

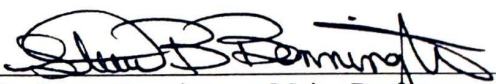
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RELATIONSHIP BETWEEN REPRESSIVE COPING STYLES AND
MARITAL COMMUNICATION PATTERNS

DOROTHY K. LINKOUS

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Relationship Between Repressive Coping Styles and Marital Communication Patterns

A Thesis

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Abstract

The current study was conducted to determine whether there was a relationship between four coping styles involving anxiety and defensiveness and three types of marital communication patterns. Each subject was given a packet of three questionnaires along with an instruction sheet and an informed consent form. The three instruments used in this study were the Taylor Manifest Anxiety Scale, the Marlowe-Crowne Social Desirability Scale, and the Communication Patterns Questionnaire. The results indicated no relationship between the two variables of coping style and communication pattern. However, the lack of a relationship could have been due to a too small sample size.

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1. INTRODUCTION

Repression has been a topic of interest since the early writings of Sigmund Freud. According to Freud, it is the primary defense mechanism (Holmes, 1974), and it is used by all individuals whether they are psychologically healthy or psychologically impaired (Kaplan & Sadock, 1991).

Repression is the act of keeping anxiety-inducing thoughts and feelings out of conscious awareness. It is a defense mechanism used to avoid psychological pain. However, this psychological pain is not lost. It is stored in the unconscious part of the mind and continues to affect the person's behavior (Davis & Schwartz, 1987).

The concept of repression has remained a controversial and somewhat murky topic that has seen little advances in the attempts to operationalize it. In response to this, some researchers have turned to the study of repressive coping styles. Weinberger, Schwartz, and Davidson (1979), have been an important influence in this movement.

According to Weinberger et al. (1979), there are four coping styles: 1. repressive coping, 2. high anxious coping, 3. low anxious coping, and 4. defensive high anxious coping. People who use repressive coping tend to deny to themselves and others that they are anxious. They have the physiological signs of anxiety but do not recognize their own level of anxiety. People who use high anxious coping are very aware of their anxiety and may even exaggerate it. People who use defensive high anxious coping are aware of their anxiety, but in contrast to the people in the high anxious category, they are also defensive about it. As a result, they tend to be impression managers (Weinberger, 1990). Lastly, people who use low anxious coping truly have a low amount of anxiety in situations that

cause high anxiety in the other groups. This group of people is more easy going and flexible (Weinberger et al., 1979).

Repressive Coping Styles

The four coping styles described by Weinberger et al. (1979) are defined in terms of trait anxiety and defensiveness. People with a repressive coping style tend to repress or refuse to acknowledge certain negative emotions such as anxiety or anger. These people scored low on the Taylor Manifest Anxiety Scale and high on the Marlowe-Crowne Social Desirability Scale (Weinberger et al., 1979). The Marlowe-Crowne Social Desirability Scale has been found to be a measure of defensiveness (Weinberger et al., 1979). Those with a truly low anxious coping style scored low on anxiety and low on defensiveness. The people with a high anxious coping style scored high on the anxiety scale and low on the defensiveness scale, and the people with a defensive high anxious coping style scored high on both scales. To date, this is the most accurate way of testing repressiveness as a personality trait (Weinberger, 1990).

Weinberger et al. (1979) used the two tests mentioned above as well as various physiological and behavioral measures, such as heart rate, spontaneous skin resistance responses, and reaction times. Weinberger et al. did not include subjects classified as defensive high anxious because an adequate number of these subjects was not obtained for their study. As a result, Weinberger et al. concluded that this group may be rare. Weinberger et al. found that subjects in the repressive group had more spontaneous skin resistance responses than the other groups of subjects in response to stressful stimuli,

which consisted of having to respond to phrases with sexual and aggressive content. They had the slowest verbal reaction times to disturbing stimuli, while the truly low anxious group of subjects had the fastest. Over the course of the trials, the high anxious group of subjects started out with slow reaction times but became quicker. However, the repressive group started out with slow reaction times and became even slower. The repressive group had the most forehead muscle tension, and they also reported experiencing more somatic anxiety than cognitive anxiety. In summary, it was concluded that subjects with a repressive coping style underestimate their cognitive anxiety, subjects with a high anxious coping style overestimate theirs, and subjects with a low anxious coping style are the most accurate. Also, heightened stress tends to make repressive copers even more defensive.

