfaction. The paths were identified as having a loving relationship, a loyal relationship, and a relationship consisting of shared values. A loving relationship consisted of "respect for one another, forgiveness, romance, support, and sensitivity." A loyal relationship consisted of "devotion to their spouse." Relationships consisting of shared values was identified as having similar conflict management, traditional gender roles, religiosity, and parenting values (Rosen-Grandon et al., 2004). Marital satisfaction would imply that spouses can sustain a stable relationship and adequately resolve difficulties and disagreements. In studying long-term relationships, Fenell (1993) identified ten critical attributes of a satisfying marriage: a lifetime commitment to marriage, loyalty to the spouse, strong moral values, respect for the spouse as a friend, a commitment to sexual fidelity, a desire to be a good parent, faith in God and spiritual commitment, a desire to please and support spouse, good companion to the spouse, and a willingness to forgive and be forgiven (as cited in Rosen-Grandon et al., 2004).

Positive communication, specifically the ability to identify and communicate emotions, is associated with positive marital adjustment. Cordova, Gee, and Warren (2005) tested the theory that "emotional skillfulness" (i.e., the ability to identify and communicate emotions) played a role in the maintenance of

marital adjustment. The authors reported that the possession of “emotional skills” (e.g., the ability to identify and express emotions, empathize, and manage challenging emotions) are essential to maintaining a healthy marriage. Furthermore, the authors found that distressed couples exhibited more negative affect reciprocity than the nondistressed couples, supporting their conclusion that emotional skill deficits may impede (and diminish) a couple’s capacity for marital satisfaction and adjustment. Interestingly, Cordova et al. (2005) also reported the existence of gender effects, such that a husband’s emotional skills were demonstrably related to their wives’ marital adjustment; however, the opposite relationship was not supported. The authors concluded that men have greater difficulty communicating emotions compared to women, which was previously corroborated by Carpenter and Addis’ (2000) study evaluating males and emotional identification.

Given the strong relationship between communication and disclosure of emotions and relationship satisfaction, males’ marital satisfaction increases when they can disclose their emotions. The obstruction of open and intimate self-disclosure would be expected to contribute to marital dissatisfaction, as evidenced by the most commonly reported reason couples seek treatment, lack of communication, and emotional disclosure (Doss, Simpson, & Christensen, 2004).

In order for a married couple to sustain a stable relationship, they should exhibit effective communication, adequate problem-solving skills, and understand and be willing to compromise. The importance of communication has been previously discussed and has been associated with various positive outcomes in

marital relationships, including sexual satisfaction, marital satisfaction, and effective coping. Relatedly, Sharlin, Kaslow, and Hammerschmidt (2000) conducted a multinational study on long-term marriages in order to investigate the various factors which contribute to marital satisfaction.

Sharlin et al. (2000) identified the factors related to marital satisfaction as including the ability to problem-solve effectively, effective communication skills, presence, self-disclosure, joint-decision-making, reciprocity, mutual support, shared leadership, use of compromise to manage differences, spending quality time together, and a value of the sexual aspect of the relationship. Incorporating these positive traits into the marriage to support and cultivate a positive marital quality would have benefits for the future well-being of the individual, as Gove et al. (1983) found that marital quality was highly correlated with subjective well-being. Concerning the male population, Gur-Aryeh (2010) indicated that men in healthy relationships tend to have greater physical and emotional health, greater wealth and higher wages, decreased drug and alcohol abuse, better relationships with their children, and they tend to live longer.

Marital satisfaction and personality similarity. Given the relative importance of marital satisfaction to the longevity of a marriage, researchers in this field have been actively searching for variables that contribute to marital satisfaction. Beginning with the work of Terman (1938), who examined psychological factors that predicted marital happiness, the construct of personality had received considerable attention over the years for its potential role in marital

satisfaction (as cited in Knabb & Vogt, 2011). Relatedly, the similarity between spouses has been another avenue in which researchers have sought to understand marital satisfaction. Keizer and Komter (2015) mentioned that marriage had been believed to be a union of equals, with homogamy, “like marrying like” being the rule. Moreover, generally, similarities between spouses are associated with marital satisfaction and stability (O’Rourke et al., 2011). Further research has implicated spousal similarity in socioeconomic status (Chu, Hardaker, & Lycett, 2007), religious beliefs (Asmari, Solberg, & Solon, 2008), years of education (Greitemeyer, 2007), and the ages of both heterosexual (Buss and Shackelford, 2008) and same-sex partners (Todosijevic, Rothblum, & Soloman, 2005) as predicting marital satisfaction (as cited in O’Rourke et al., 2011). Therefore, given these associations, one may assume that spousal personality trait similarity may also predict marital satisfaction.

Lew Goldberg coined the term “The Five Factor Model” (FFM), which is a framework describing five personality traits; Neuroticism, Agreeableness, Conscientiousness, Extraversion, and Openness/Intellect. Karney and Bradbury (1995) noted that even though the FFM is not designed to measure dysfunction, certain personality traits are associated with marital dissatisfaction. The authors allude to previous research, which suggests that Neuroticism and Extraversion have negative associations with marital well-being. In contrast, Openness, Agreeableness, and Conscientiousness appear to be positively associated with marital well-being.

Of the five personality traits, Neuroticism, which Costa and McCrae (1985) defined as the “propensity to experience a constellation of negative emotions, including anxiety, anger, disgust, sadness, and embarrassment,” is the most consistent predictor of marital satisfaction. In their 40-year longitudinal study of married couples, Kelly and Conley (1987) found that Neuroticism predicted divorce and was a more reliable predictor of marital dissatisfaction than any other personality trait. Extraversion, which Costa and McCrae (1985) defined as being “sociable, liking people, being assertive, and being enterprising and talkative,” has demonstrated mixed findings on its relation to marital satisfaction. Kelly and Conley (1987) found that men (but not women) high in this trait predicted divorce, while Lester, Haig, and Monello (1989) found that high Extraversion in either partner was correlated with a more dissatisfied spouse (as cited in (Gattis, Simpson, Christensen, & Berns, 2004).

Costa and McCrae (1985) defined Openness as “an active imagination, receptive to inner feelings, and a preference for variety” and research has demonstrated that it is highly correlated with marital satisfaction in both partners (Botwin, Buss, & Shackelford, 1997). Lastly, Costa and McCrae (1985) defined Agreeableness as involving a “generally positive and altruistic approach to others,” while Conscientiousness involves “active self-discipline, scrupulousness, and reliability.” Kelly and Conley (1987) found that low Agreeableness in only males was associated with divorce, while Botwin et al. (1997) found that high

Agreeableness and Conscientiousness in either spouse were associated with higher marital satisfaction.

Limited research evaluating personality homogamy between spouses and marital satisfaction have found aggregate correlations between .35 and .28 for wives and husbands, respectively (Karney & Bradbury, 1995). Similarly, Mehrabian's (1989) review of personality correlates found that there is a greater interspousal similarity in stable and happy relationships than unstable and unhappy relationships (as cited in Gattis et al., 2004).

Despite the vast body of evidence supporting the conclusion that personality homogamy between spouses is associated with marital satisfaction (Claxton, O'Rourke, Smith, & DeLongis, 2012; Gonzaga, Carter, & Galen Buckwalter, 2010; Luo et al., 2008), there is equal decisive research arguing the contrary. For example, Dyrenforth, Kashy, Donnellan, and Lucas (2010) and Rammstedt and Schupp (2008) reported relatively small positive correlations between spousal similarity and relationship satisfaction. Moreover, Botwin et al. (1997) and Neyer and Voigt (2004) failed to find any significant effects between similarity in personality ratings and satisfaction ratings. In light of the research, as mentioned above, the evidence appears to be equivocal, with strong arguments contended for and against the relationship between spousal personality homogamy and marital satisfaction.

Alternatively, Kim et al. (1989) found that certain personality traits in the 16PF appeared to play a critical role in marital satisfaction. Utilizing Cattell's 16PF

questionnaire, Cattell and Nesselroade (1967) found that eight scales were positively correlated with happy couples; Factor B (Reasoning), Factor C (Emotional Stability), Factor F (Liveliness), Factor G (Rule-Consciousness), Factor H (Social Boldness), Factor M (Abstractedness), Factor Q₁ (Openness to Change), and Factor Q₃ (Perfectionism). Contrastingly, the unhappy couples only had two positively correlated scales, Factor O (Apprehension) and Factor Q₁ (Openness to Change), and three negatively correlated scales, Factor A (Warmth), Factor F (Liveliness), and Factor L (Vigilance).

Cattell and Schuerger (2003) conducted a literature review on the 16PF scores of couples and reported several important conclusions. Firstly, couples that scored similarly on the 16PF were more likely to experience “relational satisfaction.” Secondly, satisfied and unsatisfied couples score differently on the 16PF, chiefly, satisfied couples score higher on Factor C (Emotional Stability) compared to unsatisfied couples and score lower on Factor L (Trusting), Factor O (Self-Assured), and Factor Q₄ (Relaxed). Thirdly, various 16PF scale differences between couples are strongly associated with marital satisfaction, notably, Factor B (Reasoning), Factor C (Emotional Stability), Factor I (Sensitivity), Factor M (Abstractedness), Factor L (Vigilance), and Factor Q₃ (Perfectionism). Lastly, the authors purported that differences in Factor A (Warmth), Factor H (Social Boldness), and Factor Q₂ (Self-Reliance) may create inter-spousal stress.

