Married, Cohabiting, and Dating Couples Presenting for Couple and Family Therapy

Thesis

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By

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Abstract

There is limited research on the nature and presenting concerns of different-sex cohabiting couples attending therapy. Research suggests that cohabiting and dating couples have lower levels of commitment, which makes their participation in therapy idiosyncratic (Smock, 2000). Despite their presence in therapy, there is limited information on this group of cohabiters and daters. The primary research question is what are the characteristics of cohabiting and dating couples presenting at therapy? A secondary question is whether therapeutic techniques traditionally used with married couples are equally viable with cohabiting couples? The sample includes two hundred-twenty-eight different-sex couples attending family therapy in a clinic at a mid-west university. Variables of interest include relationship type, relationship duration, relationship satisfaction, commitment, and the level of differentiation of self. From a social exchange perspective, married couples have more barriers to union dissolution, and may rely on societal standards to keep their relationship together despite relational difficulties. Based on these tenets, married couples presenting for therapy may have lower satisfaction due to not addressing issues before they become problematic. In support of this theory, cohabiting couples were found to be more satisfied with their relationships than either married or dating couples. Cohabiting couples were also highly committed and presented at therapy at an earlier stage of their relationship than married couples.
Vita

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Publications

Fields of Study

Major Field: Human Development and Family Science
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Literature Review

Cohabitation, defined as individuals living together in an intimate partnership, is on the rise and there seems to be no indication that the trend is going to stop or reverse (Smock, 2000). As a result of this trend, the chances of a therapist providing services to a cohabiting couple are significantly greater. One of the seemingly problematic factors involved in providing therapy for cohabiting couples is the low levels of commitment that tend to be associated with the relationship type (Smock, 2000; Brown, & Booth, 1996; Stanley, Whitton, & Markman, 2004). Given a deficit in commitment, it seems that cohabiting couples would be more likely to separate than seek therapy. There are two related questions that need to be asked when considering this new development. The first question is simply who these couples are, and why participants in a historically unstable relationship would seek therapeutic help for their union? A related question is whether therapeutic tools used on traditionally married relationships are generalizable to cohabiting couples? While cohabiters have been argued to resemble married couples in many domains (Heyman, & Hunt, 2007; Brown, & Booth, 1996), it has also been argued that cohabitation is a different enough experience from marriage to warrant individual attention (Coan, & Gottman 2007). Should this be the case, therapeutic tools designed for married couples may not be applicable to cohabiting couples. Describing the nature of presenting problems, and relationship quality of cohabiting couples attending therapy would provide valuable information about potentially unique qualities of this population.
Despite the trends of rising cohabitation, research findings on the subject are incomplete, particularly in terms of their presence in therapy. Research on cohabitation is difficult for many reasons, including difficulties operationalizing the concept and frustrations in the near impossibility in conducting traditional empirical tests with randomized control trials. What control group is best used as a comparison for cohabiters is a debated issue, usually centering on whether a comparison to married couples or single individuals is most appropriate (Brown, & Booth, 1996). Arguments for comparing cohabiters to married couples generally focus on the similarity of the human experience in all intimate relationships, (Heyman, & Hunt, 2007) and how cohabitation is a replacement for married relationships (Bumpass, Sweet, & Cherlin, 1991). In contrast to this, cohabiters have been compared to single individuals because cohabitation is reported by some to be a means of dealing with economic hardship and combating loneliness (Rhoades, Stanley, & Markman, 2008), and cohabiters are consistently more similar to singles across many domains (Rindfuss, & VandenHeuvel, 1990). Cohabitation seems to have different meanings for different people, and as such creating a comparison group for a sample of cohabiters is problematic at best.

