RELATIONAL ETHICS AMONG COUPLES IN THERAPY

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
The Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

Rashmi Gangamma, M.Phil

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The Ohio State University
2008

Dissertation Committee:
Professor Suzanne Bartle-Haring, Advisor
Professor Julianne M. Serovich
Professor Amy E. Bonomi
Professor Steven Beck

Approved by

Advisor

College of Education & Human Ecology
ABSTRACT

Relational ethics is one of the four dimensions in the contextual approach to therapy. Though its concepts have been widely endorsed (Goldenthal, 1996), very little research exists on its influence on relationship variables. The aim of this study was to explore the impact of relational ethics on relationship satisfaction among couples in therapy. A time-series design was adopted and data were collected at intake and end of each session until session six. A total of 39 heterosexual couples from The Ohio State University’s Couple and Family Therapy clinic were included in the sample. At the end of six sessions, a total of eleven couples remained. Results showed a positive correlation between relational ethics and relationship satisfaction at baseline for both male and female partners. Multilevel Linear Modeling (MLM) using HLM6 showed significant variance in relationship satisfaction at baseline and over time within and between couples. At baseline, female partners’ perception of unfairness in both horizontal and vertical relationships, and male partners’ perception of unfairness in horizontal relationship emerged as significant predictors of lower relationship satisfaction among couples and between partners. Significant variance was also noted in relationship satisfaction over time between and within couples.
While the baseline predictors also explained variance between couples, there was a difference in the predictors of within-couple variance. Here female partners’ perception of unfairness was indicative of lower relationship satisfaction in both partners, and perception of unfairness among male partners was indicative of higher relationship satisfaction levels among female partners across time points.

Longer duration of relationship emerged as a predictor of lower relationship satisfaction among couples at baseline and a slower rate of change in satisfaction levels over time. While more research is needed to provide a more comprehensive picture of the complex nature of these relationships, results provide empirical evidence for addressing relational ethics in couples therapy.
Dedicated to the memory of my father
Years from now I suppose I will look back at this as “just a dissertation”; but right now it seems monumental as it marks the culmination of yet another eventful and immensely enriching phase of my Graduate life. This project would have been even more arduous without the support of my mentors, friends and family to whom I would like to express my deepest gratitude.

First, I would like to thank my Committee members for their participation in this process. Dr. Suzanne Bartle-Haring, it’s been an honor for me to be your advisee. Thank you for pushing me to be a better therapist, for encouraging me in my research and for believing in my ability to contribute to the field. Most importantly, thank you for your patience with me as I struggled to grow.

Dr. Julie Serovich, I am indebted to you for your support over the past four years. Working in your office as a research assistant was one of my first affirming experiences in this country. Thank you for your input on the several drafts of this study.

Dr. Amy Bonomi, I am grateful to you for being able to “compartamentalize” our interactions. Your feedback on the proposal significantly enhanced this thesis. Thank you.

Dr. Steven Beck, thank you for agreeing to be on the committee at such short notice and for pointing out critical details in the study.
Dr. Tatiana Glebova, I cannot thank you enough for introducing me to contextual therapy and for encouraging me in my dissertation process. Thank you for being my mentor, supervisor, and tennis coach!

To my colleague Mike Knerr, thank you for your support and reassurance during those “OMG! I don’t understand this! I’m going to fail” moments!

To my “Complex” friends - Komudi, Mukundan, Sowjanya, Sivaguru, Arun, Vidhya, and Preethi - thank you for your friendship and acceptance. Being a “Non-Resident Alien” is fun with you guys around.

To Veena, for patiently reading and commenting on my drafts. Thanks!

To Arpita, who guided me through the trials and tribulations of Graduate School. Thank you, thank you, thank you, so much!

To Shalini, I wish the “never” and “always” had remained so; regardless, I cherish and value our relationship. Thank you for being in my life.

To my extended family for not saying, “Ee moodik mandel saaman ille!” (yet)

To my brother, we’ve come a long way, both in terms of distance from home and in our own relationship. Thank you for looking out for me. I felt safer here with you around.

To my mother, thank you for all your sacrifices while raising me. I am deeply grateful to you for reducing my loyalty conflicts by letting me study what I pleased (even when you thought I’d lost my mind), to stay where I wanted (even though that meant not having someone around you during times of need), and for your legacy as a parent determined to give the best to her children. I look up to you as a person of strength and courage and I love you.
VITA

January 12, 1979.................................Born – Mysore, India

2001.................................................MSW, Mangalore University, India

2003.................................................M.Phil, Psychiatric Social Work
NIMHANS, India

2004-2006.................................Graduate Research Assistant
Human Development & Family Science

2006-2007.................................Graduate Teaching Assistant
Human Development & Family Science

2007-2008.................................Graduate Fellow
College of Education & Human Ecology

PUBLICATIONS


FIELDS OF STUDY

Major Field: Human Ecology
Minor Field: Couple & Family Therapy
Cognate: Qualitative Research Methods
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>ii</td>
</tr>
<tr>
<td>Dedication</td>
<td>iv</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>v</td>
</tr>
<tr>
<td>Vita</td>
<td>vi</td>
</tr>
<tr>
<td>List of Tables</td>
<td>xiii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>xiv</td>
</tr>
<tr>
<td>Chapters</td>
<td></td>
</tr>
<tr>
<td>1. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.1 Contextual Theory</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Relational Ethics</td>
<td>2</td>
</tr>
<tr>
<td>1.3 Researching the Contextual Approach</td>
<td>3</td>
</tr>
<tr>
<td>1.4 Objectives of Current Study</td>
<td>4</td>
</tr>
<tr>
<td>1.5 Implications of the Study</td>
<td>5</td>
</tr>
<tr>
<td>2. Review of literature</td>
<td>6</td>
</tr>
<tr>
<td>2.1 Development of the Contextual Theory</td>
<td>6</td>
</tr>
</tbody>
</table>
4. Results

4.1 Sample Description

4.1.1 Attrition

4.1.2 Missing data

4.1.3 Difference between completers and non-completers

4.1.4 Mean RES and RDAS scores

4.2 Correlations

4.3 Results of Model Testing

4.4 Relationship Satisfaction at Baseline

4.4.1 Unconditional model

4.4.2 Conditional model with partner

4.4.3 Conditional model with relational ethics

4.4.4 Conditional model with duration of relationship

4.5 Relationship Satisfaction over Time

4.5.1 Unconditional model

4.5.2 Conditional model with partner and time

4.5.3 Conditional model with relationship duration

4.5.4 Conditional model with duration and relational ethics

4.6 Further Analysis

4.6.1 Relationship satisfaction at baseline with horizontal subscale
4.6.2 Relationship satisfaction at baseline with vertical subscale........82
4.6.3 Relationship satisfaction over time with horizontal subscale........83
4.6.4 Relationship satisfaction over time with vertical subscale.........83

4.7 Summary..............................................................................................84

5. Discussion.....................................................................................................86

5.1 Impact of Relational Ethics on Relationship Satisfaction......................86

5.1.1 Relationship satisfaction at intake.................................................86
5.1.2 Relationship satisfaction over time...............................................88
5.1.3 The impact of horizontal and vertical subscales.........................90
5.1.4 Length of relationship and relationship satisfaction.................92

5.2 Limitations of the Current Study........................................................83

5.3 Clinical Implications.................................................................95

5.4 Research Implications...............................................................97

5.5 Summary and Conclusions...........................................................98

List of References........................................................................................102

Appendix A Relational Ethics Scale.........................................................108
Appendix B Revised Dyadic Adjustment Scale.........................................111
Appendix C Demographics.....................................................................114
<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Schedule of instruments administered</td>
<td>35</td>
</tr>
<tr>
<td>4.1 Mean RDAS scores across time points for male and female partners among completers and non-completers</td>
<td>47</td>
</tr>
<tr>
<td>4.2 Correlations among female and male RDAS and RES total and subscale scores</td>
<td>49</td>
</tr>
<tr>
<td>4.3 Fixed effects for unconditional model and conditional model 1</td>
<td>52</td>
</tr>
<tr>
<td>4.4 Random effects for unconditional model and conditional model 1</td>
<td>53</td>
</tr>
<tr>
<td>4.5 Fixed effects for conditional model 2 and 3</td>
<td>57</td>
</tr>
<tr>
<td>4.6 Random effects of conditional models 2 and 3</td>
<td>58</td>
</tr>
<tr>
<td>4.7 Fixed effects for unconditional model and conditional model with partner and time</td>
<td>67</td>
</tr>
<tr>
<td>4.8 Random effects for unconditional model and conditional model with partner and time</td>
<td>68</td>
</tr>
<tr>
<td>4.9 Fixed effects estimates for conditional model 1 and conditional model 2</td>
<td>72</td>
</tr>
<tr>
<td>4.10 Random effects estimates for conditional model 1 and conditional model 2</td>
<td>73</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Conceptual model of the relationship between the variables under study</td>
<td>32</td>
</tr>
<tr>
<td>4.1 Scores of ten couples on RDAS by partner</td>
<td>54</td>
</tr>
<tr>
<td>4.2 Difference in partner slopes for RDAS at baseline</td>
<td>60</td>
</tr>
<tr>
<td>4.3 RDAS scores at baseline in female and male partners by relationship duration and Female RES scores</td>
<td>61</td>
</tr>
<tr>
<td>4.4 Variance in 10 couples’ change in relationship satisfaction over time</td>
<td>69</td>
</tr>
<tr>
<td>4.5 Variance in partners’ score in relationship satisfaction over time</td>
<td>70</td>
</tr>
<tr>
<td>4.6 Impact of relationship duration on change in relationship satisfaction over time</td>
<td>74</td>
</tr>
<tr>
<td>4.7 Average RDAS scores in female and male partners by relationship duration and Female RES scores</td>
<td>78</td>
</tr>
<tr>
<td>4.8 Impact of female partners’ score on RES on average RDAS scores for both partners</td>
<td>79</td>
</tr>
<tr>
<td>4.9 Impact of male partners’ score on RES and RDAS scores for both partners</td>
<td>80</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Contextual Theory

The contextual theory is a model of human experience whose assumptions are widely endorsed and whose concepts are widely borrowed (Goldenthal, 1996). It was founded by Ivan Bozsermenyi-Nagy based on the principles of psychiatry, philosophy, psychoanalysis and systems theories (Bozsermenyi-Nagy & Krasner, 1986). By integrating the individual and systemic approaches in therapy it reintroduces the importance of the individual in the family system. The ultimate aim of this approach involves healing of an individual’s pain, while also fostering change within the family system. The contextual approach conceptualizes relationships in terms of four interlocking relational determinants—facts, individual psychology, transactions and relational ethics (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991).
As an integrative model it allows for incorporation of concepts and techniques from any psychosocial therapeutic model, as long as they are consistent with the overarching concern of balance or fairness in relationships (Goldenthal, 1996). The emphasis on fairness in relationships distinguishes this approach from other integrative approaches (for example, Nichols, 1995).

Relational Ethics

Relational ethics is the hallmark of the contextual approach (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991). It refers to the subjective balance of trustworthiness, justice, loyalty, merit and entitlement between members of a relationship (Hargrave, Jennings, & Anderson, 1991). Boszormenyi-Nagy and Krasner (1986) state that justice is inherent in relationships and symptoms occur when there is an imbalance of fairness due to past violations of trust, split and/or invisible loyalties and destructive entitlement.

Relational ethics are based on the belief that a multilateral balance of entitlement and indebtedness exists in all relationships (Boszormenyi-Nagy, 1987). While merit earned on the basis of self-validation leads to the development of constructive entitlement, individuals could also earn the “right” to be destructive (Boszormenyi-Nagy & Krasner, 1986). Destructive entitlement is a result of victimization which predisposes individuals to engage in repetitive and harmful behaviors that often affect those that did not victimize them and therefore are innocent. When an individual acts on this sense of entitlement, unjust relationships are perpetuated. Boszormenyi-Nagy, Grunebaum, and Ulrich (1991) maintain that perception of imbalance in the “give and take” in relationships, which is reinforced by destructive entitlement, is a factor in family and
marital dysfunction. More specifically in couple relationships, distress or dissatisfaction is assumed to be an indication of unfairness in the balance of entitlement and indebtedness as perceived by one or both partners. Thus, while a balance of give and take or fairness is assumed to lead to health, an imbalance is associated with ill-health. Perception of fairness (or unfairness) in partner relationships is a result of experiences in the family of origin which then influences expectations, needs and beliefs about what a person is entitled to in an intimate relationship. While this idea of intergenerational transmission of relational patterns is supported by other theories (for instance, Bowen, 1976) the concepts of justice and fairness in relationships have not been as widely studied.

Researching the Contextual Approach

Even though its concepts are widely endorsed, there is a dearth of research using the contextual approach. Emerging anecdotal records indicate its usefulness in treating multiple personality disorder (Benjamin & Benjamin, 1994), substance abuse (Bernal, Rodriguez, & Diamond, 1990) and juvenile delinquency (Fujita, 2002). While these papers delineate the usefulness of the contextual therapy framework in clinical practice, there are very few empirical studies using the approach. The constructs of the theory itself, especially the dimension of relational ethics have been studied and found to be valid in the general population. Hargrave, Jennings, and Anderson (1991) demonstrated construct validity of the Relational Ethics Scale (RES) which measured aspects of trust, loyalty and entitlement in vertical, that is the parent-child relationship, and horizontal or partner relationships.
Further, in another study (Bray, 1993), a correlation was found between individuals’ innate sense of fairness in their family-of-origin and perception of fairness in intimate partner relationships. This association supported the theory’s assumption of intergenerational transmission of patterns in families.

A recent doctoral study (Grames, 2005) found that relational ethics significantly predicted marital satisfaction in the general population. Further the study found an indirect relationship between relational ethics and depression with marital satisfaction as a mediating variable. Thus, in the general population, there is some evidence that relational ethics affects individual well-being and relationship satisfaction. However, there are no known empirical studies on relational ethics and its impact on relationship satisfaction in the clinical population. Further, there are no known studies on whether relational ethics can affect change in relationship satisfaction over a period of time in couples therapy. Such a study assumes importance now considering that there is an increase in the report of relationship distress in the general population and that a large number of these distressed couples seek therapy (Johnson & Lebrow, 2000). The current study attempts to provide vital information on how relationship satisfaction can be affected by examining the relationship between relational ethics and relationship satisfaction over a period of time in a sample of couples seeking therapy.
Objectives of Current Study

In order to fill the gap in knowledge this study proposed to investigate the following objectives:

1. To examine the relationship between relational ethics and relationship satisfaction among couples seeking therapy.

2. To determine whether relational ethics at baseline influences change in relationship satisfaction over a period of time in couples therapy.

Implications of the Study

The results of this study could have significant implications in the realm of clinical practice. By exploring the nature of change in relational ethics and relationship satisfaction in couples undergoing therapy, the study could potentially contribute to the development of effective therapeutic strategies. In essence the results could directly benefit couple therapists in their practice by providing specific indicators for alleviating couple distress. Further, the study could contribute to the emerging evidence on the significance of contextual theory in clinical practice.
Ivan Boszormenyi-Nagy’s contextual approach is considered by some as the third paradigm in therapy, next to psychoanalysis and classical family therapy (van Huesden & van den Eerenbeemt, 1987). In this chapter a brief exploration of the development of the contextual approach is presented along with an examination of its fundamental underpinnings in its application to family therapy. The major concepts are also defined with particular emphasis on the dimension of relational ethics. Finally, the emerging research literature on relational ethics is discussed with a brief examination of the status of studies using this approach.