Utilizing the 16PF questionnaire, Noll (1995) studied couples who reported marital satisfaction and dissatisfaction and found that satisfied males’ scores on the

apprehensiveness scale suggested that they were self-assured, secure, guilt-free, untroubled and satisfied with themselves. In contrast, dissatisfied males tended to be more guilt-prone, self-blaming, insecure, and worrying. Similarly, the satisfied males' score on the tenseness scale suggested that they tended to be relaxed, tranquil, and composed compared to the unsatisfied males, which tended to be more frustrated and distraught. In an earlier study, Kim et al. (1989) utilized the 16PF questionnaire and found that individuals in relationships with similar traits (i.e., intelligence, guilt-proneness, dominance, ego strength, and self-concept control) reported more stable and satisfying marriages. Furthermore, Mada (2016) noted that couples whose similar traits consisted of tender-mindedness, trusting each other, and accepting of others and enthusiasm reported greater marital stability and satisfaction.

Marital dissatisfaction and personality similarity. As previously noted, Neuroticism, one of the Big Five personality domains, is defined as the tendency to experience negative emotionality. Individuals exhibiting high levels of Neuroticism tend to react quickly when faced with threat; in the context of a marital relationship, a partner scoring high on Neuroticism can be expected to be responsible for dissatisfied or failed marriages (Noll, 1995). A recurrent finding in research examining the relationship between Neuroticism and marital satisfaction has been that this particular personality trait is notably problematic and deleterious to relationship satisfaction and stability (Karney & Bradbury, 1995; Kelly & Conley, 1987). This relationship has also been evidenced in both cross-sectional

and longitudinal research (Caughlin, Huston, & Houts, 2000; Kelly & Conley, 1987).

Neuroticism has also been linked to negative affect (Ormel & Wohlfarth, 1991), susceptibility to negative mood inductions (Gross, Sutton, and Ketelar, 1998), passive coping (Watson & Hubbard, 1996), and preferences for negative stimuli (Rusting & Larsen, 1995; as cited in Claxton et al., 2012). Relatedly, in their 40-year longitudinal study, Kelly and Conley (1987) found that both husbands' and wives' Neuroticism at the beginning of the study, predicted an increased likelihood of later divorce. Furthermore, the authors reported that Neuroticism was the strongest predictor of future marital dissatisfaction. In a later study examining marital satisfaction in long-term marriages, Shiota and Levenson (2007) found that personality similarity was significantly associated with an increase in adverse outcomes (i.e., marital dissatisfaction).

Concerning gender effects, males are less satisfied with marital relationships when their female partners score highly on Neuroticism. Kelly and Conley (1987) found that a husband's impulsiveness, low Extraversion and Agreeableness, and both husband and wives' Neuroticism were strong predictors of adverse marital outcomes (e.g., divorce). Neuroticism and Extraversion have been associated with low marital satisfaction, while Openness, Agreeableness, and Conscientiousness are positively correlated with marital satisfaction (Karney & Bradbury, 1995).

As anxiety tends to be associated with Neuroticism, Noll (1995) concluded that dissatisfied males were significantly more insecure and apprehensive compared to males in satisfying relationships. In the same study, Noll (1995) also found that males who were bolder and more tough-minded tended to be married to maritally dissatisfied females, which resulted in dissatisfaction for both partners. The dissatisfied males were reportedly more insecure and apprehensive, which Noll (1995) mentioned was noteworthy as Cattell's second-order factor of anxiety consisted of apprehension (i.e., guilt-proneness).

Relationship Adjustment and Marital Satisfaction

Moore (2015) contended that marital and relationship adjustment had been a predominant factor in research contributing to our understanding of marital satisfaction. Relationship adjustment has been defined as “adapting to the partner’s behaviors, desires, and needs” (Carpenter, 2018). Regarding marital adjustment, Gottman (1994) identified certain behaviors which may contribute to marital satisfaction, including low levels of stress in the couple’s daily conversations, awareness of where their spouse was during the day, offering affection with forgiveness, going on a weekly date, and expressing appreciation at least once daily (as cited in Duncan et al., 2008).

Personality traits have been found to affect not only an individual’s marital adjustment but also the marital adjustment of their partner (Knabb & Vogt, 2011). Carpenter (2018) noted that relationship adjustment includes the ability to manage emotions, accept compromise, and use effective communication skills. To this

extent, Murstein (1972) developed a three-stage theory of mate selection, evaluating the impact the stimulus, value, and role stages have at each progression throughout the marital selection process. Murstein (1972) contended that intimate relationships develop from first encounters through subsequent stages. Carpenter (2018) succinctly described the three-stage theory as consisting of “value satisfaction, values appreciated through verbal interaction, and the ability of the couple to function in mutually assigned roles.” Regarding mate selection (i.e., marriage), Murstein (1972) identified stimuli, values, and roles as contributing to marital adjustment.

Another critical aspect of the marital relationship to consider when evaluating marital adjustment would be attachment style. As an individual’s attachment style is likely to manifest in behavioral and relational dynamics, one may extrapolate its impact not only on the adjustment of each partner but also on how satisfied the couple is within the marital relationship. Depending on an individual’s attachment style, it may either help buffer and protect against psychological distress or make one more susceptible to it. Meyers and Landsberger (2002) investigated the associations between adult attachment styles and marital satisfaction. The authors found that a secure attachment was positively correlated with marital satisfaction, while avoidant and ambivalent attachments were negatively correlated with marital satisfaction. Psychological distress was found to mediate the association between secure attachments and marital satisfaction, while social support mediated the relationship between avoidant attachments and marital

satisfaction (Meyers & Landsberger, 2002). The authors reasoned that a secure attachment was associated with a lower likelihood of experiencing psychological distress as it may provide individuals with an “inner resource” which protects them from distress, thereby enhancing a couple’s marital quality. Furthermore, the authors argued that social support mediated the relationship between avoidant attachments and marital satisfaction as the perception of lower levels of assistance and reassurance may cause an individual to withdraw from the relationship, thereby reducing the couple’s marital quality. In light of this research, couples exhibiting a secure attachment style are more likely to be well-adjusted and satisfied as they possess an internal buffer which may mitigate experienced marital distress. Conversely, couples in which a spouse may be avoidant are likely to experience maladjustment and dissatisfaction should a spouse not perceive sufficient availability of support and or reassurance.

Marital Therapy and Marital Satisfaction

Approximately one-fourth of divorcing couples report seeking professional help to improve their relationship (Albrecht, Bahr, & Goodman, 1983). Those couples who seek services wait an average of six years before seeking marital therapy after severe difficulties develop (Gottman & Gottman, 1999; as cited in Doss et al., 2004). The most commonly identified reasons for seeking marital therapy are problematic communication and a lack of emotional affection. Nevertheless, there appears to be little consensus on couples’ motivation for treatment (Doss et al., 2004).

Couples therapy “successes” are discouragingly low, as Solomon and Teagno (2012) noted. In this regard, Gottman keenly observed that how a couple manages their conflict is more significant than their actual problems (as cited in Carpenter, 2018). Cattell (1989) purported that spousal differences on the 16PF Factor A (Warmth) tend to be the primary source of discord in couples seeking treatment. Additionally, high scorers on Factor C (Emotional Stability) tend to be “good spouses.” In contrast, low scorers tend to be disruptive within relationships, with high scores on Factor E (Dominance) implicating unstable marriages (as cited in Knabb & Vogt, 2011). When spouses can feel understood, protected, and trusted by their partner, they cultivate an environment for growth; Buss and Weiss-Wisdom (2012) noted that emotionally focused couples therapy helps couples re-establish a secure bond.

Factors affecting males in marital therapy. Collier (1982) observed that there is a distinct gender difference in psychological help-seeking. Approximately two-thirds of all clients seeking psychological treatment are female, with one in three women, compared to one in seven men, seeking services at least once in their lifetime (as cited in Good, Dell, and Mintz, 1989). It has generally been found that males tend to be reluctant to engage in marital therapy; one potential source of their hesitance to engage in treatment could be a rigid adherence to traditional male gender roles. O’Neil, Helms, Gable, David, and Wrightsman (1985) hypothesized that specific aspects of the male gender role could result in “negative consequences” for men, which has been termed “gender role conflict” (as cited in

Good, Dell, and Mintz, 1989). For example, one notable factor of this conflict involves restrictive emotionality, which has discernable implications for men's help-seeking behaviors. David and Brannon (1976) described restrictive emotionality as the "difficulty in expressing their feelings to other people," which may be contributing to their reluctance (as cited in Good, Dell, and Mintz, 1989). The second aspect of gender role conflict centers on the male values of success, power, and competition. Men tend to be socialized to seek power and control, to be autonomous and self-reliant, which is likely to be incongruent with the decision to seek marital help.

Furthermore, given the socialization men undergo, they are likely to be less motivated to express and discuss negative feelings, let alone seek assistance for difficulties stemming from emotional difficulties. Good et al. (1989) contended that the very nature of the therapeutic relationship is likely to dissuade men from seeking treatment as the perceived power differential between clinician and client may conflict with the male value of power and control. Thus, men may then avoid entering treatment for fear of assuming a subordinate role and failing to live up to their socialized values.

Moynehan and Adams (2007) conducted a study evaluating men's reluctance in seeking treatment and identified three steps that cause problems in their help-seeking; recognizing problems, considering treatment, and seeking treatment. Men tend to lack emotional self-awareness, and therefore may not be aware when a marital issue arises. With that in mind, the authors noted that men

fail to see a need for change and often feel as though they are being persuaded to attend treatment. Doss, Atkins, and Christensen (2003) stated that men's reluctance to attend treatment might impair future progress and limit long-term effectiveness within the relationship. However, Adams and Moynehan (2007) found that once males were able to participate in treatment, they were able to benefit just as much as the females.

Addressing males in marital therapy. In an attempt to adequately address the concerns of male clients, clinicians ought to be aware of the gender discrepancy. As previously mentioned, Good et al. (1989) identified the rigid adherence to a male gender role as underlying their reluctance to seek assistance, with a significant relationship between gender roles and values. In light of their findings, the authors argued that as men's values became "less traditional," their view on therapy improved. Good et al. (1989) suggested that in order to increase the probability that male clients feel comfortable attending treatment, clinicians should avoid attempting to change the client, but rather, attempt to alter the environment to minimize the occurrence of emasculating thoughts.