Another problem with studying cohabiting unions is whether the trends found are due to the experience of cohabiting, or selection characteristics of those that choose to cohabit. There is support for both hypotheses (Axinn, & Thornton, 1992), indicating that people who choose to cohabitate might be a singular group, and that the life experience of cohabiting will also impact individuals differently from other life courses. Couples report entering cohabiting relationships primarily for economic reasons or to test out the relationship before committing to marriage (Rhoades et al., 2008). Other selective
characteristics of cohabiting couples include factors such as lower levels of religiosity, egalitarian gender schema, minority racial groups in the US, low socioeconomic status, and a less traditional worldview (Smock, 2000). Support for the impact of the cohabiting experience includes an increasing acceptance of divorce by individuals that have participated in a cohabiting union (Axinn, & Thornton, 1992). It is possible that both the selection and experience hypotheses are true, indicating that both background characteristics and the experiential impact need to be considered. Based on which hypothesis is embraced by therapists, the therapeutic services provided might be vastly different. Research on therapeutic practices does not currently account for how cohabiting couples attending therapy might reach different outcomes based on their experience in cohabitation and the characteristics that lead them to cohabit.

Due to these difficulties, there is a limited amount of research on cohabitation in general. Despite this, there are multiple negative outcomes that have been associated with cohabitation. Cohabiting relationships are less stable (Nock, 1995; Liefbroer, & Dourleijin, 2006), and cohabiting before marriage tends to lower marital stability as well (Reinhold, 2010). Individuals who cohabitate have lower interpersonal problem-solving skills, potentially due to disagreements in shared values (Cohan, & Kleinbaum, 2002, Hohmann-Marriott, 2006). Children from unstable and cohabiting relationships also tend to have lower general well-being (Amato, & Keith, 1991; Brown, 2004). Cohabiting unions lack the support network and societal norms that married couples have, making both entering and exiting cohabitation more ambiguous (Nock, 1995; Stanley, Rhoades, & Markmanm, 2006). Current cohabiters report lower levels of emotional and physical satisfaction in their relationships when compared to married couples, and couples who
ever cohabited before getting married frequently reported lower levels of satisfaction as well (Tach, & Halpern-Meekin, 2009; Gatzeva & Paik, 2010). Trends may be changing as societal acceptance for alternatives to marriage increase (Reinhold, 2010).

Research on therapy and intervention has predominantly focused on the efficacy of treatment plans, and not on the characteristics of those attending therapy. While establishing a base of empirical data is important for the progression of the therapeutic field, ignoring the possibilities of differences in groups presenting at therapy is a potential disservice to clients. It is possible that couples in cohabiting relationships have different motives for attending therapy, and may desire different outcomes from the therapeutic process. For instance, if cohabiting couples are truly less committed to their relationship than married couples, then cohabiting couples presenting at therapy might have different problems they wish to deal with. Looking into what leads a couple in a traditionally unstable relationship to seek outside assistance to improve the relationship is increasingly important to therapists as more cohabiting couples seek help.

This leads to a question about why cohabiting couples seek therapy. Cohabiting unions are considered to be so prevalent due to the ease of dissolution (Nock, 1995). When a relationship has become too stressful the couple can dissolve the union without much social backlash. From a social exchange perspective, individuals make life choices based on the perceived costs and benefits of an action. Costs can include loss of freedom, loss of potential to mate with other partners, and loss of status among other possibilities (Sabatelli, & Shehan, 1993). Thus couples form and exit relationships when the benefits of entering or breaking the union outweigh the negative costs. One possible explanation for the lack of stability in cohabiting relationships is the lower costs for both entering and
exiting such a union. Entering a cohabiting relationship requires less of a commitment from individuals, as the couple makes no official or legal promise concerning the relationships duration. Similarly, there are fewer social constraints keeping couples in a relationship for cohabiting partners than there are for married partners. Thus cohabiting couples are able to leave relationships when they get difficult, while married couples are more likely to ignore or work on problems. Therapy is generally sought out by couples desiring to stay together when a relationship has become too difficult, or to ease the process of separating. Cohabiting relationships are hypothetically entered due to the ease of getting out of the relationship, and when difficulties arise there is little incentive to work through problems due to the lack of commitment to the relationship. Cohabiting couples who choose to attend therapy may have higher levels of commitment than cohabiting couples who choose to break up when their relationship becomes too difficult. Cohabiting couples who choose therapy may also experience barriers to break-up differently than both married couples and cohabiting couples who break up when their relationship appears to difficult.