Development of the Contextual Theory

The contextual theory evolved with the confluence of principles of psychiatry, philosophy, psychoanalysis and systems theories (Bozsermenyi-Nagy & Krasner, 1986). Boszormenyi-Nagy began his career like most other pioneering family therapists by studying causation of schizophrenia (Boszormenyi-Nagy, 1987). Eventually, he was
influenced by traditional psychological theories and also by the application of systems theory in family therapy. Most importantly, however, Boszormenyi-Nagy was influenced by Martin Buber in the development of the contextual approach. Buber was a philosopher who believed that “All real living is meeting” (Boszormenyi-Nagy, 1996, p. 372). This meeting occurred in the form of a genuine dialogue which was more than just a meeting of minds or cognitions. It represented an interhuman encounter where individuals took the “I-Thou” stance. The “I-Thou” dialogue refers to responding; but not necessarily in a behavioral sense. Responding occurs through responsibility or the awareness that our actions have consequences. The contextual theory holds that a “system” cannot be made responsible if participating individuals in the system are unwilling to act responsibly. This dialectical view of relating is rooted in the belief that the self and his or her partner create a personalized human order that exists between the “I” and a “Thou”. Buber’s “I and Thou” concept of relationship refers to “each person’s presence, directness and immediacy (that) characterize the moment in which two people genuinely care about each other’s side” (Boszormenyi-Nagy & Krasner, 1986, p. 33). Thus, in an “I-Thou” encounter each person is “present” and is able to consider the other person’s perspective, rather than be consumed by his or her own thoughts, biases and prejudices.

Further, contextual therapy was inspired by Buber’s concept of the “justice of human order” that arises in interactions between human beings in the society at large (Friedman, 1998). When applied to interpersonal relationships, fairness or justice arises out of a “… simultaneous consideration of the balance between two (or more) relating person’s subjective, self-serving rights and entitlements” (Boszormenyi-Nagy, 1987. p.
Boszormenyi-Nagy and Krasner (1986) state that justice is inherent in relationships and symptoms occur when there is an imbalance of fairness, that is, when one person’s self-serving needs and entitlements override the others’. This shifts the dialogic stance from an “I-Thou” to the “I-It” position. The “I-It” mode involves seeing the other through the lens of one’s own needs or distortions which promotes exploitation in relationships (Fishbane, 1998). In doing so, one fails to engage in a genuine dialogue with another human being, thus reducing the quality of the human connection and eliminating the option of an I-Thou encounter (Boszormenyi-Nagy & Krasner, 1986). According to Boszormenyi-Nagy (1987), “Buber’s concept of the dialogue came closest to a requisite framework which can describe two or more individuals in a personally engaged relationship” (pp. 141). In the field of psychotherapy, this notion of relatedness was a paradigm shift towards healing through connectedness (Boszormenyi-Nagy & Krasner, 1986). Nagy applied this concept of genuine dialogue as an opportunity for integration of the individual and relational theories. The dialogic notion of responsible responding was an important foundation for the formulation of the intergenerational dialectic (Boszormenyi-Nagy & Spark, 1984).

These early formulations of relational determinants evolved over the years in the form of four interlocking dimensions in the contextual approach—facts, individual psychology, transactions and relational ethics (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991). Facts refer to actual events in the individual’s life or in the social context. For example, physical illnesses, life events, and racism are all facts that configure the destiny of the person. Individual psychology refers to the dimension of mental functions,
cognitive and emotional development and other symbolic processes in the individual. Transactions refer to the systems concepts of structure, power alignments, roles and communication patterns. Finally, the fourth dimension, relational ethics is considered the hallmark of the contextual approach and refers to concepts of trust, loyalty and entitlement in relationships. Early work on this approach took into account the therapeutic leverages found in the ethics of transgenerational relationships (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991). This expanded the therapeutic contract, goals and responsibilities to several generations connected via “reproductive destiny and legacies rather than through simultaneous transaction” (Boszormenyi-Nagy, 1987, p. 258). This meant that the goal of therapy was not just to intervene in the current generation, but also to restore links with the past generation and to prevent injustice to the future generation. Thus, a multilateral stance based on the fundamental fact that all relationships are built on two or more sides emerged as the strategic rationale for contextual therapy.

The Four Dimensions of Contextual Theory

The four dimensions in the contextual theory provide a comprehensive understanding of how families develop and change over a period of time. Each dimension is closely related to the others, but they are examined separately here for the purpose of clarity.

1. Facts

Events that have occurred in the family or in the social context can have a powerful impact on the development of family relationships. Physical illnesses like cancer, life events like child birth and death can change family interaction patterns. We
have little or no control over some of these facts and they can profoundly affect individual and family goals. For instance, the death of a parent may result in changes in the relationship between the surviving parent and the children. The oldest child in this situation may be asked to play a bigger role in taking care of the other younger children. Similarly, in families where financial hardships are a reality, children may have to forgo many necessities of life. In the larger societal context, injustices perpetuated on sections of a population can trickle down to familial relationships. These factual injustices become part of the legacy imperatives (dimension of relational ethics) for future generations (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991). For instance, societal oppression of a “minority” group may result in closer family ties or a sense of kinship among members of that group. Boszormenyi-Nagy, Grunebaum, and Ulrich (1991) also identify certain “avoidable” or “created realities” which eventually become facts. For instance, unresolved conflicts between parents could become a fact that creates a situation for “split-loyalty” for the child. Thus, consequences of action or inaction of one generation could become a fact for the subsequent generations. In this sense factual consequences and “ethics” merge (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991).

2. Individual psychology

This dimension refers to the internal world of the individual including motivations that drive human behavior (Bernal, Rodriguez, & Diamond, 1990). Psychological factors contribute to the strength and meaning of relationships which in turn influence complementarity of the partners’ needs (Boszormenyi-Nagy, 1996). Thus, processes that affect an individual’s functioning also affect the development of the family. This
inclusion of the individual emerged due to Boszormenyi-Nagy’s discontent with the “supratheory” nature of the systems theory where the individual was often lost.

The reintroduction of the “individual” in this dimension allows for inclusion of concepts from several theories of human development. For instance, Erikson’s theory could be used to understand development of trust and trustworthiness in relationships (Boszormenyi-Nagy, 1996). It must be emphasized here that individual factors are theorized in the context of relationships. It is implausible to consider an individual’s existence in the absence of relationships. As Buber’s theory suggests “to be is to be relational” (Lothstein, 1996, pg. 33). The “I” cannot exist in the absence of the “Thou” or without the dialogue between “I and Thou”. However, as noted by Goldenthal (1996, p. 7), “failing to see individual’s personal concerns, thoughts, wishes, hopes, past hurts, and disappointments can lead one to make major errors when conducting couples and family therapy sessions as much as they can when working with an individual”.

It is an established fact that people differ from each other in several ways. These differences could be in terms of strengths, weaknesses, coping skills and even cognitive functioning as recognized by psychotherapy approaches like psychoanalysis and cognitive-behavioral therapy. Assessment and acknowledgement of differences in individual psychological functioning are an integral part of this approach. For instance, partners may differ in the way they react to stress. One partner may be inclined to withdraw from social interaction in the face of anxiety, while his/her partner may be more willing to talk about his/her feelings about the situation. Regardless of how these response patterns emerged, it is difficult to deny that these individual responses deeply
affect relationship patterns. Thus, the contextual theory suggests that individual emotional and psychological difficulties need to be recognized and acknowledged in order to facilitate change in therapy (Goldenthal, 1996).

3. Transactions

This dimension refers to the patterns in families that are reciprocally affected by its members. The contextual approach incorporates concepts from systems theory which emphasize the circular nature of relationships. Family systems theory recognizes certain patterns that promote health of individual members. A healthy system is said to exist when the goals of the individual as well as the family members are met. According to this framework, families are self-regulatory systems (Whitchurch & Constantine, 1993) that function either to produce change in patterns or to maintain status quo. Further, the family is seen as a dynamic system, that is, the family is in a constant state of flux. Structure, power alignments, roles and communication sequences are ways in which interactions in a family system can be observed. “Symptoms” in an individual are considered to be symptoms of the system and develop when there are – a) rigid, diffuse or ambiguous boundaries between the units of the system as well as between the system and the environment, leading to closed communication patterns (Boss, 1980; Minuchin, 1974); and, b) inability of the system to be flexible and adapt to changes (Whitchurch & Constantine, 1993).

According to the contextual theory, self-delineation of the individual occurs in the presence of a dialogic process. That is, each person strives for identity, boundaries and need complementarity in the context of meaningful relationships in the family unit.
(Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991). Thus as part of the context of relational reality, the systems framework provides useful guidelines to understand transactional patterns (Boszormenyi-Nagy & Krasner, 1986). However, in contextual therapy, the main interventions are built on the concept of relational ethics using the systems theory to formulate tactical moves. Thus, in this approach, systemic processes of family interaction are studied and understood in the interest of learning how they relate to fairness issues in the family (Goldenthal, 1996).

4. Relational Ethics

The fourth dimension of relational ethics is described as “an intrinsic dynamic property of human relationships according to which each party to the relationship is inherently accountable to the other” (Boszormenyi-Nagy, 1996, p.374). Concepts of trust, loyalty and entitlement are considered to influence justice or fairness in relationships and these are transmitted through generations. Trust is the primary relational resource from which we learn how to interact with others (Hargrave & Pfitzer, 2003). Trust, either earned or inherent is an essential ingredient in relationships. Loyalty refers to the bond that exists between parents and their children and also with other significant figures in an individual’s life. Entitlement refers to an ethical “guarantee” of being cared for that can arise only in a relationship (Boszormenyi-Nagy & Krasner, 1986). These are earned through actions that merit trust. In contextual therapy, trust is considered not only essential for personality development but also as a relational resource which leads to the recognition of trustworthiness as a vital component in viable relationships (Boszormenyi-Nagy & Krasner, 1986). Here again we note the interlock between trust as a
psychological component with the ethical criteria of trustworthy relationships. In healthy families, there is a perceived balance of give and take in relationships which fosters self-validation of individuals. Entitlement is founded on a multilateral concern where partners are able to set aside their own needs in order to meet the others’ needs. In an ongoing relational exchange, any act of giving or receiving shifts the account of entitlement and indebtedness towards a new balance or imbalance. One partner’s entitlement is thus directly proportional to the other partner’s indebtedness. In healthy relationships, there is a perceived balance of entitlement and indebtedness in both partners. In other words, the “give and take” in the relationship is balanced. Along with this balance of fairness, relationships that are trustworthy are considered mature and free of exploitation.

Trustworthiness is a relational property and arises from a multilateral investment of relating partners for the sake of their welfare and interests (Boszormenyi-Nagy & Krasner, 1986). This means that members of a family have a capacity for consideration of and responsibility to each other. In healthy families trustworthy relationships are retained and nurtured.

Relational ethics are based on the belief that each individual is entitled to fair consideration of his/her survival and welfare simply by virtue of birth and existence (Boszormenyi-Nagy, 1987). A multilateral balance of entitlement and indebtedness exists in all relationships. In a parent-child relationship, also known as the vertical relationship (Hargrave & Pfitzer, 2003), interactions are intrinsically trust-generating. The legacies of parental accountability and filial loyalty create a non-substitutable interdependence between the parent and child (Boszormenyi-Nagy, 1987).
The experience of merited trust between parent and child therefore cannot be substituted or re-created in other relationships. The fact of procreation supercedes the quality of the relation and Boszormenyi-Nagy argues that indifferent attitudes or abuse may damage the relationship, but it can never be terminated.

Hargrave, Jennings, and Anderson (1991) note that an intergenerational ledger of entitlements and obligations exist in families. Individuals inherit either a legacy of balanced and fair relationships or one of imbalanced and unfair relationships. If the individual has experienced fair and just exchanges of give and take in relationships, then it is likely that the individual will carry forward this balanced ethic to posterity. However, if the individual has experienced injustice in relationships and has not experienced “just” entitlement, then he or she is more likely to compensate for this violation (Boszormenyi-Nagy & Spark, 1984). While earned merit on the basis of self-validation leads to the development of constructive entitlement, individuals could also earn the “right” to be destructive (Boszormenyi-Nagy & Krasner, 1986). Destructive entitlement is earned as a result of actual victimization which predisposes individuals to engage in repetitive and harmful behaviors that often affect those that did not victimize them and therefore are innocent. Destructive entitlement can manifest in behaviors such as over-giving or over-receiving or even in abuse and exploitation. When an individual acts on this sense of entitlement, unjust relationships are perpetuated. “This is an intense cycle of loyalty and entitlement that originates in past relationships and is passed along in a slate of distrust and injustice” (Hargrave, Jennings, & Anderson, 1991, p.147). Boszormenyi-Nagy,
Grunebaum, and Ulrich (1991) maintain that the “revolving slate” aspect of loyalties reinforced by earned destructive entitlement is a factor in family and marital dysfunction.

Another component of the ethics dimension in relationships is loyalty. Loyalty is “a preferential commitment to a relationship, based on indebtedness born of earned merit” (Boszormenyi-Nagy & Krasner, 1986, p. 15). It is different from attachment or a power-inspired submission. Loyalty refers to a deep sense of commitment that exists between parent and child due to the two legacies of parental accountability and filial indebtedness. It also refers to the commitment between partners who have merited trust due to their mutual concern and care. Contextual therapists “speak of being loyal as opposed to feeling loyal to emphasize action, not just emotion” (Goldenthal, 1996, p. 74). According to this view we are bound by filial loyalty even if we are cut-off from our family-of-origin. Loyalty conflicts which can be seen in terms of “split loyalty” and/or “invisible loyalty” can be a major deterrent in interpersonal fairness. In fact, Boszormenyi-Nagy and Krasner (1986) believe that such conflicts are the ubiquitous causes of marital and partnership difficulties. Health is often blocked when an individual perceives split loyalty that is, where he/she is torn between two significant people. Problems may arise when the individual is forced to take sides. In some instances the legacy of filial loyalty and existential debt to parents could set the stage for “parentification” of the child. Parentification implies the subjective distortion of a relationship in which one’s children or partner is treated as one’s parent (Boszormenyi-Nagy & Spark, 1984). Symptoms may also develop due to invisible loyalties. Invisible loyalty is regarded as an indirect and often unintentional attempt to remain connected to
the past. Boszormenyi-Nagy (1987) notes that such attempts make them “victims of the past” (p. 274). For instance, a mother may unconsciously attempt parenting practices used by a parent with whom she had a conflictual relationship or a teenager may start abusing alcohol at around the same age that his estranged father began abusing alcohol. For a contextual therapist, emotional cut-offs from the family-of-origin provide clues to invisible loyalties and relational stagnation (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991).

Thus, relational ethics as described in the contextual approach is “an action or process dimension that incorporates both individual and relational realities” (Hargrave, Jennings, & Anderson, 1991, p. 147). Relational ethics transcends individual balances of entitlements and obligations and includes the realm of relationships between family members. Individuals are responsible for actions on the relational ledger pertaining not only to themselves, but also to the consequences of their actions on others. The relational dimension, therefore, includes and transcends both the psychological and systemic dimensions (Boszormenyi-Nagy & Spark, 1984).