Demographics and Marital Satisfaction

Marital research has repeatedly found that similarity between couples in various demographic domains such as socio-economic status, educational background, age, ethnicity, religion, attitudes, and values predicts higher marital satisfaction and a lower risk of divorce (Shiota & Levenson, 2007). In his study of married couples, Gaunt (2006) found that although the overall couple similarity

was not a strong predictor of marital satisfaction, discrepancies in age, spirituality, and growth orientation were significant predictors of dissatisfaction.

A study by Larson and Holman (1994) correlated marriage age with satisfaction, demonstrating that older marriages were associated with greater marital satisfaction later (as cited in Gaunt, 2006). Similarly, Jose and Alfons (2007) found that the duration of marriage was highly correlated with the couple's marital satisfaction. Regarding spirituality, Orathinkal and Vansteenwegen (2006) reported that higher religiosity was correlated with greater spousal marital satisfaction, the shared spirituality between spouses had positive relationships with relationship satisfaction (Brimhall and Butler, 2007). Wolfinger and Wilcox (2008) found that the husband's spirituality has a uniquely more considerable influence on the couple's marital satisfaction than the wives' spirituality (as cited in Gaunt, 2006).

Demographic variables and marital satisfaction are a relationship that merits investigation and research because it would allow for appropriate and effective interventions to be used to improve and develop the well-being of not only the individuals (i.e., parents) but of the children as well. Factors that contribute to marital satisfaction vary across cultures, as Shek (1998) noted that parents' and children's views in the United States of family functioning were associated with marital life satisfaction and self-esteem (as cited in Jose & Alfons, 2007).

Age, number of years of marriage, and children. In their study of "intact" (i.e., first) marriages and re-married couples, Jose and Alfons (2007) found

that age had a significantly negative effect on marital adjustment within intact marriages, with middle-aged adults experiencing greater difficulty adjusting compared to young or elderly adults. Similarly, intact marriages experienced a decline in marital satisfaction compared to re-married couples. Additionally, intact marriages experienced a higher rate of adjustment difficulties. In the same study, the authors reported that in the later years of long-term marriages (approximately 30 years of marriage), couples experienced a decline in adjustment difficulties and an increase in relationship satisfaction. The authors noted that potentially moderating this relationship was the absence of children, which was observed to have a positive effect on marital happiness. Jose and Alfons (2007) additionally reported that the number of children and duration of marriage had a positive relationship with general life adjustment, a phenomenon which they described as the “empty-nest” stage in later adult life, which contributed to increased marital satisfaction.

The 16PF Report

The 16 Personality Factor Questionnaire (16PF) is a psychological assessment consisting of 16 personality characteristics with five global factors of personality. The assessment is comprised of 185 multiple-choice items that assess an individual’s personality. The assessment was developed after decades of research by renowned psychologist and researcher Dr. Raymond Cattell. His objective was to create a detailed and systematic assessment that was representative of normal personality. This measure is unique in that it is non-pathological, and it is

not used to formulate diagnostic impressions; instead, it is used as a tool to gain insight into an individual's personality. Thus, the 16PF can be used within settings where psychopathology is not the primary concern. Following the 16PF's initial publication in 1949, more than 2,700 peer-reviewed research articles have validated the measure's utility. Presently, the current edition of the 16PF is available in over 20 languages and requires approximately 30 minutes to complete.

During the measure's inception, Dr. Cattell and his colleagues were operating during a time in which the Big Five Factor Model of Personality was the cornerstone of personality theory. Despite Dr. Cattell's alignment with the established theory, he argued that personality traits had a "multi-level, hierarchical structure" (Cattell, 1946). In other words, Dr. Cattell believed that the "main theme" of an individual's personality should be examined at a deeper level in order to understand one's "internal make-up fully." This belief is manifested in the 16PF's 16 discrete personality characteristics and five global factors of personality.

The 16 personality characteristics (i.e., traits) measure the various ways in which an individual interacts with others. They consist of Warmth (A), Reasoning (B), Emotional Stability (C), Dominance (E), Liveliness (F), Rule-Consciousness (G), Social Boldness (H), Sensitivity (I), Vigilance (L), Abstractedness (M), Privatness (N), Apprehension (O), Openness to Change (Q₁), Self-Reliance (Q₂), Perfectionism (Q₃), and Tension (Q₄). The 16 primary factors are grouped to comprise the five global factors, which may be considered the "Big Five," these include Extraversion (EX), Anxiety (AX), Toughmindedness (TM), Independence

(IN), and Self-Control (SC). Descriptions of the aforementioned 16 personality traits and global factors may be found in Table 1. The 16PF also includes three Response Style Indices, which evaluate the reliability and validity of the test taker's responses. They consist of Impression Management (i.e., responding in a socially desirable manner), Infrequency (i.e., random responding), and Acquiescence (i.e., agreement with all-true or all-false responses). Lastly, the test measure also includes items evaluating demographic variables, such as level of education, ethnicity, household income, and employment status.

In completing the measure's 185 test items, the respondent may respond with either "True, Unsure, or False," with the sole exception of items loading onto Factor B (Reasoning). For these particular items, there is only a single correct answer. The 16 primary factors and the five global factors are each scaled on a ten-point measure (1-10); therefore, the measure is dichotomous. Within each primary and global factor, there exist two dimensions of personality; depending on where the test taker falls on the ten-point scale would indicate the extent to which he or she aligns with either dimension. For instance, Factor N (Privateness) falls on a dimension consisting of two poles. On one pole, personality characteristics would indicate an individual who is forthright, genuine, artless. On the other end of the continuum, an individual may be described as private, discrete, or non-disclosing. A score of 1-3 would indicate that the individual is more likely to be forthright, genuine, or artless, while a score of 8-10 would indicate someone private, discrete, or non-disclosing. For each of the primary and global factors, a score of 5 would

indicate that the individual is not drawn toward any particular dimensional pole; a score ranging between 4-7 would indicate that the participant falls within the normal limits of personality for that trait.

The 16PF Couple's Counseling Report

The 16 Personality Factor Couple's Counseling Report (16PF-CCR) is just one of the many expansions of the original 16PF. The 16PF-CCR was designed to evaluate couples and compare their personality traits. The 16PF-CCR is not only comprised of the most up-to-date version of the 16PF but also includes questions that evaluate a couple's relationship history and their level of relationship satisfaction. The test measure is best used when attempting to identify where the couple may be experiencing differences in their personality and determine whether these differences are underlying their reported distress. Utilizing both partners' scores, the 16PF-CCR provides the assessor with an interpretation of the dynamics and impact of the couple's personality factors on their relationship.

Unique to the 16PF-CCR is the provision of a Similarity score, which evaluates the similarity of personality factors based on the couple's responses. The Similarity score ranges from "low similarity" (i.e., represented by the number 1) to "high similarity" (i.e., represented by the number 10). Additionally, the 16PF-CCR evaluates areas of satisfaction within the couple's relationship, which is of significant clinical utility as it is likely to discern potential areas within the relationship which are underlying the couple's overall dissatisfaction. The Relationship Satisfaction Rating section consists of 11 independent areas of

satisfaction, an overall rating of their satisfaction, and their prediction of their respective partner's overall satisfaction rating. The items in the Relationship Satisfaction Rating section are scored on a nine-point scale, ranging from "totally unsatisfied" (i.e., 1) to "totally satisfied" (i.e., 9). The themes captured within this section include Alcohol and Drug Use, Division of Roles, Time Together, Children, Sex, Extended Family, Caring and Affection, Finances, and Communication.

The 16PF-CCR also prompts the test taker to identify one of eleven areas that, if addressed, would most improve their overall relationship satisfaction. The results garnered from such questions are of particular clinical utility as they may assist the clinician and client in identifying areas that ought to be prioritized in treatment so that the relationship may be preserved and marital quality restored. Furthermore, the results may be used to highlight potential areas in which the couple is experiencing particular success, as items that are rated "highly satisfied" may be used to identify and cultivate existing areas and features of the relationship which are contributing to their satisfaction. To this end, the clinician may suggest that the couple implement approaches that have reportedly contributed to their success and higher satisfaction to areas of their relationship, which were rated lower in satisfaction.

In addition to the Similarity and Relationship Satisfaction scores, the 16PF-CCR also provides a Relationship Adjustment score. This score ranges from a 1, suggesting low adjustment, to a 10, suggesting high adjustment, and is calculated from each partner's score on Factor C (Emotional Stability) and Factor Q₁

(Openness to Change). Russell and Karol (1994) have previously indicated that Factors C and Q₁ may be used to predict relationship adjustment. Emotional Stability has been noted to be more correlated with adjustment indicators than any of the other 15 factors, while Openness to Change tends to be more associated with relationship adjustment (Russell & Karol, 1994).

In light of the nature and composition of the 16PF-CCR, its application is best suited for marital therapy as it is not merely a nonpathological measure of personality; it also elucidates areas of marital satisfaction, relationship adjustment, and personality similarity within the romantic dyad. Jones (1976) suggested that individuals complete the test items with the perception of their partner's view of him or herself (the test taker) in order to elucidate the behaviors which are causing difficulties more clearly. This would significantly augment the measure's usefulness and applicability within marital therapy.

Replicated Doctoral Research Projects

The present study will be investigating the predictors of marital satisfaction, personality similarity, and relationship adjustment within a sample of clinical males (i.e., receiving marital therapy) and non-clinical males. This would be a replicated study utilizing the research and results garnered from previous Doctoral Research Projects. Collectively, previous research projects have evidenced that the overall reported satisfaction level of couples was positively correlated with levels of emotional stability. For example, Weinstein-Arnett (2008) and Field (2013) found that, within males and females, the variance of the overall level of satisfaction was

explained by the amount of time together, finances, and caring and affection. Shah (2009) examined gay and lesbian couples and found that emotional reactivity was correlated with poor adjustment; however, no significant findings were reported for personality similarity.