Weinberger et al. (1979) speculated from their results that people in the repressive category tend to strive to be unemotional and rational. They also stated that people who are repressive and people who are high anxious are ineffective copers in their dealings with stress. People who are low anxious, on the other hand, are effective copers.

Asendorpf and Scherer (1983) found that people classified as repressive using the method described by Weinberger et al. (1979) had larger discrepancies between reported anxiety and facial expressions of anxiety than did low anxious, high anxious, and defensive high anxious groups. People classified as high anxious had high reported anxiety, high physiological anxiety, and high facial anxiety. People classified as low anxious had low physiological anxiety and low facial anxiety, but intermediate reported anxiety. People classified as defensive high anxious had intermediate reported anxiety, physiological

anxiety, and facial anxiety. Although people with a repressive coping style try to deny their emotions, they apparently are not adept at controlling their facial expressions.

Bonanno, Davis, Singer, and Schwartz (1991) used a dichotic listening task in which a different recorded list of words was played into each ear of a subject simultaneously and the subject had to repeat twice, or shadow, the words coming into the designated ear. The words coming into the other ear were to be ignored. Both neutral and negative words were used in this study. The subjects were classified into repressive, low anxious, high anxious, and defensive high anxious groups using the short form of the Taylor Manifest Anxiety Scale and the Marlowe-Crowne Social Desirability Scale in the manner described by Weinberger et al. (1979). Bonanno et al. found that subjects in the repressive group were less distracted by negative words in the unattended ear than were people in the other groups. People classified as repressive later reported more off-task thoughts during the experiment. Therefore, Bonanno et al. concluded that the people classified as being repressive may have been using an avoidant processing system in which they could virtually ignore and not process information they did not want to process. On the other hand, people in the high anxious category were able to recognize a significant portion of words presented to the unattended ear without it affecting their shadowing performance. Bonanno et al. concluded this may be due to a constantly primed negative affective schema.

Gudjonsson (1981) found that those classified as high anxious scored higher on a scale measuring neuroticism, while those classified as repressive scored lower on this scale. His research supported Weinberger et al. (1979) in that he found that the people

using a repressive coping style underestimated their subjective disturbance to emotionally loaded questions when measured electrodermally and people using a high anxious coping style overestimated their subjective disturbance.

According to Weinberger (1990), people using a repressive coping style endorse “a rational, nonemotional approach to life” (p. 348), and they emphasize not getting upset. In contrast to this, people using a low anxious coping style enjoy life and adapt to what happens. They value vitality and flexibility. Repressive people avoid information that does not support their existing self-concepts. They are more likely to take unemotional approaches to emotional events and to rationalize. Also, they attribute negative events to external factors. People with a defensive high anxious coping style are more concerned with impression-management. Lastly, people with a high anxious coping style tend to cope using monitoring strategies (Fuller & Conner, 1990). They more often seek out information and ruminate on information gained in stressful situations (Fuller & Conner, 1990). In other words, they worry.

In the medical realm, studies have shown significant differences between people who are repressive and people who are not repressive. Jamner and Schwartz (1986) found that those high in defensiveness had higher pain tolerance thresholds than those low in defensiveness. They speculated that this may result in those high in defensiveness delaying visits to the doctor for major illnesses and delayed treatment for illnesses such as cancer or cardiovascular disease. Delayed visits would in turn result in a worse prognosis. On the other hand, those low in defensiveness with a lower tolerance of pain are more likely to make visits to the doctor sooner after the onset of a major illness, thus resulting in

a better prognosis with earlier intervention.

In a study by Jamner, Schwartz, and Leigh (1988), it was found that those classified as repressive and those classified as defensive high anxious had a higher level of endorphins in the brain as compared to those classified as high anxious and low anxious, which impairs their immunocompetence. They also were significantly less likely to use medications or illegal drugs derived from opiates. In fact, they often reported allergic reactions to them. Lastly, it was reported that opiates were not as effective on repressive and defensive high anxious groups of subjects as on high and low anxious groups of subjects.