Fairness in Social Exchange Theory

The ideas of fairness and “give and take” in relationships have been explored to some extent in the social exchange theory. A detailed discussion of the theory is beyond the scope of this chapter, but a brief explanation of the norms of fairness and reciprocity and its relationship to the contextual theory perspective of fairness will be presented here. The social exchange theory is based on an economic metaphor and views social relationships as “extended markets” in which individuals act to maximize profits and
minimize losses (Sabatelli & Shehan, 1993). According to the theory, exchange relationships are governed by certain rules and cognitive orientations that are embedded in the broader societal context. Among the cognitive orientations described by the theory are the norms of distributive justice or fairness and reciprocity (Sabatelli & Shehan, 1993). Distributive justice holds that rewards should be proportional to costs, and profits should be proportional to investments (Homans, as cited in Sabatelli & Shehan, 1993). In other words, in relationships, each partner’s rewards should be equal to the costs associated with being in the relationship. This is based on the assumption of the theory that human beings indulge in a cost-benefit analysis and are more likely to initiate or stay in a relationship that maximizes rewards and minimizes costs over a period of time. The expectation of proportionality in rewards and costs in turn affects the norms of fairness. The role of norms of fairness is particularly emphasized by equity theorists (Adams, as cited in Sabatelli & Shehan, 1993). “Equity is the perception that one’s ratio of outcomes to inputs equals the outcome-input ratio of some other person with whom one has an exchange relationship” (Sabatell & Shehan, 1993, p. 403). One could say that the perception of equity depends on whether the person perceives a balance of “give and take” in the relationship. There have been few studies on the influence of equity and fairness on relationship outcomes such as satisfaction and stability in dating and marital relationships. The prediction of equity theorists that relationship satisfaction is influenced by partners’ perception of equal proportionality of contribution and outcome has been supported in one study on dating couples (Walster et al., as cited in Sabatelli & Shehan, 1993). A perception of inequity could set in when the person feels that one receives
proportionally lesser to what one gives in the relationship, which is a violation of the norms of fairness and justice. For instance, one study noted that marital satisfaction in wives in dual-income households depended on whether their spouses did a “fair” share of family work (Sabatelli & Shehan, 1993). Even though there are no distinctions drawn between fairness and equity in most social exchange literature, according to Sabatelli and Shehan (1993) there is a difference in their unit of analysis. They believe that in fairness, the unit of analysis is intraindividual; while the unit of analysis in equity is interpersonal.

While the ideas of proportionality of input-output and the expectation of fairness in relationships resonate with Nagy’s ideas of balance in “give and take” in relationships, there are some crucial differences in these concepts as explained by both theories. The social exchange theory defines relationships using an economic metaphor where the actors’ goal is to maximize profits. In the contextual theory, the give and take in relationships constitutes an ethical factor in relationships. Ethics here do not imply a moral judgment; it refers to a concern of consequences of one’s actions on other relating members in the system (Boszormenyi-Nagy, 1997). Further, fairness is seen as a dialectical process rather than as an intraindividual or interpersonal factor. Based on Buber’s ideas of a common order of justice in the society (Friedman, 1998), Nagy’s theory proposes that ideas of fairness are constructed through the interhuman dialogue (the “I-Thou” or “I-It” stances) in relationships.
And finally, even though social exchange, particularly the equity theory, and the contextual theory consider the role of individuals’ perceptions of fairness and justice, the contextual theory provides clues about factors that influence the formation of this perception. Through an exploration of the “revolving slate” of relational ethics, the contextual approach provides vital indicators of processes that define fairness and equity among individuals.

Relational Ethics as an Extratherapeutic Factor

In studying the impact of relational ethics, it is imperative to identify whether they are a theory-specific factor or something more pervasive and universal. In other words, are components of trust, loyalty and fairness in relationships constructs of the contextual approach only or are they present in everyday narratives of people with no knowledge of the theory? Answering this question would facilitate a conceptualization of relational ethics as one of the factors identified by Lambert (1992) that affect change in psychotherapy – a) a common factor; b) extratherapeutic factor; c) expectancy factor; or d) a specific technique. It is important to identify it as one of the above factors because it is now known that these factors have differential impact on outcome of therapy. Common factors or a host of variables that are found in a variety of therapies regardless of the therapist’s theoretical orientation is known to contribute to about 30% of the psychotherapy outcome (Lambert, 1992). Examples of common factors would be empathy, warmth of the therapist and the now widely studied therapeutic alliance or the relationship between the client and therapist. Extratherapeutic factors are part of the client and his/her environment (Lambert, 1992); these are factors that the client already
has prior to seeking therapy and may be enhanced in the course of therapy. Some examples of this factor are motivation, social support, and ego strength. Ego strength as identified by Freud’s psychoanalytic theory refers to the ability to maintain emotional stability and cope with stress. This could also refer to resilience factors in an individual.

Extratherapeutic factors are known to contribute to about 40% of the outcome in therapy (Lambert, 1992). Further, expectancy factors or placebo effects, and specific techniques derived from theories, for instance behavioral modification techniques, contribute about 15% each to the outcome (Lambert, 1992). Even though statistical procedures were not used to arrive at these figures, the results were derived by intensively analyzing the existing research literature on psychotherapy with adults who have mental health disorders. Subsequent research in psychotherapy process and outcome has confirmed the differential impact of these factors—especially the common factors (Sprenkle & Blow, 2004).

In this study, it is proposed that relational ethics is an extratherapeutic factor that is present in the client system or environment. It is based on the assumption that the concepts of trust, loyalty, fairness and reciprocity in relationships are universal. For instance, several theorists (like Erickson, Bowlby) have identified the establishment of trustworthy relationships as a fundamental need in the development of an individual. In a survey on the type of characteristics that are most important in choosing a mate, one study found that in the United States “dependability”, which could mean trustworthiness and loyalty, was highly ranked among both men and women (Buss et al., as cited in Feldman, 2006). Issues concerning fairness and balance in “give and take” in
relationships are also common in both parent-child and partner relationships. One needs only to examine the language used to describe relationships to understand the pervasiveness of these concepts. For instance, in anecdotal accounts gathered by this author, clients in couple therapy have noted that fairness “is a gut instinct”; something that a person recognizes instinctively, and that trustworthiness and loyalty are “a vibe one gets from a person.” It could therefore be argued that relational ethics is a resource that exists and is sustained in the relational matrix of the client system. Thus, in this context, concepts of trust, loyalty and fairness could be regarded as an extratherapeutic factor and may be addressed in couple therapy regardless of the therapist’s theoretical orientation.

Research on Relational Ethics

Given that relational ethics is the overarching framework in the contextual approach, the current study sought to explore its impact on couple relationships, specifically on relationship satisfaction. Below is an examination of studies on relational ethics as described by the contextual approach. Studies were identified using search engines such as “pubmed”, “psychinfo”, “proquest”, “scholar google”, and the American Association for Marriage and Family Therapy (AAMFT) journal database. The keywords used to search articles were “relational ethics”, “relational ethics and relationship satisfaction”, “relational ethics and marital satisfaction”, and “contextual therapy”. The search revealed only three peer reviewed articles on relational ethics. Two of these articles were on the development of the Relational Ethics Scale (RES), the instrument used in the current study.
One unpublished dissertation study was also found. In this section, a brief review of the development of the scale will be presented followed by an examination of the available empirical studies.

**Development of the Relational Ethics Scale**

The Relational Ethics Scale (RES) was developed by Hargrave, Jennings, and Anderson (1991). It was designed to measure an individual’s perception of relational ethics in both vertical (parent-child) and horizontal (partner) relationships. A five-stage procedure was used in the development of the scale. The first stage involved the development of definitions for relational ethics and corresponding constructs through a review of literature. Face validity was provided by Boszormenyi-Nagy. Next, a total of 136 items (71 for vertical relationship and 65 for horizontal relationships) were generated by the authors based on the definition of the constructs. These items were then rated by experts in the field of contextual therapy. Based on consistency of the ratings, 31 vertical and 27 horizontal relationship statements were retained. In stage three, the preliminary scale was administered to a total of 290 volunteers in order to establish its item, construct and predictive validity and to measure the internal reliability. The participants were selected from a variety of blue-collar and professional job sites. A majority of the sample was White (85.2%) and married (72.4%). A total of 197 of these participants were female. Item analysis revealed that most of the statements successfully discriminated between the top and bottom quartiles of scores at \( P < 0.05 \) level. A component analysis revealed three factors each for vertical and horizontal relationships which were named trust and justice, loyalty, and entitlement. The authors then selected the “best” statements
for each of the six factors for the revised scale. Cronbach’s alpha for the total scale was 0.96 and for the vertical and horizontal subscales they were between 0.93-0.96. Pearson correlation between the vertical and horizontal subscales was 0.54 ($p < 0.001$).

The revised 24 item scale was then administered to 80 volunteers from a clinical population. Each item was scored on a five point Likert scale from strongly agree to strongly disagree. The subjects were divided into two groups- one which had dysfunctional family relationships and the other which displayed well-adjusted relationships. The level of dysfunction or adjustment was determined by marriage and family therapists who saw these participants in sessions. Two-tailed ‘t’ tests revealed significant differences between the two groups on both the subscales and the total RES scores. The difference in the scores indicated predictive validity of the RES. That is, RES could be used as a measure to predict adjustment or dysfunction in families. However, the authors did not report any further statistical analysis to determine the extent to which RES could predict adjustment in families.

Finally, the concurrent validity of RES was tested with the Dyadic Adjustment Scale (DAS) and the Personal Authority in the Family System Questionnaire (PAFSQ). In this study 36 volunteers were recruited from faculty, staff and student communities from two universities. All participants were married and their mean age was 35.4 years. Results revealed that overall the correlations between the vertical subscales of the RES and the intergenerational subscales of the PAFSQ were moderate, with the exception of intergenerational intimidation and intergenerational triangulation. Moderate levels of correlation between vertical trust and justice, with intergenerational fusion/individuation
(r = 0.44) and intergenerational intimacy (r = 0.42) indicated that trust and justice are key relational components in the family. Scores on vertical entitlement was similarly related to intergenerational fusion/individuation (r = 0.49) and intergenerational intimacy (r = 0.45). It should be noted that vertical entitlement correlated with spousal intimacy (r = 0.69) and spousal fusion/individuation (r = 0.50) at a stronger level. This confirmed the core assumption of the contextual approach that relational ethics in partner relationships is affected by interactions in one’s family-of-origin.

Further, moderate correlations were found between total RES scores and DAS scores (r = 0.61) and between the vertical subscale and DAS scores (r = 0.42). However, a high correlation was found between the horizontal subscale and the DAS (r = 0.93). While moderate correlations between two scales could indicate concurrent validity, the high correlation between the horizontal subscale and DAS could also be an indication of a construct overlap. Thus, it is possible that some of the items in the horizontal subscale were similar to some of the items in the DAS. An inter-item correlation would have provided a better picture of these potentially overlapping items. In the absence of such an analysis in the original study, caution needs to be exercised in the usage of the horizontal subscale in the form suggested by the authors.

Hargrave and Bomba (1993) reported two studies that sought to validate the RES. In the first study the RES was administered to 162, single, never married undergraduate students enrolled in marriage and family relations or child development classes; 87% of the sample was White and 70% was female. Results revealed that the statements successfully discriminated between the top and bottom quartiles at significant levels. Two
statements which loaded on the vertical trust and justice construct in the original study loaded at a higher level on other constructs; and one statement each on vertical loyalty and vertical entitlement failed to load at a significant level. Reliability scores for the vertical and horizontal subscales were 0.82 and 0.84 respectively, and 0.86 for the total score. The trust and justice construct accounted for a majority of the variance in both subscales, which was consistent with results from the original study.

In the second study, differences in scores based on age and marital status were explored. The sample from the original study (Hargrave, Jennings, & Anderson, 1991) was divided into six groups on the basis of age and relationship status (age 20-29, married; age 30-39, married; age 40-49, married; age 50-69, married; and age 25-50, divorced). A sub-sample of 30 participants was randomly drawn from each of the age groups and inter-group comparisons were conducted. Of the total 180 participants, the ages ranged from 20 to 68 with a mean of 37.02 (SD= 12.8). The sample comprised 121 females and 59 males; 87% were White. Results revealed significant differences in the scores among the groups. The “single” group reported significantly higher scores in both vertical and horizontal subscales, while the “divorced” group scored significantly lower in both horizontal and vertical subscales. Further, among the “married” group the oldest group (age 50-69) reported higher scores in the vertical subscale compared to the other age groups. This suggested that perception of relational ethics was influenced by relationship status and age. It could be that those who were currently single did not perceive conflict in relational ethics either because they were not yet partnered or because they were younger than the others in the sample. The higher scores in the vertical
subscale among the older “married” group could be an indicator of possible reconciliation with their family-of-origin. However, since this was a cross-sectional study, it is difficult to arrive at these conclusions based just on differences in the RES scores. Further, it was noted that divorce had a significant impact on the current relationship of the divorced person. Divorced individuals seemed to have decreased overall trust in the relational ethics dimension, thus indicating that a violation of trust in a past relationship impacted trust levels in the current relationship.

The studies reviewed above pertain to the development of the RES as an instrument to measure relational ethics among individuals. While preliminary studies indicate reliability and validity of the instrument, the results of the studies should be considered in the context of their limitations. First, the sample sizes in most of the studies were small. For instance, the revised scale was administered to 80 volunteers in the original study (Hargrave, Jennings, & Anderson, 1991) and to 162 undergraduate students in the second study (Hargrave & Bomba, 1993). Most of them were White, which limits generalizability of the findings to other racial/ethnic groups. Further, with regards to the validity of the scale, the high correlation between the horizontal subscale and DAS is worrisome as it could indicate construct overlap. However, in the absence of a report of further statistical analyses, it is difficult to draw firm conclusions about it.

**Recent Studies on Relational Ethics**

Apart from the above studies that explored the construction and validity of the RES, there are only two known studies on relational ethics. Only one of them is published in a peer-reviewed journal and the other is an unpublished dissertation study.
The first study examined cultural and gender differences in the perceptions of familial and peer relationships among Iranian and American college students (Shokouhi-Behnam, Chambliss, & Caruso, 1997). In this study, 50 Iranian and 51 American students studying in the same U.S. school were administered the RES. Results showed significant differences in the perception of vertical constructs, with the scores of Iranian students reporting higher scores than the American students. Further, female students, regardless of nationality, reported significantly higher scores in loyalty in horizontal subscale. However, the study did not report whether these differences affected other variables, like relationship satisfaction or distress. In the absence of such an examination, it is difficult to conclude whether the RES has predictive validity across cultures.

A search of the dissertation abstracts using “Proquest” revealed one study using the RES. Grames (2005) examined the relationship among relational ethics, marital satisfaction, depression, and health problems in a national sample of 632 mid-life, married individuals who responded to a mail survey. The RES was used to measure relational ethics and the Revised- Dyadic Adjustment Scale (RDAS) was used to measure marital satisfaction. Results showed that total scores on RES scores and the RDAS were moderately correlated ($r = 0.51$). The correlation between vertical scores and marital satisfaction was low ($r = 0.1$) and the strongest path was between the horizontal subscale and RDAS with an estimated direct path coefficient of 0.76. Further, through Structural Equation Modeling it was found that the RES was a significant predictor of marital satisfaction, and marital satisfaction was significantly associated with depression and health problems. Both horizontal and vertical subscales were significant predictors of
depression and health problems with marital satisfaction as a mediating variable. The vertical subscale was directly related to depression and health problems. The difference in the degree of correlation between the two subscales of RES and RDAS probably indicates that scores on the horizontal subscale may be more predictive of relationship satisfaction. Further, the role of marital satisfaction as a mediating variable between RES and individual health concerns pointed to a need to better understand the relationship between relational ethics and satisfaction. While this study provides some empirical support for the concept of relational ethics and its impact on relationship satisfaction and individual health concerns, the findings cannot be generalized to couples. The study explored RES and RDAS scores among individuals, but failed to compare female and male partners, nor was there an indication whether the individuals were from the same couple. When couple-level variables such as relational satisfaction or relational ethics are assessed, it is vital to consider that member’s beliefs or perceptions of each other affects their own perceptions of the variables under study. Additionally, with nested data, ignoring the non-independence of the dyad biases interpretation of results (Maguire, 1999).