Examining only males, Garofalo (2014) found that men significantly endorsed greater overall marital satisfaction and were significantly more satisfied than their female partners as indicated by satisfaction items such as division of roles, finances, and caring and affection. Recently, a sample of combat veterans' post-deployment was evaluated on personality similarity between spouses, marital satisfaction, and relationship adjustment. Of particular note, Moore (2015), Alexander (2015), and Mullholland (2015) investigated gender differences between males and females within the sample mentioned above. Moore (2015) found that, among the male sample of combat veterans, there was a significant relationship among overall marital satisfaction, personality, and openness to change, with significant variability in three satisfaction areas. Similarly, Alexander (2015) reported significant variability in Factors B (Reasoning), E (Dominance), and H (Social Boldness). Men appeared to rate themselves higher on Dominance and Social Boldness, compared to females, who rated themselves higher on Reasoning, suggesting that women were more abstract compared to their male counterparts. Furthermore, another interesting finding gleaned from Alexander's (2015) study indicated significant variability between the genders on the Global Factor Independence (IN), with males rating themselves higher compared to female

combat veterans. Mullholland (2015), investigating the female sample of combat veterans, reported a significant positive correlation between overall personality similarity and individual areas of satisfaction (i.e., emotional stability, openness to change, and social boldness).

Collectively, the previous research projects reported similar findings concerning marital satisfaction and emotional stability and similarity in personality with individual areas of satisfaction. These projects are useful and foundational for future research investigating couples' satisfaction; however, the present study is focused on evaluating predictors of marital satisfaction, personality similarity, and relationship adjustment between men in marital therapy and non-clinical men.

Chapter 3

Statement of Purpose

There is a considerable amount of research devoted to understanding the underlying dynamics which contribute to a couple's reported satisfaction and longevity. However, there is considerably less research devoted to examining specific gender differences within couples and how these variables impact marital quality, and even less research examining individuals within marital therapy. The purpose and motivation of the present study is to elucidate the factors which contribute and impact marital satisfaction and relationship adjustment among men receiving treatment and identifying differences between those receiving treatment and those who are not.

An additional impetus for this study is that given the sparse research on males in marital therapy and males in general, the subsequent findings are intended to increase the understanding of unique factors that influence personality characteristics and how they may impact couples' marital satisfaction. By contributing to the existing literature on knowledge of the extrinsic and intrinsic factors that impact relationship satisfaction, a more in-depth understanding of the nuances within a relationship is arguably necessary if marital therapy is expected to assist couples in augmenting and improving their ability to increase their marital satisfaction. For example, developing an awareness of discrete personality traits and general personality domains that are contributing to marital dissatisfaction may help couples move toward behaviors that will increase their satisfaction.

Furthermore, an awareness of how demographic variables can impact and contribute to the risks and benefits of either marital satisfaction or marital dissolution will allow for the implementation of appropriate preventative measures and interventions.

Concerning the male population, the present study is expected to clarify the relationship between male personalities and satisfaction within discrete life domains and overall relationship satisfaction, which may undoubtedly assist marital therapists in effectively working with males in treatment. Previous research has been notably divisive in discerning personality correlates that relate to marital well-being. Even more discouraging, these studies tended to focus on factors that contributed to marital dissatisfaction and dissolution. The present study focuses on evaluating differences in personality traits and individual areas of satisfaction within males in and out of marital therapy, which influence the mutual satisfaction of both partners utilizing the 16 Personality Factor Couple's Counseling Report.

Chapter 4

Hypotheses

Upon reviewing previous literature findings, the following hypotheses are proposed:

1. There will be a significant main effect of group membership on the nine Individual Satisfaction Items. This hypothesis will be tested utilizing a one-way between-groups multivariate analysis of variance.
2. There will be a significant main effect of group membership on the 16 Primary Personality Factors. This hypothesis will be tested using a one-way between-groups multivariate analysis of variance.
3. There will be a significant main effect of group membership on the five Global Personality Factors. This hypothesis will be tested using a one-way between-groups multivariate analysis of variance.
4. There will be a significant difference in Relationship Adjustment Scores between the clinical and non-clinical male groups. This hypothesis will be tested utilizing an independent samples *t*-test.
5. There will be a significant difference in the Overall Satisfaction Scores between the clinical and non-clinical male groups. This hypothesis will be tested utilizing an independent samples *t*-test.
6. There will be a significant main effect of group membership on the Validity Scale Scores. This hypothesis will be tested using a one-way between-groups multivariate analysis of variance.

Chapter 5

Method

Participants

All data used for the current research were archival from the office of Richard T. Elmore, Jr., Ph.D. Participants for this research were identified as having entered marital therapy and completed the 16PF-CCR as an introductory requirement for treatment; this sample of males consisted of $N = 54$ and comprised the clinical sample. Similarly, a sample of $N = 53$ males not receiving marital therapy comprised the comparison group; this sample of males were military veterans and were clients from Dr. Richard T. Elmore's private practice. To control for variables related to gender and sexuality, only heterosexual couples were analyzed. Additionally, as the present analyses addressed issues of couples currently in a relationship, those who classified their relationship as "divorced" were excluded in the samples. The final sample size included 107 male participants.

Instruments / Measures

The 16 Personality Factor Couples Counseling Report Questionnaire (16PF-CCR), a non-clinical measure of personality), was used for this research study. For participants comprising the clinical sample, the 16PF-CCR was a required introductory component for marital therapy. The administration of the test measure was distributed either via computer administration or traditional paper and pencil based on the participants' preference.

Design / Plan of Analysis

As there was a significant amount of information and variables to be examined in this study, it was considered to be an exploratory analysis. A one-way between-groups multivariate analysis of variance was utilized to examine the main effects of the independent variable and gender on the mean scores of the multiple dependent variables. The dependent variables were comprised of the nine Individual Satisfaction items, the 16 Primary Personality Factors, the five Global Personality Factors, and the validity scores. Observed gender differences on the Overall Satisfaction Scores, and in a separate analysis, Relationship Adjustment scores, were analyzed utilizing an independent samples *t*-test.

Procedure

Specific to the current research project, additional exempt status was obtained by the Florida Institute of Technology Institutional Review Board (IRB) before data collection. All participants (i.e., clinical and non-clinical) had completed the 16 Personality Factor Couples Counseling Report individually, either through traditional paper and pencil administration or via computer administration. If administered electrically, participants were instructed to complete the 16PF-CCR within their first week of attending marital therapy after being provided access to the test online using a unique login code. IPAT (Institute for Personality and Ability Testing, Inc.) subsequently delivered the test output and narrative electronically to Dr. Richard T. Elmore Jr., Ph.D., immediately once both partners submitted their responses. The participants received feedback on their

results by a trained mental health clinician regarding personality factors and how they may impact certain aspects of their relationship satisfaction and functioning.

Chapter 6

Results

Descriptive Frequencies

The descriptive frequencies and statistics of the sample are presented in Table 2. A total of 107 males (i.e., both clinical and non-clinical groups) completed the 16PF-CCR. A vast majority of the sample of men identified as Caucasian or White (69.8% Non-Clinical; 77.8% Clinical), with 13.2% (Non-Clinical) and 11.1% (Clinical) identifying as Hispanic or Latino, 11.3% (Non-Clinical) and 7.4% (Clinical) as African-American or Black, 3.8% (Non-Clinical) and 1.9% (Clinical) as Native American, 1.9% (Non-Clinical) and 1.9% (Clinical) as Other, and Asian or Pacific Islander being the least represented at 0% for both groups.

Concerning the categorization of the couple's relationship, 98.1% (Non-Clinical) and 63.0% (Clinical) endorsed being married to the partner with whom they presented to counseling, with Cohabiting being the second most popular description of the relationship with 1.9% (Non-Clinical) and 24.1% (Clinical). Otherwise, 11.1% of Clinical males described their relationship as Separated, with 1.9% of Clinical Males identifying as Engaged/Premarital.

Regarding length of the current relationship, 3.8% (Non-Clinical) and 20.4% (Clinical) endorsed being in a relationship for 0-2 years. 32.1% (Non-Clinical) and 18.5% (Clinical) endorsed being in the relationship for 3-7 years. 50.9% (Non-Clinical) and 18.5% (Clinical) endorsed being in the relationship for 8-14 years. 11.3% (Non-Clinical) and 18.5% (Clinical) endorsed being a

relationship for 15-25 years, and 1.9% (Non-Clinical) and 24.1% (Clinical) for over 25 years. Means and standard deviations for the reported relationship lengths can be found in Table 6.

The majority of males reported their current relationship was their first, 67.9% (Non-Clinical) and 37.0% (Clinical), or second, 24.5% (Non-Clinical) and 19.0% (Clinical), committed relationship. 3.8% (Non-Clinical) and 14.0% (Clinical) of males reported this was their third committed relationship. 1.9% (Non-Clinical) and 1.0% (Clinical) reported it was their fifth or more committed relationship, and only 1.9% of Non-Clinical males indicated that it was their fourth committed relationship.

When examining levels of education, 3.7% of Clinical males reported having completed Grade School as the highest level of education at the time of completing the 16PF-CCR. 34.0% (Non-Clinical) and 16.7% (Clinical) reported the attainment of a High School Diploma or GED. 17.0% (Non-Clinical) and 25.9% (Clinical) obtained an Associate's or Technical Degree, and 18.9% (Non-Clinical) and 20.4% (Clinical) obtained a Bachelor's degree. 13.2% (Non-Clinical) and 11.1% (Clinical) indicated they completed Graduate Coursework without obtaining a degree, and 17.0% (Non-Clinical) and 22.2% (Clinical) obtained a Graduate Degree

Most men, 58.5% (Non-Clinical) and 55.6% (Clinical) endorsed being employed full-time at the time they were administered the 16PF-CCR. The second most frequently endorsed response was being retired, with 9.4% (Non-Clinical) and

27.8% (Clinical). Furthermore, 11.3% (Non-Clinical) and 5.6% (Clinical) endorsed either working part-time or unemployment. Lastly, 3.8% (Non-Clinical) and 3.7% (Clinical) endorsed being a homemaker or househusband, and 5.7% (Non-Clinical) and 1.9% (Clinical) reported other.