Kneier and Temoshok (1984) found that people with malignant melanoma were more likely to be repressive rather than high anxious, and that people with cardiovascular disease were more likely to be high anxious rather than repressive. In a study on women with breast cancer who used a repressive coping style, Jensen (1987) found that there were more women classified as repressive in the cancer group than in the control group and that women with breast cancer who were repressive had a worse outcome than those who were not repressive. However, the subjects using a repressive coping style tended to present themselves as being psychologically healthy. Subjects using low anxious and high anxious coping styles overall had better prognoses than the subjects using a repressive coping style. King, Taylor, Albright, and Haskell (1990) found that during a mental arithmetic task, subjects who were repressive had higher systolic blood pressure than subjects who were not repressive, and their blood pressure levels remained higher between tasks. The subjects had similar baseline blood pressure levels and were healthy middle

aged men and women. Lastly, in those with asthma, people classified as repressive were found to be less able to monitor their amount of air flow obstruction (Steiner, Higgs, Fritz, Laszlo, & Harvey, 1987).

There has also been a good deal of research in the area of emotional memories, with some studying emotional memories from childhood. Davis and Schwartz (1987) found that people using a repressive coping style remembered fewer affective memories than people using a low anxious or high anxious coping style, regardless of whether the memories were positive or negative. Those classified as repressive were also more likely to report their first negative memory as having occurred at an older age than that of people in the low anxious and high anxious groups. The affect of memories of people in the repressive group did not differ in intensity from the affect of memories of people in the low anxious group.

People classified as repressive had significantly fewer memories than low anxious or high anxious people even when given retrieval cues (Davis, 1987). This did not hold true for memories in which someone else was feeling fear or self-consciousness. Unlike people who were repressive, people who were defensive high anxious did not have impoverished affective memories in which they were experiencing the emotion. However, like people in the repressive group, they remembered significantly more memories in which someone else was experiencing a particular emotion. People classified as high anxious took significantly longer to recall happy memories and memories involving anger than people in the other three groups did. Repressive subjects' memory deficits were connected only to memories in which they felt the emotions of fear, anger, or self-

consciousness (Davis, 1987). Davis (1987) postulated that the reason for the repressive group's memory deficits lies in attention to the self in a threatening or negatively evaluative way.

Davis, Singer, Bonanno, and Schwartz (1988), in a study to determine whether subjects classified as repressive had a more stringent response bias, found that the repressive group of subjects in this study had response biases similar to the other three groups. In other words, rather than choosing not to acknowledge to the experimenter some of their memories, the repressive group of subjects actually did recall fewer memories. What affective memories that the repressive group did remember, such as memories involving fear, anger, or joy, were generally not difficult to retrieve (Davis, 1990). Davis (1990) stated that repression of affective memories may be an "all-or-none phenomenon" (p. 393).

Myers and Brewin (1994) supported work by Davis (1987) and Davis and Schwartz (1987). They found that people classified as repressive recalled fewer negative affective memories from childhood and that their first negative memories were from later in childhood than those of people not classified as repressive. However, they also found that women using a repressive coping style reported having antipathetic and indifferent fathers.

Hansen and Hansen (1988) took a different view of repressive coping. They put it into the context of associative processing. Their results supported the idea that people using repressive coping recall fewer negative memories because while the dominant, or most salient, emotions involved with the memory are no different in intensity from those of

the other groups, the nondominant, or less salient, emotions are blunted. This is especially true for memories in which fear is a nondominant emotion. This serves to isolate memories involving fear. In other words, memories in which fear is the main emotion do not cue other memories in which fear is a nondominant emotion.

In follow-up research by Hansen, Hansen, and Shantz (1992), it was found that people in the repressive category and people not classified as repressive both perceived the dominant emotion on a person's face in a similar fashion. However, the repressive group had a tendency to underestimate the nondominant emotions. Even in a crowd situation of line-drawn faces, the repressive group of people underestimated the number of nondominant faces. This did not hold true for crowds of geometric shapes. Hansen et al. (1992) showed in this study that repression seems to occur mostly for emotional situations, and particularly threatening ones. For example, fear was the most blunted nondominant emotion. Whereas it has been assumed that repression occurs at retrieval, they have also shown that repression can occur at encoding as well.

Repressive, low anxious, high anxious, and defensive high anxious types of people must interact with others in order to function in society. The majority of them marry and have children. In these relationships they must communicate with their significant others, most especially their spouses.

Marital Communication Patterns

Examples of positive understanding, such as apologizing for wrongdoings or problem-solving for mutual benefit, are considered by North Americans to be beneficial to

the marital relationship (Honeycutt, Woods, & Fontenot, 1993). There are also many other rules that are considered to be essential for constructive interaction. These are rules of consideration, rationality, self-expression, positivity, and conflict resolution.