Summary

Among the studies reviewed above, two of them were about the development of the relational ethics scale, one of them on the cross-cultural validation of the concept of relational ethics and one on the relationship among relational ethics, marital satisfaction and individual health concerns. There appears to be validity of RES to assess relational ethics, as conceptualized by the contextual approach, and there is some support for its use
in predicting relationship satisfaction (Grames, 2005) and family adjustment (Hargrave, Jennings, & Anderson, 1991). According to the theory, relationship satisfaction among couples is influenced by the partners’ experience of relational ethics, both in their partner relationship as well as in their family-of-origin relationship. The hypothesis that relational ethics affects marital satisfaction has received some support in the general population (Grames, 2005). However, this study did not take into account potential differences in perceptions between the partners, either in relational ethics or relationship satisfaction. Examining differences in perceptions and its impact on relationship variables are especially important from a clinical standpoint. Moreover, while most of the studies reviewed above were conducted on the general population, only one part of the original study (Hargrave, Jennings, & Anderson, 1991) focused on a clinical population. These crucial gaps in knowledge are addressed in the current study. This study explores the impact of relational ethics on relationship satisfaction among couples in therapy by examining the hypotheses listed below.

Hypotheses of the Current Study

According to the contextual approach, symptoms occur when there is a perceived imbalance of fairness in relationships. It could be assumed then, according to the theory, that those seeking couples therapy: a) are not experiencing “just” entitlements; b) are experiencing untrustworthy relationships; c) are experiencing loyalty conflicts; and d) are part of the “revolving slate” of unfair legacies from their family-of-origin.
The current study aims to therefore test the following:

*Hypothesis 1.1:* There will be a significant and positive relationship between relational ethics and relationship satisfaction at baseline among couples who seek therapy.

*Hypothesis 1.2:* Relational ethics will explain variance, if any, in relationship satisfaction at baseline.

*Hypothesis 2.1:* There will be a change in relationship satisfaction over a period of time in therapy. Specifically, it is expected that there will be an increase in relationship satisfaction as reported by individuals and couples over the course of therapy.

*Hypothesis 2.2:* The rate of change in relationship satisfaction will be affected by relational ethics at baseline. Specifically it is hypothesized that individuals and couples reporting more problems in relational ethics will have a slower rate of progress in relationship satisfaction than those reporting fewer problems in relational ethics at baseline.

A detailed account of the methodology and data analysis strategy used to test the hypothesis follows in the next chapter. The following figure depicts the relationships among the variables under study.
Figure 2.1: Shows a conceptual model of the relationship between the variables under study
CHAPTER 3

METHODOLOGY

In this chapter, the procedures employed to collect data and the strategies used to analyze them will be discussed. In order to test the research hypotheses a time-series design was adopted and data were collected at six time points.

Site of Data Collection

Data were collected at The Ohio State University’s Couple and Family Therapy (CFT) clinic. The clinic serves students, faculty and staff of the University as well as the greater Columbus community. Each year on average, the clinic provides services to about 75 new clients, including individuals, couples, and families. All clients seen at the clinic are English-speaking. The clinic operates on a sliding fee scale system with fees ranging from $10-$65. A previous study conducted at the clinic revealed that a majority of the clients were Caucasian (68%) and reported an annual income less than $50,000 (Knerr et al, unpublished manuscript). Therapy is provided by doctoral students in the CFT program and all sessions are closely supervised by American Association of Marriage and Family Therapy (AAMFT) approved supervisors.
Selection of Sample

Approval from the Institutional Review Board (IRB) at The Ohio State University was obtained before data collection. For the purposes of this study, all couples seeking therapy at the CFT clinic were invited to participate by their therapists. A concession of $10 from their first session fee was offered as compensation for their participation in the study. The therapists explained the data collection procedures at the time of intake and ensured confidentiality. Couples were informed that their participation was entirely voluntary and that their decision in this matter would not affect the therapy process. The non-probability method of purposive sampling was used and couples were included if both partners agreed to take part in the study.

Data were collected over a period of 17 months from February, 2007 to July, 2008. Initially, participation was extended to both heterosexual and same-sex couples. However, at the end of data collection the sample consisted of only one same-sex couple and 40 heterosexual couples. In order to maintain homogeneity of the sample and due to the fact that no meaningful comparisons could be drawn using these two different sample sizes, data from only heterosexual couples were used for the study. Out of the 40 couples, one couple had not completed all the demographic information and most items on the instruments. They were therefore excluded from analysis. Thus, the final sample included 39 heterosexual couples. The recommended sample size for the proposed analysis strategy is 35 couples (Kenny, 2008).
Procedure of Data Collection

Data were gathered through self-report measures administered by the participant’s therapist at intake and after every session until the sixth session. Examination of prior records at the clinic showed that the average number of sessions attended by clients was six. Hence, in this study data were collected only up to six sessions to ensure maximum likelihood of complete sets of data. Clients are typically seen once a week in therapy sessions, unless arranged otherwise by the client and/or therapist. Data were collected when sessions were conducted. The following table presents an overview of the variables assessed and the schedule of administration of instruments.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Number of items</th>
<th>Intake</th>
<th>Session 2</th>
<th>Session 3</th>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relational Ethics Scale</td>
<td>24 X</td>
<td>X</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Revised-Dyadic Adjustment</td>
<td>14 X X X X X X X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Instruments of Data Collection

Data were collected using the following instruments:

**Relational Ethics Scale**

The Relational Ethics Scale (RES; Hargrave, Jennings, & Anderson, 1991) consists of 24 items rated on a five point Likert scale that measure constructs of trust and justice, loyalty, and entitlement in individuals’ relationship with their family of origin (vertical relationship) as well as with their partner (horizontal relationship). The instrument is divided into two subscales – vertical subscale and horizontal subscale- with 12 items each (see Appendix A). The vertical and horizontal subscales are further divided based on the constructs of trust and justice, loyalty, and entitlement. Some examples of the items are – “I could trust my family to seek my best interests” (vertical trust and justice); “Pleasing one of my parents often meant displeasing the other” (vertical loyalty); “I felt my life was dominated by my parents’ desires (vertical entitlement); “I do not trust this individual to look out for my best interests” (horizontal trust); “I try to meet the emotional needs of this person” (horizontal loyalty); and “When I feel hurt, I say or do hurtful things to this person” (horizontal entitlement).

Each person receives a total score for the scale and scores for both subscales. Higher scores on the overall scale as well as the subscales indicate better relational ethics. A reliability score of 0.86 has been reported (Hargrave & Bomba, 1993). In this sample, Cronbach’s alpha for the entire scale was 0.87.
Revised-Dyadic Adjustment Scale

The Revised Dyadic Adjustment Scale (RDAS; Busby, Chirstensen, Crane, & Larson, 1995) is a reliable and valid 14-item instrument that evaluates and differentiates dyadic adjustment in distressed and non-distressed relationships. The original Dyadic Adjustment Scale (DAS) is highly correlated with other measures that assess marital satisfaction, and has been used to measure satisfaction in longitudinal studies (Bradbury, Fincham, & Beach, 2000). The RDAS has three subscales (see Appendix B) – dyadic consensus (six items), dyadic satisfaction (four items) and dyadic cohesion (four items). Each item is measured on a five point Likert scale. To assess dyadic consensus, the respondents are asked to mark the degree of agreement or disagreement with their partners on several aspects of their relationship, such as “religious matters” and “career decisions”. In the dyadic satisfaction subscale, respondents are asked to rate the frequency on questions such as “Do you ever regret that you married (or lived together)?” And finally, in the dyadic cohesion subscale, respondents are asked to mark how often the partners engage in certain interactions such as “Work together on a project”.

The total scores are calculated and in general, low scores suggest greater relationship distress and high scores suggest lower distress. Crane, Middleton, and Bean (2000) suggest using a cut-off point of 48 on the total score to assess distress.
That is, if the total score is lower than 48, it denotes greater relationship distress and a score higher than 48 denotes lesser distress. This shorter version of the DAS has a high internal consistency score of 0.90. The reliability score for the entire scale in this sample was 0.86.

**Demographics**

This was an author-derived instrument that asked clients for information on parameters such as age, race, relationship status, length of the relationship, annual income, and educational background (see Appendix C).

**Data Analysis Procedures**

While analyzing relationship variables, specifically like the ones used in this study, researchers increasingly emphasize – a) using the dyad as the unit of analysis, and b) accounting for non-independence of data (Maguire, 1999). By focusing on the dyad as the unit of analysis, instead of the individual, it is possible to examine the relational nature of change within dyads and also to explore how the dynamic processes in relationships interact with each other and affect each of the partners (Lyons & Sayer, 2005). For instance, theoretically, relational ethics emerge in the context of relationships in the family of origin and in interactions with one’s partner. It would be a mistake to assume that one partner’s perception of fairness does not interact with the other partner’s perception of fairness in the relationship. The same could be said about relationship satisfaction. This is due to non-independence of data, in this instance, dyadic data.
Conceptually, dyadic non-independence is defined as “if the two scores from the two members of the dyad are non-independent, then these two scores are more similar to (or different from) one another than are two scores from two people who are not members of the same dyad” (Kenny, Kashy, & Cook, 2006, p. 4). Another source of non-independence of data arises when measurements are repeated over a period of time. In this study, relationship satisfaction as an outcome was measured over six time points. Again, it is incorrect to assume that the same outcome variable at different time points will be unrelated. Traditionally, statistical procedures evolved with the assumption that two sets of data are independent. However, in family research, we know that data are more likely to be non-independent. Ignoring non-independence of data can significantly bias interpretation of statistical analysis. Specifically, Kenny, Kashy, and Cook (2006) note that if the correlation between the members’ scores were positive, the variance of the observations would be smaller and if the correlation is negative, the variance would be larger than it should be.

In order to account for the above mentioned unique features of dyadic data, Multilevel Linear Modeling (MLM) using the Hierarchical Linear Modeling software (HLM 6; Raudenbush et al, 2004) was estimated. Specifically, the longitudinal matched-pairs model - described by Raudenbush, Brennan, and Barnett (1995) as a combination of a cross-sectional model for matched pairs and a longitudinal model for individual change - was used. This model is useful when there are repeated assessments of the outcome variable, and when trajectories of change for both partners are to be compared (Lyons & Sayer, 2005).
Multilevel Linear Modeling (MLM) for dyads is an extension of multiple regression, where the responses of members of the dyad are conceived as level 1 units nested within the dyad, or the level 2 unit. Here, data are considered nested because – a) individuals are nested within couples; and b) outcome variables are repeatedly measured over time. A major advantage of MLM over regression is that differences in trajectories of both partners can be assessed at the same time. In simple regression, separate equations are needed for male and female partners. If there is a difference in the intercept or slope, then the interpretation is that either there is a gender difference in outcomes or that there is an interaction between gender and the predictor variable. This is considered a suboptimal strategy when information is available on the relationships that exist between pairs of subjects (Barnett, Marshall, Raudenbush, & Brennan, 1993). A comparison of trajectories is not possible when they are estimated in separate models. MLM allows for each partner’s trajectory to be directly tested for significant differences at intercept (here, baseline or average scores), the slope (rate of change) or both, using a multivariate hypothesis test (Lyons & Sayer, 2005).

Lyons and Sayer (2005) list further advantages of using MLM as a strategy to analyze nested data:

a) It controls for the autocorrelation among repeated measures;

b) It adjusts the error variance for the interdependence of partner outcomes within the same dyad;
c) It allows for unbalanced designs where spacing of data collection maybe uneven;

d) It allows for missing responses under the assumption that data are missing at random. Thus, in longitudinal designs, data need not be discarded if they are incomplete.

In order to test whether there is a significant relationship between relational ethics and relational satisfaction at baseline (hypothesis 1.1), Pearson correlations were first used. To explore whether relational ethics explained variance in relational satisfaction at baseline (hypothesis 1.2), the following equation was used at level 1:

\[\text{Level 1: } Y = B_0 + B_1 \times (\text{Partner}) + R\]

Where, \(Y\) is the outcome variable, \(B_0\) is the between dyad intercept, \(B_1\) is the within dyad intercept and \(R\) is the within dyad residual or level 1 random effects.

The level 2 equation included the explanatory variables:

\[\text{Level 2: } B_0 = G_{00} + G_{01} \times (\text{Female RES}) + G_{02} \times (\text{Male RES}) + U_0\]
\[B_1 = G_{00} + G_{01} \times (\text{Female RES}) + G_{02} \times (\text{Male RES}) + U_1\]

Where \(G_{00}\) is the average intercept across dyads, \(G_{01}\) and \(G_{02}\) are the slopes of the dyad intercepts regressed on the predictor variable, and \(U_0\) and \(U_1\) are the unique effect of the dyad on the intercept, also known as measurement error.

In order to build the model at baseline, parallel scores of two subscales for each member of the dyad was created following the approach suggested by Barnett et al (1993). In this approach, items on RDAS were paired based on their standard deviation. First, the mean scores and standard deviation were estimated for each item. Then, items with similar standard deviations were matched. One item was randomly assigned to
subscale A and its paired item to subscale B. This resulted in two parallel subscales (A and B) for RDAS that were approximately equal in their reliability and variance. This procedure allows the HLM program to estimate the measurement error variance in the level 2 equations (Lyons & Sayer, 2005).

To explore change in the relationship satisfaction over time (hypothesis 2.1), and to determine whether RES was an explanatory variable (hypothesis 2.2), the following equations were used:

\[ \text{Level 1: } Y = B0 + B1 \times (\text{Partner}) + B2 \times (\text{Time}) + R \]

\[ \text{Level 2: } B0 = G00 + G01 \times (\text{Female RES}) + G02 \times (\text{Male RES}) + U0 \]
\[ B1 = G10 + G11 \times (\text{Female RES}) + G12 \times (\text{Male RES}) + U1 \]
\[ B2 = G20 + G21 \times (\text{Female RES}) + G22 \times (\text{Male RES}) + U2 \]

In further analysis, duration of the relationship was added as a control variable in the explanatory model at level 2. Post hoc analysis included testing the above models using the vertical and horizontal subscales of RES separately instead of the total score. Results of these analyses are presented in the next chapter.
CHAPTER 4

RESULTS

The aim of the study was to examine the impact of relational ethics on relationship satisfaction among couples in therapy. A time-series design was adopted and data were collected at intake and at the end of each session until six sessions of therapy. Multilevel Linear Modeling (MLM) was used as a strategy for analyzing data. In this chapter a description of the sample is presented followed by results of MLM according to the order in which the hypotheses were tested.