In regard to reported income, the majority of men, 45.3% (Non-Clinical) and 53.7% (Clinical), indicated making \$80,000 or more in a year. The second most common income bracket endorsed by participants was \$60,000-\$79,999 for 18.9% of Non-Clinical males and 22.2% of Clinical males. Other income amounts included \$40,000-\$59,999 (18.9% Non-Clinical and 11.1% Clinical), \$20,000-\$39,999 (13.2% Non-Clinical and 7.4% Clinical), \$10,000-\$19,999 (3.8% Non-Clinical and 1.9% Clinical), and \$0-\$9,999 for 3.7% of Clinical males.

Hypothesis 1

This study was conducted to examine the relationship between group membership and the 16 PF-CCR nine Individual Satisfaction items. Male participants were divided into two groups by their clinical status: whether they received marital counseling or not (group 1: Non-Clinical Males; group 2: Clinical Males). The independent variable used was group membership. The dependent variables included the nine Individual Satisfaction items on the 16PF-CCR (i.e., time together, problem-solving communication, caring and affection, division of roles, finances, sex, extended family, children, and alcohol or drug use). It was predicted that there would be a significant main effect of group membership on the

nine Individual Satisfaction items. Means and standard deviations for the nine satisfaction items can be found in Table 3.

A one-way between groups multivariate analysis of variance (ANOVA) was conducted (Table 7), and the assumption of homogeneity of variances was met for six of the nine Individual Satisfaction items, including Time Together (Levene's statistic = 3.676, $p = .058$), Communication (Levene's statistic = .723, $p = .397$), Caring and Affection (Levene's statistic = 1.208, $p = .274$), Division of Roles (Levene's statistic = 2.304, $p = .132$), Finances (Levene's statistic = .028, $p = .868$), and Extended Family (Levene's statistic = .381, $p = .538$). The three items which violated the assumption of homogeneity included Sex (Levene's statistic = 8.777, $p = .004$), Children (Levene's statistic = 4.892, $p = .029$), and Alcohol or Drug Use (Levene's statistic = 9.398, $p = .003$); a Mann-Whitney U was conducted for these items.

The Mann-Whitney U test indicated that these three Individual Satisfaction items were significantly different between non-clinical and clinical males (Table 8; Table 9). Specifically, clinical males reported significantly lower scores on Sex ($Mdn = 7.00$), Children ($Mdn = 8.00$), and Alcohol or Drug Use ($Mdn = 8.00$) compared to non-clinical males on Sex ($Mdn = 4.00$, $U = 1047.50$, $z = -2.41$, $p = .016$), Children ($Mdn = 6.00$, $U = 942.50$, $z = -3.10$, $p = .002$), and Alcohol or Drug Use ($Mdn = 7.00$, $U = 1082.50$, $z = -2.26$, $p = .024$).

ANOVA results showed that there was an overall significant mean difference among the two group means of the nine Individual Satisfaction items

(Table 10), including time Together, $F(1, 105) = 7.71, p = .007$, with an eta-squared of .068, suggesting that 6.8% of the variance on Time Together was explained by group membership; Communication, $F(1, 105) = 28.61, p < .001$, with an eta-squared of .214, suggesting that 21.4% of the variance on communication was explained by group membership; Caring and Affection, $F(1, 105) = 15.42, p < .001$, with an eta-squared of .128, suggesting that 12.8% of the variance on Caring and Affection was explained by group membership; Division of Roles, $F(1, 105) = 5.25, p = .024$, with an eta-squared of .048, suggesting that 4.8% of the variance on Division of Roles was explained by group membership; Finances, $F(1, 104) = 6.10, p = .009$, with an eta-squared of .063, suggesting that 6.3% of the variance on Finances was explained by group membership; and Extended Family, $F(1, 105) = 8.18, p = .005$, with an eta-squared of .072, suggesting that 7.2% of the variance on Extended Family was explained by group membership. Therefore, Hypothesis 1 was supported as all nine Individual Satisfaction items (i.e., Time Together, Communication, Caring and Affection, Division of Roles, Finances, Sex, Extended Family, Children, and Alcohol or Drug Use) were significantly different between both groups.

Hypothesis 2

Hypothesis 2 examined the relationship between group membership and 16PF-CCR Primary Personality Factors. Male participants were divided into two groups by their clinical status, whether they received marital counseling or not (group 1: Non-Clinical Males; group 2: Clinical Males). The independent variable

was group membership, and the dependent variables were the 16 Primary Personality Factors of the 16PF-CCR (see Table 1 for a list of the 16 dependent variables). It was predicted that there would be a significant main effect of group membership on the 16 Primary Personality Factors. Means and standard deviations for the 16 Primary Personality factors can be found in Table 4.

A one-way between groups multivariate analysis of variance (ANOVA) was conducted, and the assumption of homogeneity of variances was met for 14 of the 16 Primary Personality Factors (Table 11), including Warmth (Levene's statistic = .043, $p = .836$), Emotional Stability (Levene's statistic = .040, $p = .841$), Liveliness (Levene's statistic = .358, $p = .551$), Rule Consciousness (Levene's statistic = .850, $p = .359$), Social Boldness (Levene's statistic = .541, $p = .464$), Sensitivity (Levene's statistic = 1.700, $p = .195$), Vigilance (Levene's statistic = .285, $p = .595$), Abstractedness (Levene's statistic = 1.208, $p = .274$), Privatness (Levene's statistic = 1.071, $p = .303$), Apprehension (Levene's statistic = .358, $p = .551$), Openness to Change (Levene's statistic = .011, $p = .917$), Self-Reliance (Levene's statistic = .108, $p = .743$), Perfectionism (Levene's statistic = 2.064, $p = .154$), and Tension (Levene's statistic = 3.350, $p = .070$). The two factors which violated the assumption of homogeneity included Reasoning (Levene's statistic = 6.371, $p = .013$) and Dominance (Levene's statistic = 13.299, $p = .000$); a Mann-Whitney U was conducted for these items.

The Mann-Whitney U test indicated that these two Primary Personality Factors were not significantly different between non-clinical and clinical males

(Table 12; Table 13). Specifically, clinical males were not significantly different on Reasoning ($Mdn = 5.00$) and Dominance ($Mdn = 5.00$) compared to non-clinical males on Reasoning ($Mdn = 5.00$, $U = 1197.00$, $z = -1.49$, $p = .137$) and Dominance ($Mdn = 5.00$, $U = 1417.50$, $z = -.09$, $p = .932$).

ANOVA results showed that there was an overall significant mean difference among the two group means for only two of the 16 Primary Personality Factors. These include Warmth, $F(1, 105) = 5.95$, $p = .016$, with an eta-squared of .054, suggesting that 5.4% of the variance on Warmth was explained by group membership; and Vigilance, $F(1, 105) = 7.02$, $p = .009$, with an eta-squared of .063, suggesting that 6.3% of the variance on Vigilance was explained by group membership. Therefore, Hypothesis 2 was partially supported as only 2 of the 16 Primary Personality Factors (i.e., Warmth and Vigilance) were significantly different between both groups. Results from this analysis can be found in Table 14.

Hypothesis 3

Hypothesis 3 examined the relationship between group membership and the 16PF-CCR five Global Personality Factors. Male participants were divided into two groups by their clinical status, whether they received marital counseling or not (group 1: Non-Clinical Males; group 2: Clinical Males). The independent variable was group membership, and the dependent variables were the five Global Personality Factors of the 16PF-CCR (see Table 1 for a list of the five dependent variables). It was predicted that there would be a significant main effect of group

membership on the five Global Personality Factors. Means and standard deviations for the five Global Personality factors can be found in Table 4.

A one-way between groups multivariate analysis of variance (ANOVA) was conducted, and the assumption of homogeneity of variances was met for four of the five Global Personality Factors (Table 15), including Extraversion (Levene's statistic = .628, $p = .430$), Anxiety (Levene's statistic = .913, $p = .341$), Tough-Mindedness (Levene's statistic = .012, $p = .913$), and Self-Control (Levene's statistic = 1.083, $p = .300$). The factor which violated the assumption of homogeneity included Independence (Levene's statistic = 9.314, $p = .003$); a Mann-Whitney U was conducted for this factor.

The Mann-Whitney U test indicated that the Independence Global Personality Factor was not significantly different between non-clinical and clinical males (Table 16; Table 17). Specifically, clinical males were not significantly different on Independence ($Mdn = 6.00$) compared to non-clinical males on Independence ($Mdn = 6.00$, $U = 1316.00$, $z = -.729$, $p = .466$).

ANOVA results showed that there was not an overall significant mean difference among the two group means for the five Global Personality Factors; therefore, Hypothesis 3 was not supported. Results from this analysis can be found in Table 18.

Hypothesis 4

An independent samples t-test was performed to compare mean Relationship Adjustment scores between non-clinical and clinical males.

Assumption testing suggested that there were no outliers in the Relationship Adjustment scores for non-clinical and clinical males, and the Relationship Adjustment scores were normally distributed. Levene's test (Table 20) indicated that variances in Relationship Adjustment for non-clinical and clinical males were statistically equivalent, $F(105) = .001, p = .971$.