In order to have good conflict resolution, communication patterns must be taken into account. According to Noller and White (1990), well adjusted couples tend to discuss their problems whereas in maladjusted couples at least one spouse wants to avoid problems in the relationship. Within a well adjusted couple, both partners are willing to express themselves and negotiate problems. Maladjusted couples are more likely to threaten or blame each other. Adjusted couples are more focused on understanding one another, resolving problems, and reconciling, whereas maladjusted couples tend to engage in strategies where one tries to reconcile and the other withdraws or where one pressures and the other resists.

When assessing couples, Christensen and Shenk (1991) found that nondistressed couples used more constructive communication patterns than couples in therapy, and couples in therapy used more constructive communication patterns than couples who divorced. Distressed couples were more likely to avoid problems or engage in a strategy where one demands to discuss the problem but the other one withdraws. According to Noller, Feeney, Bonnell, & Callan (1994), maladjusted couples use more negativity, such as threats and aggression, as well as using demand-withdraw patterns. They avoid issues more often than well adjusted couples. Noller et al. (1994) stated that "conflict avoidance seems to be counterproductive" (p. 245). In their study, discussion and negotiation were more indicative of happy marriages than avoidance and withdrawal.

According to Fitzpatrick, Fey, Segrin, & Schiff (1993), how one views marriage can help predict the type of communication in which that person is likely to engage. However, this seems to be true mostly for husbands. Husbands with a traditional view of marriage tended to use more positive patterns. They were less likely to use avoidance and demands. Husbands who were more emotionally separate from their wives were more likely to participate in mutual avoidance of problems with their wives, or to try to reconcile while their wives withdrew.

The type of attachment a person has to his or her spouse seems to affect the communication patterns used also (Fitzpatrick et al., 1993). Christensen and Shenk (1991) concluded that discrepancies in the amount of closeness or autonomy desired by each spouse within the relationship has a negative effect on communication patterns. If there is a large discrepancy there is more negative communication. For example, in the study by Fitzpatrick et al. (1993), those couples in which both spouses were autonomous were less likely to engage in a strategy where one is hurt while the other experiences guilt and those couples in which both spouses were ambivalent in their attachment were more likely to use this hurt-guilt type of communication.

Mehrabian (1989) stated that people who are happy by nature have more stable marriages, and when spouses have similar personalities, they also tend to have more stable, happier marriages. Lastly, people tend to marry other people with similar personalities.

The goal of this study was to discover if there was a relationship between the repressive coping styles (repressive, low anxious, high anxious, and defensive high

anxious) and the communication patterns used within a marital relationship. There are three communication patterns measured by the Communication Patterns Questionnaire, which was used in this study. These are: Mutual Constructive Communication, Demand/Withdraw Communication, and Demand/Withdraw Roles (Christensen, 1988). Mutual Constructive Communication is a pattern in which both spouses work together to resolve a conflict that has occurred between them. Demand/Withdraw Communication is a pattern in which one spouse approaches with the intention of discussing the disagreement while the other spouse withdraws from the interaction. Lastly, Demand/Withdraw Roles labels which spouse has a tendency to withdraw and which has a tendency to demand or approach.

To date, the interaction of communication patterns and coping styles has not been studied. However, it seems logical to assume that the coping styles people use would influence the communication patterns these people used with significant others, especially spouses. For example, someone with a defensive high anxious coping style might tend to avoid conflict by withdrawing. Someone with a low anxious coping style might prefer to use mutual constructive communication during a conflict. Therefore the purpose of this study was to determine whether the communication patterns used would vary as a function of the repressive coping style used by the spouse participating in the study.

2. METHODS

Participants

The participants for this study were Austin Peay State University students in undergraduate Psychology classes. The one stipulation was that they be married at the time of the study. Subjects were given extra credit for their participation. One hundred participants were obtained for the study.

Materials

There were three instruments used in this study, all of which were self-report measures. The short form of the Taylor Manifest Anxiety Scale (Bendig, 1956) measures trait anxiety. It has an internal consistency of .76 (Bendig, 1956). The second test used was the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) which is a measure of defensiveness. It has an internal consistency of .88 and a test-retest reliability with a one month interval of .89 (Crowne & Marlowe, 1960).