Sample Description

A total of 39 heterosexual couples comprised the final sample. The mean age of male partners was 32.9 (SD = 10.48) and 30.3 (SD = 7.6) for female partners. A paired samples t-test revealed a significant difference in their age (t = 2.49, P < 0.05). About half of the sample was married (49%), 25% were in a cohabiting relationship, 11% were currently separated, 4% were in a dating relationship and 3% were divorced. A small percentage of the sample reported being single (7%). These individuals, however, had sought couples therapy at the CFT clinic at the time of data collection. A preliminary analysis of the case records revealed that the most frequently cited reason for seeking therapy was “conflict”
and/or “communication issues” in the current relationship (67%), followed by “distrust” or “conflict and affair” (15%). Around 13% of the sample reported considering “break up” or “separation” as a reason for seeking therapy. The rest of the sample reported other reasons like “violence”, “stress”, and “child conflict”. It may be that couples who reported “single” as their relationship status were currently separated. The average length of the current relationship was eight years (SD = 6.0). Respondents were asked to identify their race/ethnicity from a list of options. Most of the sample identified as Caucasian (75%), followed by African American (9%) and Hispanic (3%). Around 13% of the sample reported “other” for their race/ethnicity, which did not include Asian or Native American identities. More than half of the sample reported having “some college” or lower education (54%), followed by a quarter reporting a bachelor’s degree, 13% with a Master’s degree and around 3% with a PhD, MD or JD. A chi-square test was conducted to compare whether female and male partners differed significantly on race/ethnicity and education. Results revealed no significant differences for race/ethnicity ($\chi^2 = 2.56, P > 0.05$) or for education ($\chi^2 = 6.13, P > 0.05$). Consistent with findings from earlier studies using the clinic data (Knerr et al, unpublished manuscript), a majority of the sample (77%) reported annual income less than $39,999. Around 5% of the sample reported an annual income of $100,000 or higher. The rest of the sample reported income of $40,000 - $89,999 per annum. The CFT clinic operates on a sliding fee scale system and clinicians are unable to get reimbursed from third party payers at this time. Hence the clinic typically attracts clientele from lower income groups or those who do not have insurance that covers therapy services.
Attrition

At intake, data from 39 couples were available. However, at the end of six sessions, the number dropped to 11 couples. Further exploration was conducted to ascertain whether this was due to a) clients’ refusal to participate in the study, b) failure of therapists to provide the after-session questionnaire, or c) clients dropping out of therapy. An examination of the current status from case records revealed a decrease in the number of couples at each subsequent session. Ten couples dropped out of therapy after session one, four couples after session two, eight after session three, and three each after sessions four and five. Thus, the sample size most likely reduced due to couples dropping out of therapy and not because of non-participation in the study or the therapists’ failure to administer the questionnaires.

Missing data

Data at intake revealed missing items in both Relational Ethics Scale (RES) and the Revised Dyadic Adjustment Scale (RDAS). Missing items were replaced using the serial means of each item under the assumption that items were missing at random. In SPSS, the “Replace Missing Values” function was selected and items from each subscale were entered separately. The program then replaced each missing item with the mean score of that item in the sample. For data collected over time on the RDAS, items were replaced with the mean score only if less than 30% of the items were missing. This restriction was placed to ensure that data were not replaced among those individuals who did not complete the questionnaires, that is, among those who dropped out, as against those who did not fill out a few items in the questionnaire.
Difference between completers and non-completers

In this study, completers were defined as those who filled out questionnaires until the sixth session. Non-completers were defined as those who did not complete all six sessions. Thus, out of the 39 couples at intake, 11 were considered completers. A chi-square test between the two groups revealed no significant differences in their race/ethnicity ($\chi^2 = 4.53, P > 0.05$), education levels ($\chi^2 = 4.83, P > 0.05$), income ($\chi^2 = 11.21, P > 0.05$), and relationship status ($\chi^2 = 4.68, P > 0.05$). An independent samples t-test revealed no significant difference in their age ($F = 0.45, P > 0.05$) and length of current relationship ($F = 1.08, P > 0.05$). Further, no significant differences between completers and non-completers were found in their scores on RES ($t = 0.57, P > 0.05$) and RDAS at intake ($t = 0.22, P > 0.05$). However, as shown in Table 4.1, there seems to be a consistent, if not significant, increase in mean relationship satisfaction scores for both male and female partners over time among couples that completed all six sessions.

Mean RES and RDAS scores

The mean scores on the RDAS at all time points for both male and female partners are also shown in Table 4.1. At baseline, the mean RDAS score for female partners was 36.25 (SD = 11.1) and 41.05 (SD = 8.1) for male partners. A paired samples t-test revealed a significant difference between male and female partners ($t = -3.21, P < 0.01$). The clinical cut-off score for RDAS is 48 (Crane, Middleton, & Bean, 2000). In this sample, both male and female partners’ scores reveal a high level of distress or conversely, a low level of satisfaction with female partners reporting less satisfaction.
than male partners at baseline. A significant difference in female and male partners’ scores on RES was also noted ($t = -3.48$, $P = 0.001$), with female partners reporting lower scores ($M = 78.42$, $SD = 15.2$) than male partners ($M = 86.16$, $SD = 10.5$). A lower score on RES denotes greater problems in the area of relational ethics. When further analysis was conducted using the vertical and horizontal subscales of RES, a significant difference was noted between female and male partners (vertical subscale – $t = -2.12$, $P < 0.05$; horizontal subscale – $t = -2.89$, $P < 0.05$). Thus, in this sample, female partners reported more problems in the dimension of trust, loyalty and entitlement, in both vertical and horizontal relationships than the male partners.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Completers and non-completers</th>
<th>Completers only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of couples</td>
<td>Female partner M (SD)</td>
</tr>
<tr>
<td>RDAS at intake</td>
<td>39 36.24 (11.07)</td>
<td>41.05</td>
</tr>
<tr>
<td>RDAS at session 2</td>
<td>29 39.09 (8.77)</td>
<td>40.72</td>
</tr>
<tr>
<td>RDAS at session 3</td>
<td>25 38.35 (7.49)</td>
<td>40.87</td>
</tr>
<tr>
<td>RDAS at session 4</td>
<td>17 42.02 (9.17)</td>
<td>40.89</td>
</tr>
<tr>
<td>RDAS at session 5</td>
<td>14 42.39 (10.26)</td>
<td>43.49</td>
</tr>
<tr>
<td>RDAS at session 6</td>
<td>11 44.31 (8.19)</td>
<td>45.81</td>
</tr>
</tbody>
</table>

Table 4.1 Mean RDAS scores across time points for female and male partners among completers and non-completers.
Correlations

Pearson correlations were estimated using SPSS to test hypothesis 1.1 which stated that- “There will be a significant and positive relationship between relational ethics and relationship satisfaction among couples who seek therapy.”

Table 4.2 shows the correlations between RDAS total scores, RES total and subscale scores for both female and male partners. Results show a high correlation (r = 0.69, \( P < 0.01 \)) between RES and RDAS in female partners and a moderate correlation (r = 0.32, \( P < 0.05 \)) in male partners. Both correlations were significant and positive, which supported hypothesis 1.1. Among female partners, RDAS was significantly correlated with both horizontal (r = 0.75, \( P < 0.01 \)) and vertical subscales (r = 0.53, \( P < 0.01 \)) of RES. The total score and both subscale scores among female partners were also significantly correlated with male partners’ RDAS score. The positive direction of the correlations means that relationship satisfaction among males and females was higher when females reported fewer problems in relational ethics in both their family of origin and their partner relationship. Among male partners, RDAS was highly correlated with only the horizontal subscale (r = 0.72, \( P < 0.01 \)) and not the vertical subscale. The RES score on the horizontal subscale for the male partners was moderately correlated with female partners’ RDAS (r = 0.39, \( P < 0.05 \)). That is, relationship satisfaction among male and female partners was lower when males reported greater problems in relational ethics in their current relationship. A negative correlation was noted between male partners’ vertical RES subscale score and RDAS for male and female partners. Even though the
value was not statistically significant, the negative association is contrary to the expected relationship.

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Female</th>
<th>Female</th>
<th>Female</th>
<th>Male</th>
<th>Male</th>
<th>Male RES</th>
<th>Male RES</th>
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<tbody>
<tr>
<td></td>
<td>RDAS</td>
<td>RES</td>
<td>RES</td>
<td>RES</td>
<td>RDAS</td>
<td>RES</td>
<td>Horizontal</td>
<td>RES</td>
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<td></td>
<td>Vertical</td>
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<td>Horizontal</td>
<td>Total</td>
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<td>Vertical</td>
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<td>Total</td>
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<tr>
<td>Female</td>
<td>-</td>
<td>.531**</td>
<td>.751**</td>
<td>.698**</td>
<td>.563**</td>
<td>-.032</td>
<td>.395*</td>
<td>.196</td>
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<td>RDAS</td>
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<tr>
<td>Female</td>
<td></td>
<td>.595**</td>
<td>.923**</td>
<td>.424**</td>
<td>.240</td>
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<td>.515**</td>
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<tr>
<td>Female</td>
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<td>.859**</td>
<td>.376*</td>
<td>.125</td>
<td>.302</td>
<td>.279</td>
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<td>RES</td>
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<tr>
<td>Female</td>
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<td>.451**</td>
<td>.213</td>
<td>.490**</td>
<td>.462**</td>
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<td>RES Total</td>
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<tr>
<td>Male</td>
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<td>-.104</td>
<td>.724**</td>
<td>.320*</td>
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<tr>
<td>RDAS</td>
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<td>Male RES</td>
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** P < 0.01; * P < 0.05

Table 4.2 shows correlations among Female and Male RDAS and RES total and subscale scores.
Results of Model Testing

In order to test the remaining hypotheses, Multi Level Linear Modeling (MLM) was conducted using the Hierarchical Linear Modeling 6 (HLM6) software. This strategy was employed to verify within and between dyad differences and to account for the non-independence of data.

Relationship Satisfaction at Baseline

Unconditional model

Initially, an unconditional model was estimated to determine whether there was variance in the baseline score of RDAS. The model was estimated using the following formula:

Level 1: \( Y = B_0 + R \)

Level 2: \( B_0 = G_{00} + U_0 \)

Where, \( Y \) is the outcome variable RDAS, \( B_0 \) is the within-dyad intercept, \( G_{00} \) is the average intercept across dyads, \( R \) is the residual effect, and \( U_0 \) is the level 2 residual.

The model estimates are listed in the first two columns in Table 4.3. The coefficient value of 16.32 is the average score of the couple in RDAS at baseline. In this model, parallel scores were created for the sake of analyzing variance. As discussed in the previous chapter, creating parallel scores helps to account for the error variance in the level 2 equation. The average score is lower here than the mean score because of splitting the RDAS total score into two parallel subscale scores.
A significant T-ratio indicates that the mean difference is greater than zero. A significant chi-square value shown in Table 4.4 indicates variance in the level of relationship satisfaction as reported by the sample. That is, all couples do not report the same level of relationship satisfaction at baseline.

Conditional model with partner

In order to determine whether partners accounted for some of this variance, the partner variable was added in the next model. This conditional model was estimated by the following equation:

Level 1: \[ Y = B_0 + B_1 \times (\text{Partner}) + R \]

Level 2: \[ B_0 = G_{00} + U_0 \]
\[ B_1 = G_{10} + U_1 \]

Where, \( B_1 \) is the slope of the predictor variable, \( G_{10} \) is the slope of the dyad intercepts on the predictor variable.

The last two columns of Table 4.3 show the estimates for this model. A significant T-ratio for the partner intercept was noted, which means that the difference in slopes (male and female partners’ scores) is greater than zero. This is further illustrated in Figure 4.1. The figure shows the slopes of ten couples at baseline. A significant chi-square value for the partner slope (see Table 4.4) indicates that the partner explains some of the variance in relationship satisfaction at baseline. This was also shown in the mean differences examined earlier in Table 4.1. In the data set, males were coded as -1 and females were coded as 1. The negative direction of the significance indicates that male partners on average had higher scores on the RDAS than the female partners. The co-
The efficient value of -0.82 for the partner slope indicates that on average, male partners scored almost one point higher than female partners in the RDAS scale.

<table>
<thead>
<tr>
<th></th>
<th>Unconditional model</th>
<th>Conditional model with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Co-efficient (S.E.)</td>
<td>T-ratio</td>
</tr>
<tr>
<td>Intercept 1</td>
<td>16.32 (0.59)</td>
<td>27.74***</td>
</tr>
<tr>
<td>Partner slope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated parameters</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Deviance statistics</td>
<td>873.38</td>
<td></td>
</tr>
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</table>

Table 4.3 Fixed effects for unconditional model and conditional model 1
<table>
<thead>
<tr>
<th></th>
<th>Unconditional model</th>
<th>Conditional model with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variance Component</td>
<td>$\chi^2$ (df)</td>
</tr>
<tr>
<td>Intercept</td>
<td>11.17</td>
<td>196.19*** (38)</td>
</tr>
<tr>
<td>Partner</td>
<td>----</td>
<td>1.54</td>
</tr>
<tr>
<td>Slope</td>
<td></td>
<td>(35)</td>
</tr>
<tr>
<td>Level – 1 residual</td>
<td>10.73</td>
<td>7.59</td>
</tr>
</tbody>
</table>
Figure 4.1: Scores of ten couples on RDAS by partner
Using the variance component values in Table 4.4, the percentage of variance explained by the conditional model can be calculated. The formula is (Roberts & Monaco, 2006):

\[
\text{Percentage variance} = \frac{\text{Variance in model 1} - \text{Variance in model 2}}{\text{Variance in model 1}} \times 100
\]

Using the above formula, the variance explained by conditional model 1 with partner was 29%. Thus, the partner accounted for about a third of the variance in relationship satisfaction scores at baseline.

At this point the Intra-Class Correlation (ICC) was also calculated. The ICC value helps decide whether a multilevel model needs to be employed in further analysis by measuring the exact agreement in responding (Kenny, Kashy, & Cook, 2006). If the correlation is high, then it means that the outcome variable under study is nonindependent at the couple level. In this study a high correlation would mean that relationship satisfaction in the female partner influences the level of relationship satisfaction in the male partner and vice versa. If such a relationship does not exist, then we could conclude that the data are independent and therefore not require multilevel modeling. The ICC in HLM is calculated using the following formula (Kenny, Kashy, & Cook, 2006).

\[
\text{Intra Class Correlation} = \frac{\text{Dyad variance}}{\text{Residual variance} + \text{Dyad variance}}
\]
Using the variance component values in Table 4.4, an ICC of 0.51 was obtained. This indicates a high degree of correlation between the male and female partners of the dyad. Thus, data here can be considered non-independent and further multilevel modeling strategies can be employed. It should be noted here that the partner variable explained some of the variance in baseline relationship satisfaction. Therefore, it appears that even though relationship satisfaction is a nonindependent variable, male and female partners on average have significantly different scores, reflecting the individuality of the partners.