Results from 107 male participants (53 non-clinical, 54 clinical) indicated that non-clinical males ($M = 5.11, SD = 1.83$) were not significantly different from clinical males ($M = 4.50, SD = 1.82$; Table 19) on their level of Relationship Adjustment, $t(105) = 1.74, p = .085$, with the difference to have a 95% CI [-.09, 1.31]. The difference presents a small-sized effect, Cohen's $d = 0.33$. As a result, the hypothesis that non-clinical and clinical males would report significantly different levels of Relationship Adjustment was not supported. The results from this analysis can be found in Table 20; for additional information regarding the means and standard deviations of the continuous variables, see Table 5.

Hypothesis 5

An independent samples t-test was performed to compare mean Overall Satisfaction scores between non-clinical and clinical males. Assumption testing suggested that there were two outliers in the Relationship Satisfaction scores for non-clinical and clinical males, and the Relationship Satisfaction scores were not normally distributed. Levene's test (Table 22) indicated that variances in Relationship Satisfaction for non-clinical and clinical males were not statistically equivalent and were therefore not assumed to be equal, $F(102.70) = 7.87, p = .006$.

Results from 107 male participants (53 non-clinical, 54 clinical) showed that non-clinical males ($M = 7.28$, $SD = 1.83$) were significantly different from clinical males ($M = 5.19$, $SD = 2.17$; Table 21) on their level of Overall Satisfaction, $t(102.70) = 5.40$, $p < .001$, with the difference to have a 95% CI [1.33, 2.87]. The difference presents a large-sized effect, Cohen's $d = 1.04$, and consequently, the hypothesis that non-clinical and clinical males would report different levels of Overall Satisfaction was supported. The results from this analysis can be found in Table 22; for additional information regarding the means and standard deviations of the continuous variables, see Table 5.

Hypothesis 6

Hypothesis 6 examined the relationship between group membership and the 16PF-CCR validity scales. Male participants were divided into two groups by their clinical status, whether they received marital counseling or not (group 1: Non-Clinical Males; group 2: Clinical Males). The independent variable was group membership, and the dependent variables were the three Validity scales (i.e., Impression Management, Infrequency, and Acquiescence). It was predicted that there would be a significant main effect of group membership on the Validity scale scores.

A one-way between-groups analysis of variance (ANOVA) was conducted, and the assumption of homogeneity of variances was met for two of the three Validity scales (Table 23). These include Impression Management (Levene's statistic = .336, $p = .564$) and Infrequency (Levene's statistic = .659, $p = .419$). The

scale which violated the assumption of homogeneity included Acquiescence (Levene's statistic = 4.340, $p = .040$); a Mann-Whitney U was conducted for this scale.

The Mann-Whitney U test indicated that the Acquiescence Validity scale was not significantly different between non-clinical and clinical males (Table 24; Table 25). Specifically, clinical males were not significantly different on Acquiescence ($Mdn = 55.00$) compared to non-clinical males on Acquiescence ($Mdn = 59.00$, $U = 1219.00$, $z = -1.323$, $p = .186$).

ANOVA results indicated that there was not an overall significant mean difference among the two group means for the three validity scales; as a result, Hypothesis 6 was not supported. Results from this analysis can be found in Table 26.

Chapter 7

Discussion

The present study investigated whether there exist differences between males who have received marital counseling and those who have not in variables, including relationship adjustment and personality similarity, and overall marital satisfaction. The purpose of this study was to illuminate the importance of differences between the two groups of males when evaluating marital satisfaction. The subset of males receiving marital counseling has often been overlooked in prior research. Moreover, this study served to contribute to the paucity of research on marital satisfaction within the clinical population. Many of the statistically significant findings from this study are useful in enhancing clinical practice within the scope of marital therapy and expanding avenues for future research. The following includes a review and discussion of the results, limitations of the present study, and directions for continued exploration within the research area.

Regarding the Individual Satisfaction items, statistically significant effects were found for group membership. Specifically, it appeared that clinical and non-clinical males reported significantly different levels of satisfaction in Time Together, Communication, Caring and Affection, Division of Roles, Finances, and Extended Family. This finding corroborates prior research if we infer that the clinical group of males is less frequently endorsed as positively satisfied than the non-clinical males, which would explain their solicitation in marital counseling.

This inference is supported by the significantly lower group means on each of these items for the clinical males compared to the non-clinical males.

Additionally, non-parametric testing revealed that clinical males reported significantly lower scores (i.e., dissatisfaction) on Sex, Children, and Alcohol or Drug use. Similarities can be seen with Gottman's (1994) study in which he identified specific behaviors that contributed to marital adjustment (i.e., offering affection). Doss et al.'s (2004) study in which the most commonly identified reason for seeking marital therapy was problematic communication and a lack of affection. Moreover, in Alfons' (2007) study, the presence of children was correlated with satisfaction. Furthermore, significant clinical inferences emerged from this data set, suggesting that dissatisfied males likely seek marital counseling services when experiencing difficulties in the satisfaction areas mentioned above. This is an important topic for future research to investigate as the specific difficulties experienced within each satisfaction area remain elucidated.

Significant group membership differences were revealed among the Primary Personality Factors. Specifically, Warmth (A) and Vigilance (L) were the only two factors that were significantly different between the groups, with group membership explaining 5.4% and 6.3% of the variance, respectively. Evaluating the mean differences for these two factors between the male groups indicated that clinical males endorsed higher ratings on Warmth (A), suggesting that they were reportedly more warm, outgoing, and attentive to others. In contrast, clinical males endorsed being more reserved, impersonal, and distant. Conversely, clinical males

endorsed lower ratings on Vigilance (L), suggesting they were reportedly more trusting, unsuspecting, and accepting, while non-clinical males endorsed being more vigilant, suspicious, skeptical, and wary. This finding was somewhat commensurate with prior research noting that non-clinical males (i.e., the subject of study) reported difficulties in Warmth and affection and maladaptive problem-solving behaviors, which contributed to dissatisfaction (Doss, Simpson, & Christensen, 2004). Additionally, this finding was interesting as clinical males' endorsement of being warmer and less vigilant compared to non-clinical males was unexpected. One may infer that experiencing difficulties in these arenas would underlie some of the reasons for soliciting marital therapy; however, these findings proved to be counterintuitive.

Evaluating the five Global Personality factors, Warmth (A) and Vigilance (L) load onto the Extraversion and Anxiety, and Tough-Mindedness and Independence domains, respectively. However, statistical analyses revealed no significant differences between the groups on each of the Global Personality factors. Despite the lack of significant group difference on these domains, evaluation of the group means suggested that clinical males endorsed higher scores on Extraversion (i.e., more extraverted) and Tough-Mindedness (i.e., more resolute), and lower scores on Anxiety (i.e., less anxious), Independence (i.e., more accommodating), and Self-Control (i.e., more unrestrained). Alternatively, non-clinical males endorsed higher scores on Anxiety (i.e., more anxious), Independence (i.e., more independent and persuasive), and Self-Control (i.e., more

self-controlled), and lower scores on Extraversion (i.e., more introverted) and Tough-Mindedness (i.e., more receptive and open-minded). These comparisons would suggest that males with more extroverted and tough-minded personalities likely experienced more marital difficulties than non-clinical males, which may have contributed to their solicitation in marital counseling services.

In the present study, no significant difference between Relationship Adjustment scores of clinical and non-clinical males was found. This was a somewhat surprising result as it was hypothesized that there would be a significant difference between the groups on this score. One would have inferred that males seeking marital counseling would have reported lower adjustment scores compared to non-clinical males, and this inference was corroborated by the observed lower group means of clinical males. Furthermore, despite the non-significant findings, there was a small effect indicated, which supports the inference that there may be group differences in this variable. These results merit further inquiry and research as the presence of extraneous variables (i.e., mediating or moderating) is likely playing a role in mitigating the stress of maladjustment within clinical males who did not seek counseling services.

In evaluating Overall Marital Satisfaction, there was a significant difference indicated between clinical and non-clinical males, such that clinical males reported significantly lower Overall Marital Satisfaction scores. These results support our initial inference that the experience of marital dissatisfaction underlies one of the main reasons to seek marital counseling. This point was supported by the large-

sized effect, indicating that clinical males were experiencing significantly more marital dissatisfaction than non-clinical males. Clinically, these results are noteworthy as they may establish the groundwork for couples receiving marital therapy and create a discursive dialogue for the reasons underlying the husband's reported dissatisfaction.

Lastly, in examining group membership differences on the validity scales, no significant difference was observed. These findings suggest that both groups of males did not alter their manner of response endorsement; that is, their motivations for selecting specific responses were not influenced by a desire to appear more socially desirable or acquiescent.

Limitations and Future Directions

While findings from this study offer important points of consideration for clinicians working with couples, there are several limitations of the study which ought to be acknowledged. Clinical practitioners and scientists should interpret the results above within the context of the following limitations. The use of data from strictly heterosexual males was simultaneously a primary limitation, as well as a defining feature and strength of these analyses. Heretofore, no study has attempted to evaluate differences in marital satisfaction, marital adjustment, and personality composition between males who have received marital counseling and those who have not. As a result, these findings may be interpreted as preliminary until future research is undertaken to corroborate and expand upon the group differences observed within this study. As this study focused on group differences in

personality, relationship adjustment, and marital satisfaction, future studies may elect to focus on dynamic differences, such as within homosexual males and females in relationships, which are likely to impact these several factors.

As noted earlier, this study was the first of its kind, evaluating differences between groups of clinical and non-clinical males. As a result, a limitation that should be noted is that there was no existing data to compare the validity of these results. Future research should attempt to replicate this study in order to corroborate the preliminary reported findings. With regards to the sample size utilized for the statistical analyses, one may argue a relatively small group (i.e., N = 53 Non-Clinical, N=54 Clinical) and total size (N=107) was used. Although significant results were achieved for specific hypotheses, the small sample size should be acknowledged when interpreting and attempting to generalize the results. As this study was primarily retrospective, the number of participants was limited to the number of male individuals who had completed the necessary measures and forms. Future studies may attempt to utilize larger samples in order to corroborate and validate the results hitherto reported.