Weinberger et al. (1979) began the trend of using these two tests to categorize subjects into groups of repressive, low anxious, high anxious, and defensive high anxious. To date this combination of tests is the most popular way of categorizing people into these four coping styles. It is a quick and accurate measure. Weinberger et al. (1979) used this method along with physiological and behavioral measures of anxiety and defensiveness, such as heart rate, spontaneous skin resistance responses, forehead muscle tension, and reaction times. Both measures gave similar results. In other words, the combination of the two scales grouped people into the same categories as did the physiological and

behavioral measures.

The low anxious group consists of people scoring low on both the Taylor Manifest Anxiety Scale (TMAS) and the Marlowe-Crowne Social Desirability Scale (MC), the defensive high anxious group consists of people scoring high on both scales, the high anxious group consists of people scoring high on the TMAS and low on the MC, and the repressive group consists of people scoring low on the TMAS and high on the MC.

The last instrument used was the Communication Patterns Questionnaire (CPQ) (Christensen, 1987), which measures the communication patterns in which spouses engage. This is a fairly new instrument that was designed to be a more efficient way of gathering observational data on the interactions of couples. Christensen (1988) has shown that the degree to which couples agree on the type of communication they use was .80 on the Mutual Constructive Communication, .73 on the Demand/Withdraw Communication, and .74 on the Demand/Withdraw Roles (Christensen, 1988).

Procedure

Subjects were each given a packet which contained an informed consent form, the three tests mentioned above, and instructions. The tests were stapled together in random order. The subjects were asked to fill out the scales completely and to be as objective and honest as possible.

Each subject was categorized into one of the four coping styles by using his or her scores on the TMAS and the MC. For each scale, the number of "true" responses was totaled for each subject and a mean for the group of subjects was calculated. Subjects

whose scores fell within the lower 33% of the distribution on both scales were put into the low anxious group, and those whose scores fell within the upper 33% of the distribution on both scales were put into the defensive high anxious group. For subjects in which the TMAS score was in the upper 33% of the distribution but the MC score was in the lower 33%, the category was high anxious. Lastly, those who scored in the lower 33% of the distribution on the TMAS but in the upper 33% on the MC were categorized as repressive. Those whose scores were in the middle 33% of the distribution on either scale were deleted from the data (Davis & Schwartz, 1987).

On the CPQ, scores were determined for each of the three subscales by the method used by Christensen (1988). On each item in this questionnaire, the subject was to rate how likely he or she is to engage in this communication pattern with his or her spouse on a scale of 1 (very unlikely) to 9 (very likely). For the Demand/Withdraw Communication subscale, the frequencies of the items in this subscale were totaled. For the Demand/Withdraw Roles the same six items used in the previous subscale were used. However, this time the frequencies for the husband were subtracted from those of the wife. A positive score indicated a demanding wife and a withdrawn husband, and a negative score indicated a withdrawn wife and a demanding husband. For the Mutual Constructive Communication subscale, the frequencies of the five items were added.

3. RESULTS

The original sample consisted of 100 participants, however persons with a score falling within the middle 33% on either the TMAS or the MC were deleted from the sample. This left a sample size of 40. Unless otherwise specified, all statistics are for $N = 40$.

The mean for the TMAS was 8.425, $SD = 4.29$. The mean for the MC was 17.70, $SD = 3.716$. The mean for the MCC was 31.1, $SD = 8.906$. The mean for the D/WC was 26.45, $SD = 8.064$, and the mean for the D/WR was 1.22, $SD = 7.036$.

Listed in the table below is the number of participants for each category. Listed for each category are the means and standard deviations for the TMAS and the MC, as well as the means and standard deviations for Mutual Constructive Communication (MCC), Demand/Withdraw Communication (D/WC), and Demand/Withdraw Roles (D/WR).

Means and standard deviations of test scores

| GROUP | N | TMAS | | MC | | MCC | | D/WC | | D/WR | |
|-------------------|----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | | M | SD | M | SD | M | SD | M | SD | M | SD |
| Low Anx. | 16 | 5 | 1.033 | 14.5 | 1.633 | 35.31 | 7.171 | 23.06 | 8.218 | 1.06 | 5.170 |
| Repressive | 7 | 5.143 | 0.69 | 20.57 | 0.787 | 27.71 | 9.604 | 31.86 | 8.726 | -0.14 | 4.562 |
| High Anx. | 4 | 12.75 | 1.708 | 13.75 | 2.5 | 29.25 | 8.057 | 26.5 | 4.435 | -5.75 | 9.369 |
| Def. High Anxious | 13 | 13.08 | 2.431 | 21.31 | 1.377 | 28.31 | 9.551 | 27.69 | 7.064 | 4.31 | 8.138 |