**Conditional model with relational ethics**

The next step was to examine explanatory variables for the variance in relationship satisfaction at baseline. Hypothesis 1.2 which stated that “*relational ethics will explain variance in relationship satisfaction at baseline*” was examined in conditional model 2 using the following equations:

Level 1: \( Y = B_0 + B_1 \times (\text{Partner}) + R \)

Level 2: \( B_0 = G_{00} + G_{01} \times (\text{Female RES}) + G_{02} \times (\text{Male RES}) + U_0 \)

\[ B_1 = G_{00} + G_{01} \times (\text{Female RES}) + G_{02} \times (\text{Male RES}) + U_1 \]
<table>
<thead>
<tr>
<th></th>
<th>Conditional model 2</th>
<th></th>
<th>Conditional model 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Co-efficient (S.E.)</td>
<td>T-ratio</td>
<td>Co-efficient (S.E.)</td>
<td>T-ratio</td>
</tr>
<tr>
<td>Intercept 1</td>
<td>16.32 (0.44)</td>
<td>37.55***</td>
<td>16.34 (0.42)</td>
<td>39.15***</td>
</tr>
<tr>
<td>Female RES</td>
<td>0.17 (0.03)</td>
<td>4.45***</td>
<td>0.18 (0.03)</td>
<td>5.88***</td>
</tr>
<tr>
<td>Male RES</td>
<td>-0.02 (0.05)</td>
<td>-0.38</td>
<td>-0.02 (0.05)</td>
<td>-0.46</td>
</tr>
<tr>
<td>Relationship duration</td>
<td>-0.17 (0.08)</td>
<td></td>
<td>-2.16* (0.08)</td>
<td></td>
</tr>
<tr>
<td>Partner slope</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 2</td>
<td>-0.94 (0.26)</td>
<td>-3.61**</td>
<td>-0.91 (0.26)</td>
<td>-3.45**</td>
</tr>
<tr>
<td>Female RES</td>
<td>0.07 (0.02)</td>
<td>3.14**</td>
<td>0.06 (0.02)</td>
<td>3.25**</td>
</tr>
<tr>
<td>Male RES</td>
<td>-0.06 (0.03)</td>
<td>-1.88</td>
<td>-0.05 (0.03)</td>
<td>-1.90</td>
</tr>
<tr>
<td>Relationship Duration</td>
<td>0.05 (0.04)</td>
<td></td>
<td>1.03 (0.04)</td>
<td></td>
</tr>
<tr>
<td>Estimated parameters</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Deviance statistics</td>
<td>844.71</td>
<td></td>
<td>826.62</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.5 Fixed effects for Conditional models 2 and 3
As shown in the first column of Table 4.5, coefficient value of 16.32 is the average score on RDAS of the couple at intake. The T-ratio denotes a mean difference greater than zero in the scores across couples. A significant T-ratio for female RES score and significant chi-square value (shown in the second column of Table 4.6) denotes that female RES scores explained some of the variance in the couple relationship satisfaction at intake. The coefficient value for female RES indicates that for every one point increase in the RES score for females, there is a 0.17 point increase in couple relationship satisfaction. The intercept for the partner slope was also significant, which means that there was a difference in the report of relationship satisfaction between male and female

<table>
<thead>
<tr>
<th></th>
<th>Conditional model 2 With RES</th>
<th>Conditional model 3 with RES and duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance Component</td>
<td>( \chi^2 (df) )</td>
<td>Variance Component ( \chi^2 (df) )</td>
</tr>
<tr>
<td>Intercept</td>
<td>6.25</td>
<td>5.54</td>
</tr>
<tr>
<td></td>
<td>(36)</td>
<td>(34)</td>
</tr>
<tr>
<td>Partner Slope</td>
<td>1.04</td>
<td>0.49</td>
</tr>
<tr>
<td></td>
<td>(36)</td>
<td>(34)</td>
</tr>
<tr>
<td>Level – 1 residual</td>
<td>7.37</td>
<td>7.40</td>
</tr>
</tbody>
</table>

Table 4.6 Random effects of conditional models 2 and 3
partners. A negative value ($t = -3.61, P<0.01$) shows that males reported greater relationship satisfaction than female partners at baseline. This variance in partner slope was again explained by the female partners’ score on RES. This is illustrated in figure 4.2. As shown in the figure, there is a greater difference in the male and female partner’s levels of satisfaction when females report lower scores on RES. For both male and female partners, however, the relationship satisfaction level was lower when females reported lower scores on RES.
The deviance statistic for conditional model with RES (model 3) was more than the statistic for conditional model 2, but the chi-square value reduced in the third model. The reduction in the chi-square indicates that some of the variance in RDAS was explained by this model. The variance components of the two models (model 2 and model 3) were used to calculate the percentage variance. In model 3, results showed that the partner variable explained around 3% of the 29% of variability in relationship satisfaction.

Figure 4.2: Difference in partner slopes for RDAS at baseline
Figure 4.3: RDAS scores at baseline in female and male partners by relationship duration and Female RES scores
Conditional model with duration of relationship

In the next conditional model, relationship duration was introduced as another predictor variable in level 2. This was included because there is some evidence that the length of the relationship affects relationship quality (Kurdek, 1999). The third conditional model therefore was tested using the following equations:

Level 1:

\[ Y = B_0 + B_1 \times (Partner) + R \]

Level 2:

\[
\begin{align*}
B_0 &= G_{00} + G_{01} \times (Female\ RES) + G_{02} \times (Male\ RES) + G_{03} \times (Length) + U_0 \\
B_1 &= G_{00} + G_{01} \times (Female\ RES) + G_{02} \times (Male\ RES) + G_{03} \times (Length) U_1
\end{align*}
\]

Where, length refers to the duration of the couple relationship.

Table 4.5 shows the estimates of conditional model 3. When length of the relationship was added to the equation, it explained some of the variance in the intercept. It did not, however, significantly explain variance in the partner slope. A negative and significant t statistic (t = -2.16, P < 0.05) means that the longer the duration of the relationship, the lower the level of satisfaction at baseline. The female partners’ score on RES remained a significant predictor of variance in relationship satisfaction at baseline across all couples as well as the partner slope. Figure 4.3 shows the levels of relationship satisfaction between male and female partners by female RES scores and length of relationship. When relationship duration is shorter and females report higher relational ethics, both male and female partners report higher satisfaction levels. In couples where relationship duration is longer, relationship satisfaction is higher for both male and
female partners when female partners report higher relational ethics. The deviance statistic decreased for model 4 compared to model 3, indicating a better fit. However, the variance explained by the model remained the same at around 3% of the 29% explained by the first conditional model.

Relationship Satisfaction over Time

The nature of change in relationship satisfaction among couples and the impact of baseline relational ethics on this change were studied next.

**Unconditional model**

This unconditional model was estimated to test variance in relationship satisfaction across couples at baseline. The estimates of this model were then used as baseline measures to compare the estimates of the subsequent models. This was tested using the following formula:

Level-1: \( Y = B0 + R \)

Level-2: \( B0 = G00 + U0 \)

Table 4.7 shows the random effects and Table 4.8 shows the fixed effects for this model. The coefficient value for the intercept here is greater than the value denoted in earlier models because the total RDAS scores were used instead of the parallel scores. A significant T-ratio indicates that the mean difference at intercept is greater than zero. A significant chi-square denotes variance in the average relationship satisfaction levels across couples.
Conditional model with partner and time

The next step was to add the partner and time variables to determine whether they explained the variance noted in the above unconditional model. In this model, hypothesis 2.1 was tested which stated that “There will be a change in relationship satisfaction over a period of time in therapy. Specifically, it is expected that there will be an increase in relationship satisfaction as reported by individuals and couples at the end of six sessions when compared to intake.”

Initially, the time variable for each partner was entered separately. The formula used was:

Level-1: \[ Y = B1 \times (\text{Male}) + B2 \times (\text{Female}) + B3 \times (\text{MTime}) + B4 \times (\text{FTime}) + R \]

Level-2: \[ B1 = G10 + U1 \]
\[ B2 = G20 + U2 \]
\[ B3 = G30 + U2 \]
\[ B4 = G40 + U2 \]

When the model was estimated, the TAU correlation between “FTime” and “MTime” or the female slope and the male slope was very high (TAU = 0.92). This indicated that the way female partners and male partners changed over time were similar. Thus, it was decided to use one slope for time instead of two. The TAU correlation for male and female partner variables was 0.66 showing a moderate correlation between partners. While this indicates that a one intercept could be adequate, in order to address differences in males and females (which was shown by the models discussed under
hypothesis 1.2), a partner differential variable was used. This model is called the one intercept one slope model with partner differential.

The following formula was used:

\[
\text{Level-1: } Y = B0 + B1*(\text{PARTNER}) + B2*(\text{TIME}) + R
\]

\[
\text{Level-2: } B0 = G00 + U0 \\
B1 = G10 + U1 \\
B2 = G20 + U2
\]

The fixed effects estimates are presented in Table 4.7 and the random effects are shown in Table 4.8. The co-efficient value of -1.26 for the partner slope indicates the average difference between the partners. A significant difference between the partners was noted in relationship satisfaction at all time points. A negative sign indicates that male partners on average reported greater levels of relationship satisfaction than the female partners. A significant difference was also noted in couples’ relationship satisfaction levels over time (t = 3.19, \( P < 0.01 \)). The positive sign of the value shows that relationship satisfaction increased over time across couples, which confirms hypothesis 2.1. A significant variance was noted within couples (\( \chi^2 = 172.67, P < 0.000 \)) and between the couples over time (\( \chi^2 = 87.07, P < 0.000 \)). This is highlighted in Figure 4.4 which shows change in RDAS scores over time for ten couples. Figure 4.5 shows the RDAS scores by the partner variable. The conditional model 1 with partner and time explained 59% of the variance. The decrease in the deviance statistic in this model points toward a better fit.
<table>
<thead>
<tr>
<th></th>
<th>Unconditional model</th>
<th>Conditional model 1 (with partner and time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Co-efficient (S.E.)</td>
<td>Co-efficient (S.E.)</td>
</tr>
<tr>
<td>For intercept 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 2</td>
<td>40.01 (1.39)</td>
<td>38.82 (1.37)</td>
</tr>
<tr>
<td>For Partner slope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 2</td>
<td>-1.26 (0.61)</td>
<td>-2.08*</td>
</tr>
<tr>
<td>For Time Slope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 2</td>
<td>0.96 (0.30)</td>
<td>3.19**</td>
</tr>
<tr>
<td>Estimated parameters</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Deviance statistics</td>
<td>1709.00</td>
<td>1604.55</td>
</tr>
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Table 4.7: Fixed effects estimates for the unconditional model and conditional model with partner and time
<table>
<thead>
<tr>
<th>Model</th>
<th>Unconditional</th>
<th>Conditional model 1 (with partner and time)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variance Component</td>
<td>$\chi^2$ (df)</td>
</tr>
<tr>
<td>Intercept 1</td>
<td>69.81</td>
<td>629.76*** (37)</td>
</tr>
<tr>
<td>Partner Slope</td>
<td>----</td>
<td></td>
</tr>
<tr>
<td>Time Slope</td>
<td>1.80</td>
<td>87.07*** (28)</td>
</tr>
<tr>
<td>Level – 1 residual</td>
<td>25.81</td>
<td>10.46</td>
</tr>
</tbody>
</table>

Table 4.8: Random effects estimates for the unconditional model and conditional model with partner and time
Figure 4.4: Variance in 10 couples’ change in relationship satisfaction over time
Figure 4.5: Variance in partners’ score in relationship satisfaction over time
Conditional model with relationship duration

This model was estimated as a preliminary step toward explaining some of the variance noted at baseline and over time. The following equations were used:

Level-1: \( Y = B_0 + B_1 \times (\text{PARTNER}) + B_2 \times (\text{TIME}) + R \)

Level-2: \( B_0 = G_{00} + G_{01} \times (\text{LENGTH}) + U_0 \)

\( B_1 = G_{10} + G_{11} \times (\text{LENGTH}) + U_1 \)

\( B_2 = G_{20} + G_{21} \times (\text{LENGTH}) + U_2 \)

The model estimates are provided in Tables 4.9 and 4.10. The first two columns in Table 4.9 show the fixed effects for this model. The co-efficient value of 38.82 is average score of RDAS for the couples. A negative co-efficient value (-0.24) for relationship duration indicates that as duration increased, relationship satisfaction decreased. However, relationship duration was not a significant predictor of variance in the average satisfaction scores between (intercept 1) or within couples (partner slope). Relationship duration emerged as a predictor of change in relationship satisfaction over time (\( t = -5.87, P < 0.000 \)). The negative T-ratio means that the longer the duration of the relationship, the less the change in relationship satisfaction over time in therapy. This relationship is further highlighted in Figure 4.6.
A slight decrease in the deviance statistic denotes a better fit for model 2 (see Table 4.10). The level -1 residual, however increased slightly indicating a negative value for the percentage of variance explained. Roberts and Monaco (2006) state that a negative value in the variance does not necessarily mean that the fit is worse. This could occur when a variable is used that has almost no variation at one of the levels. For instance, when a group-level predictor is added, we would expect variance only between-groups and not within-groups (Roberts & Monaco, 2006). In this model, relationship duration is a between-group variable since the value would be the same for both partners of the couple. Thus, the increase in the residual may be due to addition of a between-group variable and not an indication of the fit of the model.
<table>
<thead>
<tr>
<th>Model</th>
<th>Co-efficient</th>
<th>T-ratio</th>
<th>Co-efficient</th>
<th>T-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(S.E.)</td>
<td></td>
<td>(S.E.)</td>
<td></td>
</tr>
<tr>
<td>For intercept 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercept 2</td>
<td>38.82 (1.35)</td>
<td>28.82***</td>
<td>38.82 (0.97)</td>
<td>40.02***</td>
</tr>
<tr>
<td>Duration</td>
<td>-0.24 (0.18)</td>
<td>-1.32</td>
<td>-0.37 (0.18)</td>
<td>-2.05*</td>
</tr>
<tr>
<td>FRES</td>
<td>0.39 (0.08)</td>
<td>5.16***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRES</td>
<td>-0.02 (0.13)</td>
<td>-0.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slope</td>
<td>-1.26 (0.57)</td>
<td>-2.22*</td>
<td>-1.26 (0.61)</td>
<td>-2.08*</td>
</tr>
<tr>
<td>Duration</td>
<td>0.20 (0.10)</td>
<td>1.84</td>
<td>0.14 (0.08)</td>
<td>1.79</td>
</tr>
<tr>
<td>FRES</td>
<td>0.14 (0.04)</td>
<td>3.45**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRES</td>
<td>-0.14 (0.05)</td>
<td>-2.65*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>For Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slope</td>
<td>0.97 (0.25)</td>
<td>3.91**</td>
<td>0.94 (0.22)</td>
<td>4.22**</td>
</tr>
<tr>
<td>Duration</td>
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<td>-5.87***</td>
<td>-0.13 (0.03)</td>
<td>-4.05***</td>
</tr>
<tr>
<td>FRES</td>
<td>-0.02 (0.01)</td>
<td>-1.34</td>
<td>-0.02 (0.01)</td>
<td>-1.34</td>
</tr>
<tr>
<td>MRES</td>
<td>-0.03 (0.03)</td>
<td>-0.95</td>
<td>-0.03 (0.03)</td>
<td>-0.95</td>
</tr>
<tr>
<td>Estimated  parameters</td>
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<td>7</td>
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<tr>
<td>Deviance statistics</td>
<td>1601.43</td>
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<td>1604.55</td>
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Table 4.9: Fixed effects estimates for conditional model 1 and conditional model 2
<table>
<thead>
<tr>
<th>Model</th>
<th>Conditional model 2</th>
<th></th>
<th>Conditional model 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Variance</td>
<td>$\chi^2$</td>
<td>Variance</td>
<td>$\chi^2$</td>
</tr>
<tr>
<td></td>
<td>Component</td>
<td>(df)</td>
<td>Component</td>
<td>(df)</td>
</tr>
<tr>
<td>Intercept 1</td>
<td>68.84</td>
<td>407.81***</td>
<td>36.18</td>
<td>240.63***</td>
</tr>
<tr>
<td>Partner Slope</td>
<td>10.80</td>
<td>156.23***</td>
<td>7.29</td>
<td>127.89***</td>
</tr>
<tr>
<td>Time Slope</td>
<td>0.99</td>
<td>64.02***</td>
<td>0.97</td>
<td>58.14***</td>
</tr>
<tr>
<td>Level – 1 residual</td>
<td>10.64</td>
<td></td>
<td>10.53</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.10: Random effects estimates for conditional model 1 and conditional model 2
Figure 4.6: Impact of relationship duration on change in relationship satisfaction over time

Conditional model with duration and relational ethics

The final step in model testing was to add relational ethics in male and female partners as explanatory variables in the level 2 equation. This was used to test hypothesis 2.2 which stated that “The rate of change in relationship satisfaction will be affected by relational ethics at baseline.”
Specifically, it is hypothesized that individuals and couples reporting more problems in relational ethics will have a slower rate of progress in relationship satisfaction than those reporting fewer problems in relational ethics at baseline.”