Lastly, regarding demographic constraints, the majority of participants in this study identified as Caucasian or White and making more than \$80,000 yearly, which lends cautions to generalizing these results to populations with different and disparate demographic variables. Future studies should consider analyzing group differences in personality and marital satisfaction in populations with lower socioeconomic standing and minority individuals.

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Table 1

16PF Personality Factor Scale Descriptors

Factor	Lower Scores (1-3)	Higher Scores (8-10)
A: Warmth	Reserved, Impersonal, Distant	Warm, Outgoing, Attentive to Others
B: Reasoning	Concrete	Abstract
C: Emotional Stability	Reactive, Emotionally Changeable	Emotionally Stable, Adaptive, Mature
E: Dominance	Deferential, Cooperative, Avoids Conflict	Dominant, Forceful, Assertive
F: Liveliness	Serious, Restrained, Careful	Lively, Animated, Spontaneous
G: Rule-Consciousness	Expedient, Nonconforming	Rule-Conscious, Dutiful
H: Social Boldness	Shy, Threat-Sensitive, Timid	Socially Bold, Thick-Skinned, Venturesome
I: Sensitivity	Utilitarian, Objective, Unsentimental	Sensitive, Aesthetic, Sentimental
L: Vigilance	Trusting, Unsuspecting, Accepting	Vigilant, Suspicious, Skeptical, Wary
M: Abstractedness	Grounded, Practical, Solution-Focused	Abstracted, Idea-Oriented, Imaginative
N: Privatness	Forthright, Genuine, Artless	Private, Discreet, Non-Disclosing
O: Apprehension	Self-Assured, Unworried, Complacent	Apprehensive, Self-Doubting, Worried
Q1: Openness to Change	Traditional, Attached to Familiar	Open to Change, Experimenting
Q2: Self-Reliance	Group-Oriented, Affiliative	Self-Reliant, Solitary, Individualistic
Q3: Perfectionism	Tolerates Disorder, Unexacting, Flexible	Perfectionistic, Organized, Controlled
Q4: Tension	Relaxed, Placid, Patient	Tense, High Energy, Impatient, Driven

Note. Adapted from the 16PF Couples Counseling Report Administrator's Manual (p. 18) by M.T. Russell and D.L. Karol, 1994, Champaign, IL: The Institute for Personality and Ability Testing, Inc. Copyright by IPAT, Inc.

Table 1 continued

16PF Personality Factor Scale Descriptors

Global Factors	Low Scores (1-3)	High Scores (8-10)
EX: Extraversion	Introverted	Extraverted
AX: Anxiety	Low Anxiety	High Anxiety
TM: Tough-Mindedness	Receptive, Open-Minded	Tough-Minded, Resolute
IN: Independence	Accommodating, Agreeable	Independent, Persuasive
SC: Self-Control	Unrestrained	Self-Controlled

Note. Adapted from the 16PF Couples Counseling Report Administrator's Manual (p. 18) by M.T. Russell and D.L. Karol, 1994, Champaign, IL: The Institute for Personality and Ability Testing, Inc. Copyright by IPAT, Inc.

Table 2

Descriptive Frequencies for Clinical and Non-Clinical Males

Variables	Frequency		Percent	
	Non-Clinical	Clinical	Non-Clinical	Clinical
Race				
African American/Black	6	4	11.3%	7.4%
Caucasian/White	37	42	69.8%	77.8%
Hispanic/Latino	7	6	13.2%	11.1%
Native American	2	1	3.8%	1.9%
Asian/Pacific Islander	0	0	0.0%	0.0%
Other	1	1	1.9%	1.9%
Relationship Description				
Co-Habiting	1	13	1.9%	24.1%
Engaged/Premarital	0	1	0.0%	1.9%
Married	52	34	98.1%	63.0%
Separated	0	6	0.0%	11.1%
Divorcing/Divorced	0	0	0.0%	0.0%
Relationship Length				
0-2 years	2	11	3.8%	20.4%
3-7 years	17	10	32.1%	18.5%
8-14	27	10	50.9%	18.5%
15-25 years	6	10	11.3%	18.5%
25+ years	1	13	1.9%	24.1%
Past Relationships				
First Relationship	36	20	67.9%	37.0%
1 previous	13	19	24.5%	19.0%
2 previous	2	14	3.8%	14.0%
3 previous	1	0	1.9%	0.0%
4 previous	0	0	0.0%	0.0%
5+ previous	1	1	1.9%	1.0%
Education Level				
Grade School	0	2	0.0%	3.7%
High School Diploma/GED	18	9	34.0%	16.7%
Associate's/Technical	9	14	17.0%	25.9%
Degree				
Bachelor's Degree	10	11	18.9%	20.4%
Graduate Coursework w/o	7	6	13.2%	11.1%
Degree				
Graduate Degree	9	12	17.0%	22.2%

Table 2 continued

Descriptive Frequencies for Clinical and Non-Clinical Males

Variables	Frequency		Percent	
	Non-Clinical	Clinical	Non-Clinical	Clinical
Employment Status				
Working Full-Time	31	30	58.5%	55.6%
Working Part-Time	6	3	11.3%	5.6%
Homemaker/Househusband	2	2	3.8%	3.7%
Unemployed	6	3	11.3%	5.6%
Retired	5	15	9.4%	27.8%
Other	3	1	5.7%	1.9%
Current Household Income				
\$0 - \$9,999	0	2	0.0%	3.7%
\$10,000 - \$19,999	2	1	3.8%	1.9%
\$20,000 - \$39,999	7	4	13.2%	7.4%
\$40,000 - \$59,999	10	6	18.9%	11.1%
\$60,000 - \$79,999	10	12	18.9%	22.2%
\$80,000+	24	29	45.3%	53.7%
Partner has Previous Children				
Yes	6	26	11.3%	48.1%
No	47	28	88.7%	51.9%
Partner's Children in Home				
Yes	1	4	1.9%	7.4%
No	52	50	98.1%	92.6%
Individual has Previous Children				
Yes	8	30	15.1%	55.6%
No	45	24	84.9%	44.4%
Individual's Children in Home				
Yes	1	8	1.9%	14.8%
No	52	46	98.1%	85.2%
Children with Current Partner				
Yes	30	22	56.6%	40.7%
No	23	32	43.4%	59.3%
Children with Partner in Home				
Yes	19	0	35.8%	0.0%
No	34	54	64.2%	100.0%
Currently taking Medication				
Yes	21	13	39.6%	24.1%
No	32	41	60.4%	75.9%

Table 3

Descriptive Statistics for Individual Item Satisfaction Ratings

Variables	Mean		SD	
	Non-Clinical	Clinical	Non-Clinical	Clinical
Time Together	6.62	5.44	2.13	2.25
Problem-Solving Communication	6.25	3.81	2.48	2.22
Caring and Affection	6.64	4.89	2.31	2.31
Division of Roles	6.72	5.76	2.00	2.31
Finances	6.53	5.26	2.50	2.42
Sex	6.04	4.63	2.39	2.94
Extended Family	6.32	5.15	2.12	2.12
Children	7.26	5.98	1.80	2.26
Alcohol and Drug Use	7.75	6.72	1.56	2.36

Table 4

Descriptive Statistics of 16PF Primary and Global Personality Factors

Variables	Mean		SD	
	Non-Clinical	Clinical	Non-Clinical	Clinical
Primary Factors				
Warmth (A)	4.04	4.76	1.49	1.57
Reasoning (B)	5.26	4.98	1.98	1.39
Emotional Stability (C)	5.13	4.80	1.88	1.90
Dominance (E)	5.49	5.46	1.37	2.16
Liveliness (F)	4.96	5.26	1.82	1.75
Rule-Conscientiousness (G)	4.49	5.02	1.85	1.61
Social Boldness (H)	5.98	5.93	2.10	2.26
Sensitivity (I)	4.75	4.43	1.58	1.33
Vigilance (L)	6.83	5.93	1.60	1.91
Abstractedness (M)	5.77	5.43	1.85	1.60
Privateness (N)	5.91	6.06	1.66	1.94
Apprehension (O)	5.43	5.54	1.70	1.75
Openness to Change (Q ₁)	5.60	5.17	1.70	1.69
Self-Reliance (Q ₂)	6.57	6.07	1.86	2.10
Perfectionism (G ₃)	5.85	5.57	1.93	1.74
Tension (Q ₄)	5.75	5.91	1.76	1.48
Global Factors				
Extraversion (EX)	4.55	5.00	1.89	2.17
Anxiety (AX)	6.15	6.06	2.11	1.91
Tough-Mindedness (TM)	6.08	6.48	1.53	1.53
Independence (IN)	5.96	5.67	1.37	1.87
Self-Control (SC)	5.66	5.48	1.79	1.50

Table 5

Descriptive Statistics for Continuous Variables

Variables	Mean		SD	
	Non-Clinical	Clinical	Non-Clinical	Clinical
Overall Marital Satisfaction	7.28	5.19	1.83	2.17
Perceived Partner Satisfaction	6.92	4.33	2.09	2.28
Personality Similarity	6.64	6.76	2.40	2.13
Relationship Adjustment	5.11	4.50	1.83	1.82

Table 6

Descriptive Statistics of Relationship Length

Variables	Mean		SD	
	Non-Clinical	Clinical	Non-Clinical	Clinical
0-2 Years	8.50	6.09	0.71	1.70
3-7 Years	6.94	6.50	2.05	1.58
8-14 Years	7.63	4.40	1.18	1.96
15-25 Years	6.17	5.50	3.31	2.46
25+ Years	8.00	3.77	N/A	2.05