For each of the four coping styles, an analysis of variance was performed on the three communication patterns to determine which copers used which patterns. There were

no significant differences among the four coping styles for Mutual Constructive Communication (MCC), $F(3, 159.738) = 2.2, p = .105$. There were also no significant differences among the four coping styles for either Demand/Withdraw Communication (DWC), $F(3, 136.112) = 2.303, p = .093$ or Demand/Withdraw Roles (DWR), $F(3, 110.554) = 2.489, p = .076$. The results of this study did not show a relationship between coping styles and communication patterns.

A Pearson correlation showed a small but significant positive relationship between the TMAS and the MC, $r = .292, p = .003, N = 100$. The small size of this correlation indicates that these two scales are not measuring the same factors. There was a significant negative relationship between the TMAS and the MCC, $r = -.321, p = .001, N = 100$. This indicates that people who have a lower amount of anxiety may be more likely to use mutual constructive communication. There was a significant negative relationship between D/WC and MCC, $r = -.558, p = .001, N = 100$. This indicates that people tend to use either mutual constructive communication or demand/withdraw communication, but not both. There was also a significant negative relationship between D/WR and MCC, $r = -.206, p = .04, N = 100$. This indicates that people who take on a demanding or withdrawing role are less likely to use mutual constructive communication.

4. DISCUSSION

The results of this study did not show a relationship between the four coping strategies studied and the three marital communication patterns. This may have been due to a true lack of any relationship between these factors or due to a small sample size. Each of the four coping style categories had less than 20 subjects after the necessary middle 33% of scores from both the TMAS and the MC were deleted from the sample. Two of these categories had less than ten participants.

Assuming that the nonsignificant results were accurate, this would indicate that spouses' communication patterns are not influenced by a person's general coping style. Perhaps for people using repressive and defensive high anxious coping styles a high level of intimacy within the relationship lessens the amount of defensiveness and anxiety displayed by each spouse. There may also be an interaction between the coping styles each spouse uses which determines the type of communication patterns used by the couple. The present study did not account for this possibility.

The results of this study did show a relationship between Mutual Constructive Communication and the anxiety factor of the TMAS. The results indicated that people who tend to be more anxious may be less likely to use mutual constructive communication. However, these results were correlational and not conclusive.

This study can serve as a pilot study. It highlights the importance of having a large, diversified sample of married people. Even though the present study began with 100 participants, over half of those had to be deleted because they were too close to the mean. In other words, they were not truly in any one category. A group of participants

large enough to provide about 50 people per category would better indicate any relationship between coping styles and marital communication patterns, or the lack thereof. It could also prove beneficial to explore any interactional patterns of the coping styles used by each spouse on the type of communication used between spouses.

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5. LIST OF REFERENCES

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APPENDIX

TMAS

Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

- _____ 1. I believe I am no more nervous than most others.
- _____ 2. I work under a great deal of tension.
- _____ 3. I cannot keep my mind on one thing.
- _____ 4. I am more sensitive than most other people.
- _____ 5. I frequently find myself worrying about something.
- _____ 6. I am usually calm and not easily upset.
- _____ 7. I feel anxiety about something or someone almost all the time.
- _____ 8. I am happy most of the time.
- _____ 9. I have periods of such great restlessness that I cannot sit long in a chair.
- _____ 10. I have sometimes felt that difficulties were piling up so high that I could not overcome them.
- _____ 11. I find it hard to keep my mind on a task or job.
- _____ 12. I am not unusually self-conscious.
- _____ 13. I am inclined to take things hard.
- _____ 14. Life is a strain for me much of the time.
- _____ 15. At times I think I am no good at all.
- _____ 16. I am certainly lacking in self-confidence.
- _____ 17. I certainly feel useless at times.
- _____ 18. I am a high-strung person.
- _____ 19. I sometimes feel that I am about to go to pieces.
- _____ 20. I shrink from facing a crisis or difficulty.

M-CSDS

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *true* or *false* as it pertains to you personally.