The following equations were used:

Level-1:

\[ Y = B_0 + B_1 \times (\text{PARTNER}) + B_2 \times (\text{TIME}) + R \]

Level-2:

\[ B_0 = G_{00} + G_{01} \times (\text{FRESTOT}) + G_{02} \times (\text{LENGTH}) + G_{03} \times (\text{MRESTOT}) + U_0 \]

\[ B_1 = G_{10} + G_{11} \times (\text{FRESTOT}) + G_{12} \times (\text{LENGTH}) + G_{13} \times (\text{MRESTOT}) + U_1 \]

\[ B_2 = G_{20} + G_{21} \times (\text{FRESTOT}) + G_{22} \times (\text{LENGTH}) + G_{23} \times (\text{MRESTOT}) + U_2 \]

The fixed effect and random effects are presented in Tables 4.9 and 4.10 respectively. Columns three and four in Table 4.9 provide the co-efficient values for duration of relationship (t = -2.05, \( P < 0.05 \)) which again emerged as a predictor of the variance in relationship satisfaction across couples. Specifically, when relationship duration is longer, couples reported lower relationship satisfaction at baseline. Female partners’ score on RES also was as a significant predictor of variance in relationship satisfaction at baseline (t = 5.16, \( P < 0.05 \)). The results showed that when female partners reported higher relational ethics, the average relationship satisfaction score for the couple at baseline was higher.

Figure 4.7 shows the average relationship satisfaction scores for male and female partners by relationship duration and female RES scores. Here, again, shorter relationship duration and higher relational ethics in females indicated higher relationship satisfaction
levels among both male and female partners. Among couples with longer relationship duration, higher scores in female partners’ RES predicted higher satisfaction levels than lower scores.

Some of the variance in the intercept of the partner slope, that is, variance in the relationship satisfaction scores between male and female partners at all time points was also explained by male and female partners’ perception of relational ethics. A significant T-ratio indicates that when female partners reported higher relational ethics, the difference between male and female partner scores was less. This is highlighted in figure 4.8. Here, it is clear that both female and male partners reported greater relationship satisfaction when female partners rated relational ethics higher. The difference in relationship satisfaction between female and male partner appears lesser when females reported higher scores on relational ethics.

Results also showed that male partners’ relational ethics explained some of the variance in the partner slope. The T-ratio in Table 4.9 indicates that the difference between male and female partners’ relationship satisfaction scores was higher when relational ethics in male partners was higher. Figure 4.9 illustrates this relationship. This difference is quite significant, as suggested by the graph. When male partners reported lower relational ethics, their relationship satisfaction was lower but the difference between their satisfaction scores and the female partners’ satisfaction scores was not as steep. Female partners reported greater relationship satisfaction when males reported lower relational ethics.
Variance in the intercept for the time slope was again noted. This indicated a
difference in the way couples changed over time. In this model, again, duration of the
relationship was predictive of the rate of the change in relationship satisfaction among
couples. Specifically, couples with longer relationship duration changed at a slower rate
than couples with lesser duration. Hypothesis 2.2 was not supported since relational
ethics did not emerge as a significant predictor of variance in change over time.
Figure 4.7: Average RDAS scores in female and male partners by relationship duration and Female RES scores
Figure 4.8: Impact of female partners’ score on RES on average RDAS scores for both partners
Figure 4.9: Impact of male partners’ score on RES on RDAS scores for both partners
Further Analysis

Further models were tested using the horizontal and vertical subscales of the RES scale. The correlations presented in Table 4.2 shows that the subscales were correlated differently with the RDAS scores. While horizontal subscales were significantly and highly correlated with relationship satisfaction for both male and female partners, the vertical subscale was correlated only for female partners. Thus, in order to further understand the impact of the subscales on the variance in relationship satisfaction, they were entered separately in both the baseline and over time models.

Relationship satisfaction at baseline with horizontal subscale

The horizontal subscales for female and male partners substituted the total RES scores in the full model with relational ethics and relationship duration. Results showed that along with female partners’ score on the horizontal subscale and relationship duration, male partners’ score on the horizontal subscale also accounted for the variance in baseline scores across couples (t = 4.75, P = 0.000) as well as within couples (t = -2.99, P < 0.01). This is illustrated in Figure 4.10. Both male and female partners reported lesser satisfaction when males had lower scores on horizontal RES (HRES). However, the difference between their scores was greater when males had higher scores on HRES with male partners reporting much higher satisfaction levels.
Figure 4.10: Impact of male partners’ score on HRES on RDAS scores for both partners at baseline

Relationship satisfaction at baseline with vertical subscale

In the next model, the horizontal subscale scores were substituted with vertical subscale scores in the full model. Results showed that only vertical RES (VRES) scores among female partners accounted for some of the variance at baseline ($t = 5.81, P = 0.000$). This indicated higher relationship satisfaction scores among female partners with
higher VRES scores. Female VRES scores approached significant levels in explaining the intercept for partner slope ($P = 0.08$), but neither male partners’ scores on VRES or relationship duration significantly explained variance. Thus, none of these variables explained variance in partners’ scores on relationship satisfaction.

**Relationship satisfaction over time with horizontal subscales**

Here again, the total RES scores were substituted with HRES subscale scores separately for male and female partners. Results for the full model with HRES showed that male partners’ scores on HRES significantly explained some of the variance in the average relationship satisfaction scores across couples ($t = 4.91, P = 0.000$). Higher HRES among male partners was predictive of higher relationship satisfaction in the couple. There was no further change in the other explanatory variables in the model when compared with the full model with total RES scores and the percentage of variance explained by this model did not change.

**Relationship satisfaction over time with vertical subscales**

Upon entering the VRES subscales for female and male partners as explanatory variables in the full model, there were a few changes in the results. Relationship duration was no longer a significant predictor of variance in relationship satisfaction across couples ($t = -1.49, P > 0.05$). However, in the intercept for partner slope, relationship duration emerged as a significant predictor ($t = 2.35, P < 0.05$), indicating that the longer the relationship, the lesser the difference in male and female partners’ average relationship satisfaction scores.
Male partners’ VRES did not emerge as a significant predictor ($t = -1.14, P > 0.05$) of the partner slope in this model which was different from the results obtained with the explanatory model with the full RES scale. The female partners’ VRES score was predictive of the variance in the average relationship satisfaction across couples, which was similar to the model with the full RES scale, but did not significantly predict variance in partner slope ($P = 0.51$). Similar to the full model with total RES scores, only relationship duration emerged as the significant predictor of variance in change over time.

Summary

The results described in the chapter can be summarized as follows:

1. Relational ethics and relationship satisfaction were highly and positively correlated for both male and female partners at intake. Thus, hypothesis 1.1 was supported.

2. There was variance in baseline relationship satisfaction scores both within and between couples. Relationship duration and relational ethics scores in female partners explained some of the variance in satisfaction level between couples. Specifically, shorter relationship duration and higher relational ethics in female partners predicted higher relationship satisfaction levels in the couple. Higher scores on horizontal subscales of the RES in both partners also predicted higher levels of relationship satisfaction in couples.

3. The variance between partners or the difference in relationship scores between male and female partners was predicted by total score on RES in female partners and the horizontal subscale in male and female partners. Specifically, higher scores on relational
ethics in females predicted lesser partner difference in relationship satisfaction at baseline. However, higher scores in male horizontal RES indicated greater difference between female and male partners. These results provide support for hypothesis 1.2

4. There was a change in relationship satisfaction over time among couples. Generally, couple satisfaction scores increased over time, which supported hypothesis 2.1. The rate of change was explained by only relationship duration, specifically, longer duration predicted slower change in relationship satisfaction among couples over time. Relational ethics did not emerge as a predictor variable for change over time, thus, hypothesis 2.2 was not supported.

5. There was variance in the average relationship satisfaction between couples and within couples across all time points. Variance between couples was predicted by relationship duration, total RES and horizontal subscale scores in female partner, and only horizontal subscale scores in male partner. Again, shorter relationship duration and higher scores on total RES predicted higher satisfaction levels in couples. A significant partner differential was noted within-couples which was predicted by female and male RES scores. Higher relational ethics in female partners predicted less difference between the partners’ relationship satisfaction while interestingly, higher relational ethics for males predicted a greater difference in partners’ relationship satisfaction with female partners reporting much lower satisfaction levels.
Relational ethics is one of the four dimensions in the contextual approach to therapy. It includes aspects of trust, loyalty, entitlement and the overarching concern of the approach with fairness and balance in relationships. Though its concepts have been widely endorsed (Goldenthal, 1996), very little research exists on its influence on relationship variables. The aim of this study was to explore the impact of relational ethics on relationship satisfaction among couples in therapy. This study is a step towards bridging the gap in empirical knowledge on relational ethics and building a platform for further research in this area. The results of the study are discussed here with an emphasis on clinical and research implications.

Impact of Relational Ethics on Relationship Satisfaction

Relationship satisfaction at intake

On average, couples reported a low level of relationship satisfaction at baseline. Levels of satisfaction were positively correlated with relational ethics in both female and male partners. Specifically, greater problems in the dimension of relational ethics were associated with lower satisfaction levels.
Greater problems in relational ethics are an indication of perception of unfairness or imbalance in the relationship (Boszormenyi-Nagy & Krasner, 1986). Among female partners, perception of unfairness in both family-of-origin and the current relationship was associated with lower levels of satisfaction in their current relationship. However, among male partners, this association was significant only with perception of unfairness in the current relationship. While the relationship between these two variables has been established in earlier studies (Grames, 2005; Hargrave, Jennings, & Anderson, 1991), this study provides evidence for gender differences in the association between perception of fairness in vertical and horizontal relationships and relationship satisfaction. This prompted further analysis separately with the subscales which will be discussed in a later section.

Gender difference was also noted in the initial levels of relationship satisfaction. Specifically, female partners reported lower satisfaction levels when compared with male partners, which confirms findings from earlier studies. There is some evidence suggesting that this difference may be due to relationship awareness (Acitelli, 1992), social comparison (Buunk & VanYperen, 1989) and the perception of fairness in division of labor (Witt & Nye, 1992). In this study, female partners in general reported greater problems in relational ethics compared to male partners. Further MLM analysis showed that relational ethics in female partners was a significant predictor of variance in relationship satisfaction between and within couples. Thus, perception of unfairness in female partners predicted lower relationship satisfaction in the couple as well as among
the female partners themselves. This supports the assumption in the contextual approach that relational ethics is an important dimension in relational function.

Boszormenyi-Nagy and Krasner (1986) note that problems in the dimension of relational ethics are the ubiquitous reason for dysfunction in family and partner relationships. It appears that perception of unfairness in female partners was associated with initial couple satisfaction levels in this sample.

**Relationship satisfaction over time**

Analysis of data over time showed that the average relationship satisfaction for the couple was again predicted by the female partners’ perception of relational ethics. However, an interesting difference was noted in the variance within couples. While relationship satisfaction was lower for both partners when female partners perceived unfairness, it was much lower for female partners when *male partners perceived fairness* in their relationship. This finding assumes importance especially because this cross-partner effect of ethics was not seen in satisfaction levels at baseline. So, could it be that the process of therapy had a differential impact on female and male partners’ perception of satisfaction? While analysis revealed that both partners changed the same way, there clearly was some difference in the intercept of partner slopes over time. Not only was there great difference in scores, there also seemed to be *disagreement* in male and female partners’ report of satisfaction over sessions when male partners perceived greater fairness.
The contextual theory identifies a number of factors that determine individuals’ experiences of and beliefs about fairness. These factors are categorized under four interrelated dimensions of the contextual approach, namely, facts, individual psychology, transactions and relational ethics. Further investigation would be warranted to determine which of these factors are associated with gender differences in perception of relational ethics and its impact on satisfaction in therapy. For instance, are there some experiences exclusive to one gender that impact perception of fairness? One would imagine that with the changing roles of men and women in relationships, the meaning of “fairness” would also change. Hargrave, Jennings, and Anderson (1991) while discussing the construction of the Relational Ethics Scale (RES) noted that gender identity and gender role are particularly important constructs in determining fairness in relationships. Thus, it may be important to understand what male and female partners mean by “fairness” and what constitutes relationship satisfaction.

In this study, relationship satisfaction generally increased in couples over six sessions. While there was some variance in how couples changed, relational ethics did not emerge as a significant predictor of this variance. This finding was contrary to the research hypothesis that lower relational ethics would predict a slower rate of relationship satisfaction change among couples. The hypothesis was based on the theoretical assumption that a perception of unfairness in the relationship would indicate more distress, which in turn would not change to a great extent in a brief period of six sessions. The fact that relational ethics at baseline did not predict rate of change leads to two speculations that need examination in further research. First, it could be that relational
ethics was addressed in therapy sessions which then improved satisfaction levels over time. In this study, change in relational ethics over time was not studied, nor was therapists’ theoretical orientation in sessions. Studies which address both outcome as well as process in therapy would be best suited to provide such vital information. Second, it may be that therapy caused a “flight to health” effect in couples with greater relational distress. It is often noted in clinical work that when highly distressed clients seek therapy, just the availability of the supportive or “holding” environment in sessions could reduce their distress in the initial stages. Thus, it could be that the level of relationship satisfaction at baseline itself predicted rate of change over time. Again, this could be tested in studies examining the process of therapy. Also, with larger sample sizes, other statistical analysis could be conducted to test the reciprocal relationships of the outcome variable at different time points as well as between the predictor and dependant variables.

The impact of horizontal and vertical subscales

According to the contextual theory, relational ethics in partner relationships evolves as a result of experiences in the family-of-origin. Individuals’ ability to form trustworthy relationships and to balance the “give and take” depends on whether they were treated “fairly” in their relationships with parents, siblings and other care givers. One would expect then that among the couples in this study, there would be report of problems not just in the horizontal relationship, but also in the vertical relationship. As mentioned earlier, there was a gender difference in the association between relational ethics in vertical and horizontal relationships and relationship satisfaction. This was further confirmed when vertical and horizontal scores on RES were examined separately
as explanatory variables for the variance in relationship satisfaction. At baseline, perception of unfairness in the current relationship in both male and female partners explained both within and between couple variance in relationship satisfaction. Perception of unfairness in the family-of-origin relationships among female partners also predicted lower satisfaction levels in couples at baseline. Similar results were noted in the average satisfaction scores over time with horizontal subscales for both partners and vertical subscale for female partners. Thus, among female partners, results supported the hypothesis of intergenerational transmission of the ethical ledger. In male partners in this sample however, it appears that this hypothesis was not supported. In fact, when the correlations were examined, male partners’ total score on the vertical subscale was negatively correlated with their own as well as the female partners’ relationship satisfaction at baseline. Though this correlation was not statistically significant, the negative association could be related to the surprising finding discussed in the earlier section on the impact of total relational ethics scores in male partners on female partners’ average relationship satisfaction levels across time points.

Earlier studies have noted a positive association between vertical subscale and relationship satisfaction (Grames, 2005; Hargrave, Jennings, & Anderson, 1991). However, none of these studies examined gender differences in the association between the two variables. Based on the theory one could hypothesize that perhaps the male partners in the sample underreported problems in their family-of-origin. Boszormenyi-Nagy and Spark (1984) note that loyalty conflicts can manifest in different forms. While “split loyalty” is more observable, “invisible loyalty” can only be inferred. By definition
individuals are unaware of invisible loyalty, until pointed out in a therapeutic relationship. Is it possible then that the male partners in this sample were being loyal to their family of origin by not reporting unfairness in their vertical relationships?

Being loyal to one’s family-of-origin does not inherently cause problems in partner-relationships. But Boszormenyi-Nagy and Krasner (1986) note that loyalty conflicts, where one has to choose a relationship over another, inevitably lead to perception of unfairness and subsequent dysfunction in relationships. Further examination using the three components of trust, loyalty and entitlement in the RES could shed more light on this.