The length of the relationship is another key factor in both the satisfaction and stability of relationships that should be considered. It is important to note that most research on the impact cohabiting unions have on marriage stability does not account for total duration of the relationship. When the total duration is accounted for, couples who cohabited before marriage are no more likely to divorce than couples who never cohabited (Teachman, & Polonko, 1990). Longer relationships impact both married and cohabiting unions in a similar fashion (Willetts, 2006). Both groups are impacted similarly, so any differences in satisfaction and commitment in a relationship is more
likely to be explained by the actual relationship type. It is also worth noting that the motivation for staying in a union are different depending on the relationship. Cohabiting couples are more likely to stay in unions when the relationship is founded on egalitarian principles, while married couples are more stable when spouses specialize in tasks (Brines, & Joyner, 1999). Thus, couples coming to therapy to ameliorate their relationship difficulties may present different problems, depending on their relationship status. Couples in longer relationships will probably be attempting to connect to their partner regardless of relationship type, while shorter term cohabiting couples might need mediation for feelings of inequality.

Commitment in relationships is correlated with several key factors in both married and cohabiting relationships. Commitment has been connected to relationship satisfaction (Rusbult, 1983), and general well-being (Mastekaasa, 1994). Couples who are committed to a relationship are less likely to accept divorce or dissolution as a possibility, and cohabiting couples committed to getting married are largely indistinguishable from non-cohabiters in terms of relationship quality and life outcomes (Stafford, Kline, & Rankin, 2004). Commitment to the institution of marriage and to specific partners is both positively correlated with relational satisfaction as well as the stability of the relationship (Stanley et al., 2004). Cohabiting couples tend to report less commitment on both of these measures, and there is a trend in cohabiting couples to slide into their relationships instead of actively deciding to form a union (Stanley et al., 2006). Such sliding is not associated with a clear goal or level of commitment, and may also account for some of the instability in cohabiting relationships. Cohabiting couples attending therapy might be significantly different from couples who “slide” in their levels.
of commitment, as they choose to acknowledge the presence of a relationship and a need to work on it.

Therapeutic Input

Bowen Family Systems Theory provides a framework to examine relationships and human nature. Bowen was a systems theorist whose ideas are used in family therapy practices. Bowen postulated that everyone goes through a process, called differentiation of self, which entails coming to an understanding that the self exists regardless of others (Friedman, 1991). When an individual fails to differentiate completely from others there is a risk of the individual becoming either fused and enmeshed with others, or cut off. When fused with another the individual has lost the sense of an “I” in the relationship, and when cut off the sense of “we” has been lost. Differentiation of self refers to the ability of individuals to relate in intimate relationships to others based on their ability to see themselves as separate and autonomous beings while still maintaining a level of emotional and intimate proximity (Friedman, 1991). An individual who is differentiating would be able to exist as an individual while maintaining and participating in a close intimate relationship.

Like many other parts of systems theory, there is limited empirical support for Bowenian Theory and the construct of differentiation of self. This is partially due to the difficulty in operationalizing differentiation into the linear causal models that are seemingly inherent in most research on therapy. Similar constructs have been tested and utilized to measure things like self-other integration and the manner that couples understand their self in a relationship (Slotter, & Gardner, 2009), provide hope that the concept is testable. Lower levels of differentiation of self have been connected to poor
relationship quality for married couples (Skowron, 2000). It is possible that
differentiation of self may be different for couples depending on the type of the union.
Couples who are less differentiated might select a less committed relationship to act as a
distance regulator. Distance regulators are the means that individuals use to regulate
levels of anxiety in their relationships by increasing or decreasing emotional proximity to
other individuals (Skowron, 2000).