- _____ 1. Before voting I thoroughly investigate the qualifications of all of the candidates.
- _____ 2. I never hesitate to go out of my way to help someone in trouble.
- _____ 3. It is sometimes hard for me to go on with my work if I am not encouraged.
- _____ 4. I have never intensely disliked anyone.
- _____ 5. On occasion I have had doubts about my ability to succeed in life.
- _____ 6. I sometimes feel resentful when I don't get my way.
- _____ 7. I am always careful about my manner of dress.
- _____ 8. My table manners at home are as good as when I eat out in a restaurant.
- _____ 9. If I could get into a movie without paying and be sure I was not seen I would probably do it.
- _____ 10. On a few occasions, I have given up doing something because I thought too little of my ability.
- _____ 11. I like to gossip at times.
- _____ 12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
- _____ 13. No matter who I'm talking to, I'm always a good listener.
- _____ 14. I can remember "playing sick" to get out of something.
- _____ 15. There have been occasions when I took advantage of someone.
- _____ 16. I'm always willing to admit it when I make a mistake.
- _____ 17. I always try to practice what I preach.
- _____ 18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.
- _____ 19. I sometimes try to get even rather than forgive and forget.
- _____ 20. When I don't know something I don't at all mind admitting it.
- _____ 21. I am always courteous, even to people who are disagreeable.
- _____ 22. At times I have really insisted on having things my own way.
- _____ 23. There have been occasions when I felt like smashing things.
- _____ 24. I would never think of letting someone else be punished for my wrongdoings.
- _____ 25. I never resent being asked to return a favor.
- _____ 26. I have never been irked when people expressed ideas very different from my own.
- _____ 27. I never make a long trip without checking the safety of my car.
- _____ 28. There have been times when I was quite jealous of the good fortune of others.
- _____ 29. I have almost never felt the urge to tell someone off.
- _____ 30. I am sometimes irritated by people who ask favors of me.
- _____ 31. I have never felt that I was punished without cause.
- _____ 32. I sometimes think when people have a misfortune they only got what they

deserved.

33. I have never deliberately said something that hurt someone's feeling.

CPQ

We are interested in how you and your partner typically deal with problems in your relationship. Please rate each item on a scale of 1 (= very unlikely) to 9 (= very likely).

A. WHEN SOME PROBLEM IN THE RELATIONSHIP ARISES,

- | | Very
Unlikely | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Very
Likely |
|--|------------------|---|---|---|---|---|---|---|---|---|----------------|
| 1. <u>Mutual Avoidance</u> . Both members avoid discussing the problem. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 2. <u>Mutual Discussion</u> . Both members try to discuss the problem. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 3. <u>Discussion/Avoidance</u> . Man tries to start a discussion while Woman tries to avoid a discussion. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Woman tries to start a discussion while Man tries to avoid a discussion. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

B. DURING A DISCUSSION OF A RELATIONSHIP PROBLEM,

- | | | | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|--|
| 1. <u>Mutual Blame</u> . Both members blame, accuse, and criticize each other. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 2. <u>Mutual Expression</u> . Both members express their feelings to each other. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 3. <u>Mutual Threat</u> . Both members threaten each other with negative consequences. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 4. <u>Mutual Negotiation</u> . Both members suggest possible solutions and compromises. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 5. <u>Demand/Withdraw</u> . Man nags and demands while Woman withdraws, becomes silent, or refuses to discuss the matter further. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Woman nags and demands while Man withdraws, becomes silent, or refuses to discuss the matter further. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

| | Very Unlikely | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Very Likely |
|--|------------------|---|---|---|---|---|---|---|---|---|----------------|
| 2. <u>Mutual Withdrawal</u> . Both withdraw from each other after the discussion. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 3. <u>Mutual Resolution</u> . Both feel that the problem has been solved. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 4. <u>Mutual Withholding</u> . Neither partner is giving to the other after the discussion. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 5. <u>Mutual Reconciliation</u> . After the discussion, both try to be especially nice to each other. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 6. <u>Guilt/Hurt</u> . Man feels guilty for what he said or did while Woman feels hurt. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Woman feels guilty for what she said or did while Man feels hurt. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 7. <u>Reconcile/Withdraw</u> . Man tries to be especially nice, acts as if things are back to normal, while Woman acts distant. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Woman tries to be especially nice, acts as if things are back to normal, while Man acts distant. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 8. <u>Pressure/Resist</u> . Man pressures Woman to apologize or promise to do better, while Woman resists. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Woman pressures Man to apologize or promise to do better, while Man resists. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 9. <u>Support Seeking</u> . Man seeks support from others (parent, friend, children). | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| Woman seeks support from others (parent, friend, children). | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

7. VITA

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