Length of relationship and relationship satisfaction

The length of relationship was included in further analysis as a control variable. In both baseline and over time models, relationship duration explained some of the variance in relationship satisfaction between couples. Results of this study confirmed earlier findings that longer duration was associated with lower relationship satisfaction among couples. However, among couples with longer duration, those with fewer problems in relational ethics had higher satisfaction levels at baseline. Further research is needed to examine whether relational ethics could be a mediating variable between length of relationship and satisfaction. Duration also emerged as the only predictor of change over time. Specifically, longer duration predicted less change in relationship satisfaction among couples. This finding would be expected since over time dysfunctional patterns of relating get entrenched and are more difficult to change. In this study, couples were followed up only until six sessions. Assessments over the entire length of treatment could
provide more information on the differences in rate of change at different stages of therapy.

Further, relationship satisfaction over time in sessions could have been influenced by other variables not studied here. Sacher and Fine (1996), for instance, note that commitment levels of partners could significantly influence satisfaction over time. It could be that the process of therapy affected commitment levels among the partners which in turn affected report of satisfaction. Relationship status of the couple could also have influenced change over time. About half of this sample was married while most of the others were either dating or cohabiting. Among couples who were dating or cohabiting, being in therapy itself could have impacted commitment levels differently when compared with couples who are married. Thus, change over time in therapy could have been affected by many variables and not just by relationship duration. It may be that those who were in the relationship for a shorter duration were in a dating or cohabiting relationship and those who were married were in the relationship for a longer time. In this study since relationship status and other potentially confounding factors were not used as control variables, it is difficult to conclude that duration of the relationship by itself was predictive of change over time. The picture is most likely more complex than what is indicated by the results here.

Limitations of the Current Study

The results of the current study have to be interpreted in the context of its limitations. First, the sample size of 39 couples at intake and 11 couples at session six is small. Even though the sample size at intake and repeated measures of the outcome
variable provided sufficient power (Kenny, Kashy, & Cook, 2006), the study faces limitations in extending its results to the larger clinical population. Data over time was lost mainly due to attrition which is a common concern among University based clinics. Couples could have dropped out for a number of reasons that are beyond the scope of the current study. It could be that those who dropped out did not perceive a change in satisfaction or perhaps had lower levels of satisfaction to begin with. A preliminary comparison revealed that couples who completed six sessions reported a consistent increase in relationship satisfaction levels over time. The analytic procedure in this study however, could not be used to further explore this difference. With larger sample sizes a more detailed exploration would be warranted. Further, most of the couples in the sample were Caucasian, married and from lower income groups. While this sample is representative of the clientele served at the clinic, it is definitely not representative of all couples who seek therapy. Next, data were collected before the intake session and subsequently at the end of each session until session six. This was mainly to increase convenience of data collection. The therapists would provide questionnaires at the end of sessions and leave the room as the clients completed them. However, this strategy could have biased responses on the questionnaires. The process of therapy and the emotional state during the session could have influenced couples’ perception of relationship satisfaction at the end of session. Future studies should examine differences in the way couples respond to questionnaires before and after sessions. Busby et al (1995) note that the RDAS could be split into two parallel scales to reduce practice effect in longitudinal studies.
At this point there are no known studies that have administered the split questionnaires. However, further investigation in this area could use one of them before and the other after the session to verify change in couples’ responses.

Further, this study did not examine potential confounding factors that could have affected baseline levels of relationship satisfaction and change over time. The main aim here was to discern the impact of relational ethics on relationship satisfaction. Given that this is one of the few studies in this area, other variables were not included for the sake of parsimony. More studies are needed to unpack the differential impact of other factors like relationship status on relationship satisfaction. Another drawback of this study is the lack of information about the therapeutic process. This assumes importance especially when change over time is studied. Future studies would benefit from including the process-component in examining change in therapy.

Finally, even though MLM is one of the preferred methods of analyzing dyadic data, the linear modeling technique does not allow testing of bi-directional influences. In this study, the reciprocal influence of relational ethics and relationship satisfaction could not be assessed using HLM. It may be important to test the reciprocity of couple variables to arrive at a clearer understanding of the complex nature of relational processes. Other strategies such as the Actor-Partner Interdependence Model (APIM) could be used for such analyses with a larger sample size.

Clinical Implications

Results of this study have important clinical implications. As hypothesized, relational ethics emerged as an important factor in relationship satisfaction. Addressing
experiences of fairness among couples in therapy thus assumes paramount importance. The impact of horizontal and vertical relational ethics, especially among female partners, indicates a need to focus on the intergenerational transmission of the ethical ledger. Further research is needed to examine the importance of addressing it among male partners. Differences and disagreement about relationship satisfaction between partners especially when male partners indicate greater fairness signify that it may be more effective to address these issues in conjoint sessions rather than in individual sessions. Addressing them in conjoint sessions increases the likelihood of change in partners’ perceptions of each others’ relational ethics, thereby possibly affecting their relationship quality.

In the contextual approach to couples therapy, fairness is addressed through a detailed assessment of the four dimensions affecting relationships. Assessment involves acknowledgment of the person’s past and current violations of trust. Acknowledgment is a powerful tool that could release one’s destructive entitlement and is seen as a necessary step to building health (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991). Further, the use of self of the therapist assumes great importance in the contextual approach. In fact Boszormenyi-Nagy and Krasner (1986) contend that the “person of the therapist is his or her principle tool (in therapy)” (p. 396). The therapist should be able to offer a trustworthy relationship and be willing to take a multilateral stance. Multilateral stance or multidirected partiality is an “I-Thou” stance where the therapist is partial to every member of the family and facilitates a fair interaction with not just the people in the
therapy room, but also with those that could potentially be affected by the therapeutic process (Boszormenyi-Nagy, 1997).

While contextual theory offers the therapist some specific tools in therapy, Goldenthal (1996) notes that techniques from any approach could be adopted as long as the overarching goal of therapy is geared toward restoring balance in relationships. Extending this further, if the dimension of relational ethics is an extratherapeutic factor, it could possibly be addressed using any of the family therapy approaches. For instance, balance in give and take could be addressed using Bowenian concepts of differentiation and distance regulation in relationships. What is important here is not how it is addressed, but whether it is addressed and with whom.

Research Implications

This study contributes to the emerging empirical evidence of the importance of relational ethics. While previous research examined relational ethics among individuals, this is the first study to investigate relational ethics in couples. The unique partner effects detected in this study confirms the growing need in relational research to acknowledge the “nested” nature of data and using appropriate strategies for analysis. The significance of the findings signals a need to replicate it with larger and more diverse samples. Given the gender difference in report of relational ethics and relationship satisfaction in this sample of heterosexual couples, it would be interesting to examine these variables among same-sex couples too.

Findings of the study bring up intriguing questions that could guide future research. For instance, the differences in perceptions of relational ethics indicate a need
to understand the meanings of relational ethics. Concepts of fairness prevail in all human relationships and yet are difficult to completely define. Capturing clients’ perspectives could be a step toward enriching our comprehension of this abstract construct. Using qualitative methods exclusively or in conjunction with quantitative research would be the way forward in this direction. Further research could also include studying change in relational ethics over a period of time in order to better understand its impact on the process in therapy. Moreover, with larger sample sizes, other analytic strategies to examine the reciprocal relationship of relational ethics and satisfaction may shed more light on the complex nature of its interactions. Other factors such as depression and individual well-being could also be studied along with relational ethics to determine their differential impact on relationship satisfaction. Considering the differences in the impact of the subscales of RES, future studies using this measure should seek to closely examine the components of trust, loyalty and entitlement in the subscales. This could help identify whether there is one component more predictive of satisfaction than the others. Further, a comparison of relational ethics and their change over time in non-clinical and clinical samples could answer more questions about the nature and impact of this dimension in relationships. It could also lend credence to the assertion that relational ethics is an extratherapeutic factor.

Summary and Conclusions

Relational ethics is the hallmark of Boszormenyi-Nagy’s contextual approach to therapy. It involves aspects of trust, loyalty and entitlement and reflects overall fairness and balance in relationships. There is a dearth of research in the area of relational ethics
and as such very little empirical evidence exists regarding its importance in couple relationships. The purpose of this study was to explore the impact of relational ethics on relationship satisfaction among couples in therapy. A time-series design was adopted and data were collected at intake and the end of each session until session six. A total of 39 heterosexual couples from The Ohio State University’s Couple and Family Therapy clinic were included in the sample. At the end of six sessions, a total of eleven couples remained. No significant difference in the key variables under study was noted between completers and non-completers. Preliminary analysis was conducted using the SPSS software for descriptive data and assessment of correlations. Results showed a positive correlation between relational ethics and relationship satisfaction at baseline for both male and female partners. Among female partners, perception of fairness in both vertical and horizontal relationships were positively correlated with relationship satisfaction, while among male partners, this association was noted only with ethics in the horizontal relationship. Female partners in general reported lower relational ethics and lower relationship satisfaction at baseline.

In this study, the couple was treated as the unit of study and the data confirmed the assumption of non-independence of dyadic members. Thus, Multilevel Linear Modeling (MLM) using the HLM6 software was estimated to answer most of the research questions. The results of model testing can be summarized as follows:

1. At baseline, a significant variance was noted in relationship satisfaction between and within couples. Lower scores in female partners’ total RES scale and both horizontal and vertical subscales, lower scores in male partners’ horizontal subscale, and
longer relationship duration emerged as significant predictors of lower relationship satisfaction between couples. The within-couple difference in satisfaction levels was explained to some extent by total RES scores and the horizontal subscale in female partners and only the horizontal subscale in male partners.

2. Significant variance was noted in relationship satisfaction over time. Again, the average relationship satisfaction was predicted by the same variables as in the model with data at intake. However, the within-couple variance was predicted by female and male partners’ scores on RES and horizontal subscales. While lower scores on relational ethics in female partners were indicative of lower relationship satisfaction in both partners, this association was true only with the horizontal subscale scores in male partners. Higher scores on the total RES in male partners was indicative of a steeper difference and also disagreement in the satisfaction levels between male and female partners.

3. In general, couples reported higher levels of satisfaction over time in therapy. Change over time was predicted only by duration of relationship. Longer duration of relationship was predictive of a slower rate of change in relationship satisfaction.

Results of the study indicated the importance of relational ethics as a significant predictor of satisfaction levels in couples as well in members within the dyad. Partners’ perception of fairness and their satisfaction levels varied depending on their gender, thus further reinforcing the need to study within and between couple differences.
While the results provide empirical evidence for addressing relational ethics in couples therapy, more research is needed to provide a more comprehensive picture of the complex nature of these relationships. Findings of this study will hopefully provide an impetus for further research in this direction.
LIST OF REFERENCES


APPENDIX A

RELATIONAL ETHICS SCALE
**Directions:** This scale is designed to measure some of the emotions that: a) existed in the family in which you were raised; b) currently exist in one of your other relationships. Since each person and family is unique, there are no right or wrong answers. Just try to respond as honestly as you can. You may skip any item that you do not wish to answer. In reading the following statements, apply them to yourself and the appropriate relationship and then circle the rating that best fits. You may skip any item that you do not wish to answer. Rate statements 1-12 as they apply to the family and parent(s) with whom you spent most your childhood.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I could trust my family to seek my best interests</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Individuals in my family were blamed for problems that were not their fault</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>Pleasing one of my parents often meant displeasing the other</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4.</td>
<td>I received the love and affection from my family I deserved</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5.</td>
<td>No matter what happened, I always stood by my family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6.</td>
<td>At times, it seemed one or both of my parents disliked me</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7.</td>
<td>Love and warmth were given equally to all family members</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8.</td>
<td>At times, I was used by my family unfairly</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9.</td>
<td>I felt my life was dominated by my parents' desires</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>Individuals in my family were willing to give of themselves to benefit the family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>I continue to seek closer relationships with my family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>I often felt deserted by my family</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
Please respond to statements 13-24 as they apply to one relationship in your life. If you are MARRIED/PARTNERED, rate the statements as they apply to your relationship with your spouse or partner. If you are WIDOWED, rate the statements as you recall they applied to your relationship with your spouse/partner. If you are DIVORCED OR SINGLE, rate the statements as they apply to your closest relationship excluding parents or children. In reading the following statements, apply them to yourself and the appropriate relationship and then circle the rating that best fits. You may skip any item that you do not wish to answer.

```
<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>I try to meet the emotional needs of this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>I do not trust this individual to look out for my best interests</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>15.</td>
<td>When I feel hurt, I say or do hurtful things to this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>This person stands beside me in times of trouble or joy</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>17.</td>
<td>Before I make important decisions, I ask for the opinions of this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>18.</td>
<td>There is unequal contribution to the relationship between me and this individual</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>19.</td>
<td>When I feel angry, I tend to take it out on this person</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>We are equal partners in this relationship</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>21.</td>
<td>We give of ourselves to benefit one another</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>22.</td>
<td>I take advantage of this individual</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>23.</td>
<td>I am taken for granted or used unfairly in this relationship</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>24.</td>
<td>This person listens to me and values my thoughts</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
```
APPENDIX B

REVISED DYADIC ADJUSTMENT SCALE
Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for the items on the following list. You may skip any item that you do not wish to answer.

<table>
<thead>
<tr>
<th>Item</th>
<th>Always agree</th>
<th>Almost always agree</th>
<th>Occasionally agree</th>
<th>Frequently disagree</th>
<th>Almost always disagree</th>
<th>Always disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Religious matters</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Demonstrations of affection</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Making major decisions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Sex relations</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Conventionality (correct or proper behavior)</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Career decisions</td>
<td>5 All the time</td>
<td>4 Most of the time</td>
<td>3 More often than not</td>
<td>2 Occasionally</td>
<td>1 Rarely</td>
<td>0 Never</td>
</tr>
<tr>
<td>7. How often do you discuss or have you considered divorce, separation, or terminating your relationship</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. How often do you and your partner quarrel</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Do you ever regret that you married (or lived together)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. How often do you and your mate “get on each other’s nerves”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
11. Do you and your mate engage in outside interests together

<table>
<thead>
<tr>
<th>How often would you say the following events occur between you and your mate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Do you and your mate engage in outside interests together</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>4</td>
</tr>
</tbody>
</table>

12. Have a stimulating exchange of ideas

<table>
<thead>
<tr>
<th>12. Have a stimulating exchange of ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

13. Work together on a project

<table>
<thead>
<tr>
<th>13. Work together on a project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

14. Calmly discuss something

<table>
<thead>
<tr>
<th>14. Calmly discuss something</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
APPENDIX C

DEMOGRAPHIC
1. What is your age? _____

2. What is your gender? (Circle one)  Male  Female

3. What is your current relationship status? (Circle one)
   Married  Divorced
   Remarried  Widowed
   Cohabitating  Single (never married)
   Separated  Dating (never married)

4. What is the duration of your current relationship?  ________________

5. Circle your highest degree earned:
   Less than high school  Bachelor’s degree
   High school diploma  Master’s degree
   GED  Professional degree
   Some college  Ph.D., MD, JD
   Associates degree

6. What best describes your race/ethnicity?
   Native American  Caucasian
   Asian  African American
   Hispanic  Other  ________________

7. What is your occupation? (Circle one)
   Professional with degree  Homemaker
   Skilled labor or clerical  Unemployed
   Semi-skilled labor  Retired
   Factory worker  Student
   Self-employed

8. What is your annual family income?
   Less than 10,000  60,000-69,999
   10,000-19,999  70,000-79,999
   20,000-29,999  80,000-89,999
   30,000-39,999  90,000-99,999
   40,000-49,999  100,000 or more
   50,000-59,999