Current Study

The primary purpose of the current study was to report the characteristics (i.e.
commitment, relationship satisfaction, differentiation) of cohabiting couples presenting
for therapy. By comparing differences in relationship satisfaction, commitment,
differentiation of self, and presented concerns of cohabiting and married couples in
family therapy, a greater understanding of cohabiters can be acquired. The possibility of
a real difference between cohabiting couples and other union types is too great to ignore.
Studying cohabiting couples seeking therapy might provide a greater understanding of
the reasons couples are opting for such a relationship. As cohabitation increases, the
chances that therapists will be called on to provide services for cohabiting clients will
also increase, and therapists will need to be able to provide services that fit the needs of
this clientele.

Based on the tenets of Social Exchange theory (Sabatelli & Sheehan, 1993), I
hypothesize that because of fewer barriers to union dissolution for cohabiting couples,
controlling for relationship length, their commitment and satisfaction levels will be
higher than married couples seeking therapy. Since legal marriage is more stable and
societally sanctioned, barriers to break-up are much higher for married couples. Because
of this, married couples may come to therapy “later” in their relationship after issues have become difficulties. In essence, married couples feel that there is a “safety net” in a legal union which helps keep them together. Cohabiting couples do not have this safety net, and thus may present “sooner” before relation issues become more difficult, thus showing higher levels of satisfaction and commitment. Cohabiting couples may also have different or less severe presenting concerns because of this difference in barriers to union dissolution. Issues of cut-off and fusion in both cohabiting and married unions are probably similar. Those who tend to fuse in relationships are also likely to be anxious about relationships, while those who cut-off may create more anxiety in their partner. It is this anxiety that brings couples to therapy. It may be the case that married couples with lower levels of differentiation, given their barriers to union dissolution, can tolerate higher levels of this anxiety because it is not experienced to be as much of a threat to the relationship as this anxiety may be to cohabiting unions with lower levels of differentiation.
Methods

Participants

Research participants were gathered through a couples and family therapy clinic attached to a mid-Western university. Clients come to the clinic via several pathways, but for the majority through self-referral. The clinic advertises in local yellow pages, a campus staff and faculty newspaper, and via the web. When the clients came for their first session they were informed about the opportunity to participate in research and signed a separate consent form to do so. If the client elected to participate in the research they received $10 reduction in their first session fee.

Two hundred twenty-eight different-sex couples participated in the study. The majority of the participants were moderately educated (some college or higher). The participants were predominantly white (73%), with 12% identifying as African American, 5% Hispanic, 2% Asian, 1% Native American, and 7% Other. Participants were young (m=32, SD=9.5), and made around $30,000-39,000 annually (SD=20,000). Couples seen in the clinic had generally been together for only a few years (m=4.74, SD=5.78).

Of the 228 couples, 217 couples were included in the study. 143 married couples were used, 54 cohabiting couples, and 20 dating couples. Elven cases were not used because the couples were separated and coming to therapy for other reasons, their relationship was too ambiguous to classify, or information was missing.
Sampling

A non-probability sample was used, utilizing the available participants that came to the clinic for therapy.

Procedure

Upon entrance into therapy at the clinic, clients were given the opportunity of participating in the research project. A disclaimer stated up front that participation in the study was entirely voluntary and would not impact the quality of services received. Participants selected their level of involvement; whether just their intake and after session questionnaires were permitted for study, just video recorded sessions were permitted for study, or both were permitted for study. Clients that chose to participate in the study also had a $10 reduction in their first session fee.

Measures

An intake questionnaire and assessment was administered to clients that opted to participate in the study. Questions for the intake assessment were designed by therapists and researchers associated with the clinic. All questions were self-report measures, and were answered either in private or in the company of family members. Progress notes on clients were created by therapists per program guidelines, and were used to provide data for some variables.