Table 7

Hypothesis 1: Test of Homogeneity of Variances

Source	Levene Statistic	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Time Together	3.676	1	105	.058
Communication	.723	1	105	.397
Caring and Affection	1.208	1	105	.274
Division of Roles	2.304	1	105	.132
Finances	.028	1	104	.868
Sex	8.777	1	105	.004**
Extended Family	.381	1	105	.538
Children	4.892	1	105	.029*
Alcohol or Drug Use	9.398	1	105	.003**

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

Table 8

Hypothesis 1: Mann-Whitney Test – Ranks

Item	Group Membership	N	Mean Rank	Sum of Ranks
Sex	Non-Clinical	53	61.24	3245.50
	Clinical	54	46.90	2532.50
	Total	107		
Children	Non-Clinical	53	63.22	3350.50
	Clinical	54	44.95	2427.50
	Total	107		
Alcohol or Drug Use	Non-Clinical	53	60.58	3210.50
	Clinical	57	47.55	2567.50
	Total	107		

Table 9

Hypothesis 1: Mann-Whitney Test – Test Statistics^a

Item	Mann-Whitney U	Wilcoxon W	Z	p
Sex	1047.50	2532.50	-2.41	.016
Children	942.50	2427.50	-3.10	.002
Alcohol or Drug Use	1082.50	2567.50	-2.26	.024

a. Grouping Variable: Group Membership

Table 10

One-Way Analysis of Variance of Individual Satisfaction Items by Group Membership

Item	Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	η^2
Time Together	Between Groups	1	37.13	37.13	7.71**	.068
	Within Groups	105	505.79	4.82		
	Total	105	542.92			
Communication	Between Groups	1	158.00	158.00	28.61***	.214
	Within Groups	105	579.96	5.52		
	Total	106	737.96			
Caring and Affection	Between Groups	1	82.16	82.16	15.42***	.128
	Within Groups	105	559.52	5.33		
	Total	106	641.68			
Division of Roles	Between Groups	1	24.53	24.53	5.25*	.048
	Within Groups	105	490.63	4.67		
	Total	106	515.16			
Finances	Between Groups	1	42.35	42.35	6.10**	.063
	Within Groups	104	629.51	6.05		
	Total	105	671.86			
Extended Family	Between Groups	1	36.78	36.78	8.18**	.072
	Within Groups	105	472.36	4.50		
	Total	106	509.14			

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 11

Hypothesis 2: Test of Homogeneity of Variances

Source	Levene Statistic	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Warmth	.043	1	105	.836
Reasoning	6.371	1	105	.013*
Emotional Stability	.040	1	105	.841
Dominance	13.299	1	105	.000**
Liveliness	.358	1	105	.551
Rule Consciousness	.850	1	105	.359
Social Boldness	.541	1	105	.464
Sensitivity	1.700	1	105	.195
Vigilance	.285	1	105	.595
Abstractedness	1.208	1	105	.274
Privateness	1.071	1	105	.303
Apprehension	.358	1	105	.551
Openness to Change	.011	1	105	.917
Self-Reliance	.108	1	105	.743
Perfectionism	2.064	1	105	.154
Tension	3.350	1	105	.070

* $p < .05$; ** $p < .001$

Table 12

Hypothesis 2: Mann-Whitney Test – Ranks

Item	Group Membership	N	Mean Rank	Sum of Ranks
Reasoning	Non-Clinical	53	58.42	3096.00
	Clinical	54	49.67	2682.00
	Total	107		
Dominance	Non-Clinical	53	54.25	2875.50
	Clinical	54	53.75	2902.50
	Total	107		

Table 13

Hypothesis 2: Mann-Whitney Test – Test Statistics^a

Item	Mann-Whitney U	Wilcoxon W	Z	p
Reasoning	1197.00	2682.00	-1.49	.137
Dominance	1417.50	2902.50	-.09	.932

a. Grouping Variable: Group Membership

Table 14

One-Way Analysis of Variance of Primary Personality Factors by Group Membership

Item	Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	η^2
Warmth	Between Groups	1	13.93	13.93	5.95*	.054
	Within Groups	105	245.80	2.34		
	Total	106	259.72			
Emotional Stability	Between Groups	1	3.02	3.02	.85	
	Within Groups	105	374.84	3.57		
	Total	106	377.85			
Liveliness	Between Groups	1	2.36	2.36	.74	
	Within Groups	105	334.10	3.18		
	Total	106	336.65			
Rule Consciousness	Between Groups	1	5.96	5.96	1.99	
	Within Groups	105	314.23	2.99		
	Total	106	320.19			
Social Boldness	Between Groups	1	.08	.08	.02	
	Within Groups	105	498.69	4.75		
	Total	106	498.77			
Sensitivity	Between Groups	1	2.89	2.89	1.36	
	Within Groups	105	223.02	2.12		
	Total	106	225.91			
Vigilance	Between Groups	1	21.87	21.87	7.02**	.063
	Within Groups	105	327.18	3.12		
	Total	106	349.05			

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

Table 14 continued

One-Way Analysis of Variance of Primary Personality Factors by Group Membership

Item	Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	η^2
Abstractedness	Between Groups	1	3.23	3.23	1.09	
	Within Groups	105	312.49	2.98		
	Total	106	315.72			
Privateness	Between Groups	1	.60	.60	.19	
	Within Groups	105	341.36	3.25		
	Total	106	341.96			
Apprehension	Between Groups	1	.28	.28	.10	
	Within Groups	105	312.45	2.98		
	Total	106	312.73			
Openness to Change	Between Groups	1	5.11	5.11	1.78	
	Within Groups	105	302.18	2.88		
	Total	106	307.29			
Self-Reliance	Between Groups	1	6.47	6.47	1.65	
	Within Groups	105	412.72	3.93		
	Total	106	419.20			
Perfectionism	Between Groups	1	2.02	2.02	.60	
	Within Groups	105	353.10	3.37		
	Total	106	356.02			
Tension	Between Groups	1	.62	.62	.24	
	Within Groups	105	278.35	2.65		
	Total	106	278.97			

p* < .05; *p* < .01

Table 15

Hypothesis 3: Test of Homogeneity of Variances

Source	Levene Statistic	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Extraversion	.628	1	105	.430
Anxiety	.913	1	105	.341
Tough-Mindedness	.012	1	105	.913
Independence	9.314	1	105	.003*
Self-Control	1.083	1	105	.300

**p* < .01

Table 16

Hypothesis 3: Mann-Whitney Test – Ranks

Item	Group Membership	N	Mean Rank	Sum of Ranks
Independence	Non-Clinical	53	56.17	2977.00
	Clinical	54	51.87	2801.00
	Total	107		

Table 17

Hypothesis 3: Mann-Whitney Test – Test Statistics^a

Item	Mann-Whitney U	Wilcoxon W	Z	<i>p</i>
Independence	1316.00	2801.00	-.729	.466

a. Grouping Variable: Group Membership

Table 18

One-Way Analysis of Variance of Global Personality Factors by Group Membership

Item	Source	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>
Extraversion	Between Groups	1	5.49	5.49	1.33
	Within Groups	105	433.13	4.13	
	Total	106	438.62		
Anxiety	Between Groups	1	.24	.24	.06
	Within Groups	105	423.63	4.04	
	Total	106	423.87		
Tough-Mindedness	Between Groups	1	4.41	4.41	1.89
	Within Groups	105	245.18	2.34	
	Total	106	249.59		
Self-Control	Between Groups	1	.86	.86	.32
	Within Groups	105	285.37	2.72	
	Total	106	286.22		

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

Table 19

Hypothesis 4: Relationship Adjustment Means and Standard Deviations

Group	<i>N</i>	<i>M</i>	<i>SD</i>
Non-Clinical	53	5.11	1.83
Clinical	54	4.50	1.82

Table 20

Hypothesis 4: t-test Results Comparing Relationship Adjustment Between Groups

<i>F</i>	<i>p</i>	<i>t</i>	<i>df</i>	<i>p</i> (2-tailed)	Mean Difference	<i>SED</i>	95% CI of Difference	
							Lower	Upper
.001	.971	1.74	105	.085	.613	.352	-.09	1.31

Note. *SED* = Standard Error of Difference; CI = Confidence Interval.

Table 21

Hypothesis 5: Overall Satisfaction Means and Standard Deviations

Group	N	M	SD
Non-Clinical	53	5.11	1.83
Clinical	54	4.50	1.82

Table 22

Hypothesis 5: t-test Results Comparing Overall Satisfaction Between Groups

F	p	t	df	p (2-tailed)	Mean Difference	SED	95% CI of Difference	
							Lower	Upper
7.87	.006	5.40	102.70	.000*	2.098	.388	1.33	2.87

Note. SED = Standard Error of Difference; CI = Confidence Interval.

* $p < .001$

Table 23

Hypothesis 6: Test of Homogeneity of Variances

Source	Levene Statistic	df 1	df 2	p
Impression Management	.336	1	105	.564
Infrequency	.659	1	105	.419
Acquiescence	4.340	1	105	.040*

* $p < .05$

Table 24

Hypothesis 6: Mann-Whitney Test – Ranks

Item	Group Membership	N	Mean Rank	Sum of Ranks
Acquiescence	Non-Clinical	53	58.00	3074.00
	Clinical	54	50.07	2704.00
	Total	107		

Table 25

Hypothesis 6: Mann-Whitney Test – Test Statistics^a

Item	Mann-Whitney U	Wilcoxon W	Z	p
Acquiescence	1219.00	2704.00	-1.323	.189

a. Grouping Variable: Group Membership

Table 26

One-Way Analysis of Variance of Validity Scales by Group Membership

Item	Source	df	SS	MS	F
Impression Management	Between Groups	1	53.98	53.99	2.86
	Within Groups	105	1982.01	18.88	
	Total	106	2036.00		
Infrequency	Between Groups	1	3.04	3.04	.88
	Within Groups	105	360.93	3.44	
	Total	106	363.96		