Study variables were measured through the clinic-created intake questionnaire or therapy progress notes. Variables of interest for the study include relationship type, relationship duration, relationship satisfaction, relationship commitment, presenting concerns, and differentiation of self from partner. Relationship type was a nominal
variable of the kind of intimate relationship clients were in. Options included married, cohabiting, and dating. Relationship duration was an interval/ratio variable of the amount of time clients had been in their current relationship. Relationship satisfaction was an ordinal variable on a scale of 1 (low) to 10 (high) for how satisfied the client felt with his/her current relationship. Relationship satisfaction was asked in a single question for the sake of brevity in the questionnaire. The question does have a high correlation with the Revised Dyadic Adjustment Scale (Busby, Christensen, Crane & Larsen, 1995). Relationship commitment is an ordinal variable on a scale of 1 (low) to 10 (high) for how committed a client feels to the relationship he/she is currently living in.

Presenting concerns was an open-ended question referring to the stated reasons that clients were coming to family therapy, and was later categorized by major themes. Four major themes were identified for presenting concerns, “individual” problems, “couple” problems, “children” problems, and “family” problems. Individual problems referred to such things as feelings of depression and anxiety that were persistent with the individual. Couple problems were normally issues with communication and trust between intimate partners. Children problems referred to couples coming to therapy to help with their relationship to child dependents. Family problems consisted of difficulties with members from a family of origin, either presently or in past history.

To measure differentiation of self we used the Differentiation of Self Inventory (DSI) (Skowron & Friedlander, 1998). The DSI has 43 items and contains four subscales: Emotional Reactivity, I-Position, Emotional Cutoff, and Fusion With Others. The 11-item Emotional Reactivity subscale reflects the degree to which a person responds to environmental stimuli with emotional flooding, emotional lability, or
hypersensitivity. The I-Position subscale contains 11 items that reflect a clearly defined sense of self and the ability to thoughtfully adhere to one's convictions when pressured to do otherwise. The 12-item Emotional Cutoff subscale reflects feeling threatened by intimacy and feeling excessive vulnerability in relations with others. Items reflect fears of engulfment and behavioral defenses like overfunctioning, distancing, or denial. The 9 item Fusion with Others subscale reflects emotional overinvolvement with others, including triangulation and overidentification with parents. The Fusion with Others subscale was not used because of its low reliability.

Scoring: To compute the DSI full-scale score, raw scores on all items in the Emotional Reactivity, Emotional Cutoff, and Fusion With Others subscales and on one item in the I Position subscale are reversed, so that higher scores signify greater differentiation. Scores on all items are then summed and divided by the total number of items, so that the full scale score ranges from 1 (low differentiation) to 6 (high differentiation).

Reliability: Cronbach's alpha was used to estimate internal consistency reliabilities for the DSI full scale and each of the four subscales (DSI alpha = 0.88, Emotional Reactivity alpha = 0.84, I position alpha = 0.83, Emotional Cutoff alpha = 0.82, and Fusion With Others alpha = 0.74).

Data Analysis

In order to describe the differences between married and cohabiting couples attending therapy a MANOVA was performed comparing the three groups on several interrelated dependent variables. A MANOVA controls for the intercorrelations among the dependent variables and the number of tests. The results of this analysis will provide
statistical evidence of any differences in the mean scores on satisfaction, commitment, and DSI subscales controlling for relationship length. The presenting concerns have been dichotomized into “couple” problems, “individual” problems, or “family” problems. A cross tabulation analysis with chi-square was used to determine if the distribution of presenting concerns was different for married, cohabiting and dating couples. Effect sizes were calculated comparing differences in relational status for both males and females (M status group 1 – M status group 2/ SD status). Cohen (1992) guidelines for determining the size of effects was used, with ≥ 0.2 indicating a small effect size, ≥ 0.5 a medium effect, and ≥ 0.8 a large effect.
Results

Table 1 displays the demographic characteristics of the sample. In a $\chi^2$ test there were no significant differences in education, race/ethnicity, and termination status among the three relational statuses. Income for married couples was significantly greater than for the other two groups ($p < .05$). Married men and women were both significantly older than cohabiting partners ($p < .05$ and $p < .01$ respectively), but not dating partners. A cross tabulation with a chi square test found that married couples were significantly more likely to be parents than their cohabiting or dating counterparts for both men and women ($p < .001$). A cross tabulation analysis with chi-square was used to determine if the distribution of presenting concerns is different for married, cohabiting and dating couples. There were found to be no significant differences in the frequency of problems presented based on relational status. In a multivariate test, there were found to be differences in the duration of relationships based on status ($p < .05$)

Table 2 shows that the results of the multivariate test conducted for the variables connected to therapy. The overall results were significant (Wilk's $\lambda = 0.54$; $F(28,236) = 3.046; p < .001$). Several of the individual dependent variables were found to have significant effects. The duration of the relationship ($p < .05$), the male's relationship satisfaction ($p < .001$), the males' commitment ($p < .01$), the females' satisfaction ($p < .001$), the females' commitment ($p < .001$), males' I position ($p < .05$), and the females' Cut off ($p < .05$) were all found to be significant.
Table 1

Demographic information (n=217).

<table>
<thead>
<tr>
<th>Status</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Married</td>
<td>Cohabiting</td>
</tr>
<tr>
<td>% of Sample</td>
<td>66</td>
<td>25</td>
</tr>
<tr>
<td>Mean Age</td>
<td>32.143</td>
<td>26.879</td>
</tr>
<tr>
<td>Mean Income</td>
<td>4.696</td>
<td>3.528</td>
</tr>
<tr>
<td>s.d.</td>
<td>2.951</td>
<td>2.407</td>
</tr>
<tr>
<td>Mean # of Sessions</td>
<td>7.286</td>
<td>4.394</td>
</tr>
<tr>
<td>s.d.</td>
<td>7.023</td>
<td>2.496</td>
</tr>
<tr>
<td>% Parental Status</td>
<td>67.8</td>
<td>31.5</td>
</tr>
</tbody>
</table>

Race/Ethnicity

| % Non-Hispanic | 73.4 | 71.7 | 70 | 75.5 | 61.1 | 70 |
| % Black        | 9.1  | 15.1 | 20 | 9.8  | 24.1 | 15 |
| % Hispanic     | 6.3  | 5.7  | 5  | 3.5  | 3.7  | 5  |
| % Other        | 11.2 | 7.5  | 5  | 11.2 | 11.1 | 10 |

Education

| % Less than  | 16.8 | 11.1 | 10 | 20.4 | 16.7 | 10.5 |
| % High school | 35   | 33.3 | 35 | 36.6 | 35.2 | 26.3 |
| % Some college| 25.9 | 40.7 | 40 | 28.9 | 37   | 47.4 |
| % Degree     | 22.4 | 15.8 | 15 | 14.1 | 11.1 | 15.8 |

Presenting Problem

| % Individual | 8.7  | 5.6  | 0  | 8.7  | 5.6  | 0  |
| % Couple     | 76.8 | 87   | 90 | 76.8 | 87   | 90 |
| % Children  | 10.1 | 1.9  | 5  | 10.1 | 1.9  | 5  |
| % Family    | 4.3  | 5.6  | 5  | 4.3  | 5.6  | 5  |

Table 3 show the results of a Bonferroni test conducted to test the individual differences between the relationship status groups for all the significant variables. Married relationships were found to be significantly longer than cohabiting relationships at the time they entered therapy (p < .05). The male partner’s relational satisfaction in cohabiting relationships was significantly greater than married (p < .001) with a large effect size (d = .83). A similar result was found for male partner satisfaction in
Table 2
MANOVA results for therapeutic variables.

<table>
<thead>
<tr>
<th>Status</th>
<th></th>
<th>Females</th>
<th></th>
<th></th>
<th>Males</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sample</td>
<td>Married</td>
<td>Cohabiting</td>
<td>Dating</td>
<td>Sample</td>
<td>Married</td>
<td>Cohabiting</td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td>5.002</td>
<td>4.604</td>
<td>6.742</td>
<td>3.3</td>
<td>5.853</td>
<td>5.703</td>
<td>7.667</td>
</tr>
<tr>
<td>Sd</td>
<td></td>
<td>2.576</td>
<td>2.458</td>
<td>2.092</td>
<td>3.199</td>
<td>2.543</td>
<td>2.469</td>
<td>1.362</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>12.087***</td>
<td></td>
<td></td>
<td></td>
<td>10.924***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment</td>
<td></td>
<td>8.111</td>
<td>8.055</td>
<td>9.091</td>
<td>5.5</td>
<td>8.198</td>
<td>8.363</td>
<td>9.333</td>
</tr>
<tr>
<td>Sd</td>
<td></td>
<td>2.633</td>
<td>2.451</td>
<td>1.774</td>
<td>4.79</td>
<td>2.552</td>
<td>2.364</td>
<td>0.889</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>7.735**</td>
<td></td>
<td></td>
<td></td>
<td>11.863***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Reactivity</td>
<td></td>
<td>31.896</td>
<td>31.851</td>
<td>33.094</td>
<td>27.6</td>
<td>39.688</td>
<td>38.566</td>
<td>42.091</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>1.227</td>
<td></td>
<td></td>
<td></td>
<td>1.652</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I position</td>
<td></td>
<td>30.504</td>
<td>30.626</td>
<td>30.97</td>
<td>28.501</td>
<td>33.521</td>
<td>32.601</td>
<td>35.606</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>0.51</td>
<td></td>
<td></td>
<td></td>
<td>3.398*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut off</td>
<td></td>
<td>48.671</td>
<td>47.179</td>
<td>52.203</td>
<td>48.808</td>
<td>48.522</td>
<td>47.972</td>
<td>51.743</td>
</tr>
<tr>
<td>F</td>
<td></td>
<td>4.209*</td>
<td></td>
<td></td>
<td></td>
<td>2.556</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*=significant < .05, **=significant <.01, ***=significant < .001

cohabiting relationships compared to daters \( p < .01 \), with a large effect size \( d = 1.34 \).
The female partner’s relational satisfaction in cohabiting relationships was significantly
greater than that of married females \( p < .001 \) with a moderate effect size \( d = 0.77 \), and
dating couples \( p < .001 \) with a large effect size \( d = 1.29 \). The male partner’s
commitment to the relationship was higher for married men when compared to dating
men \( p < .01 \) with a large effect size \( d = 0.97 \), and when cohabiting men where
compared to dating men \( p < .001 \) with a large effect size \( d = 1.36 \). The female
partner’s commitment to the relationship was higher for married women when compared
to dating women ($p < .001$) with a large effect size ($d = 1.24$), and for cohabiting women compared to dating women ($p < .001$) with a large effect size ($d = 1.62$). There was no significant difference between commitment between married and cohabiting partners. However, there was an observed difference, with married couples being about a full point lower for both males and females, with a small effect size ($d = .39$ and $d = .38$ respectively). For the male partner’s I-position, the Bonferroni was unable to reveal where the difference was between the groups. Cohabiting women were found to cut off less than married women ($p < .05$) with an effect size approaching moderate ($d = .59$).

Table 3

<table>
<thead>
<tr>
<th>Significant multivariate effects for Status</th>
<th>Mean difference</th>
<th>Sd</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married x cohabiting</td>
<td>3.089*</td>
<td>1.228</td>
</tr>
<tr>
<td><strong>H satisfaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohabiting x married</td>
<td>1.963***</td>
<td>0.485</td>
</tr>
<tr>
<td>Cohabiting x dating</td>
<td>3.267**</td>
<td>0.861</td>
</tr>
<tr>
<td><strong>W satisfaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohabiting x married</td>
<td>2.138***</td>
<td>0.495</td>
</tr>
<tr>
<td>Cohabiting x dating</td>
<td>3.442***</td>
<td>0.879</td>
</tr>
<tr>
<td><strong>H commitment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married x dating</td>
<td>2.555**</td>
<td>0.848</td>
</tr>
<tr>
<td>Cohabiting x dating</td>
<td>3.591***</td>
<td>0.918</td>
</tr>
<tr>
<td><strong>W Commitment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married x dating</td>
<td>3.163***</td>
<td>0.783</td>
</tr>
<tr>
<td>Cohabiting x dating</td>
<td>4.133***</td>
<td>0.849</td>
</tr>
<tr>
<td><strong>W Cut-off</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohabiting x married</td>
<td>5.024*</td>
<td>1.922</td>
</tr>
</tbody>
</table>

* = significant < .05, ** = significant < .01, *** = significant < .001
Discussion

As predicted, there was a difference in commitment and satisfaction when presenting at therapy based on relationship status. Satisfaction was higher for cohabiting couples when compared to both married and dating couples with large effect sizes. While not statistically significant, cohabiting couples also had higher levels of commitment than married couples, with a moderate effect size. On average, cohabiting couples were presenting at therapy at an earlier stage in their relationship than married couples. Taken together, this may be an indication that cohabiting couples are not letting issues that could lead to serious problems fester long enough to have a serious negative impact on the couple.

From a social exchange perspective, cohabiting couples have fewer barriers to union dissolution. As such, when issues do arise in a cohabiting relationship, action is taken sooner than it would be in a married relationship -the result normally being break up. Stated another way, married couples have more barriers to union dissolution, and will therefore be more likely to tolerate an issue that arises. Married couples can rely on societal norms around marriage to keep their union together. However, when a cohabiting couple is highly committed and issues arise, the desire to stay with their partner would remain an attractive option and the couple would look for options other than separation. This is one possible explanation for the observed differences between married and cohabiting partners.
The related question that must be asked is whether the therapeutic tools intended to treat distressed married couples are applicable to happy cohabiting couples. This is a subject that is sadly lacking in empirical validation and testing. Most individuals coming to couples therapy are married, and distressed, and most techniques are designed to deal with such cases. A majority of therapeutic theories and techniques work under the assumption that couples desire to stay together, and that increasing the satisfaction of the relationship is going to be the primary focus of the therapy. Cohabiting couples in therapy might challenge both of those assumptions. The high commitment while choosing a status with fewer barriers to dissolution may be an indicator that this relationship is not a step towards marriage, but a different sort of union entirely. In such a union commitment might include a conception of a transitory nature for the relationship, but coupled with a desire and will to keep the relationship strong to avoid breaking-up. Such a relationship may need a new set of assumptions and therapeutic tools to provide the most effective service. The other, perhaps more pertinent point for therapy, is the relatively high levels of satisfaction for cohabiting couples. Simply stated, if they are so happy, then why are they seeking therapy? Perhaps cohabiting couples were coming for help in a transition towards marriage. The measure for presenting problems was not precise enough to detect this possibility. However, it is also possible that cohabiting couples with no intention to marry are seeking out therapy to improve their relationship. In either case, therapeutic tools designed to help people with low levels of satisfaction might be looking for problems in a relationship when the couple do not perceive one. Therapy in such a situation might look very different in order to be
effective. More research in this area is called for.

The differentiation of self of cohabiters compared to married couples presenting at therapy produced mixed results. Married women displayed higher levels of cut-off than cohabiting women. For men, the multivariate test found there to be a difference in I-position based on status, but tests to determine where the difference was found nothing significant. However, married men are observed to have the lowest scores in I-position, and cohabiting couples seem to have the highest. There are a couple of possible explanations for this finding. One is that satisfaction and differentiation have been tied together, which means that cohabiters appearing at therapy would be expected to have higher levels of differentiation due to their higher levels of satisfaction (Skowron, 2000). Another possibility is that cohabiters presenting at therapy may be more differentiated, which is why they are seeking therapy while in a traditionally unstable relationship. Married couples with lower levels of differentiation may not feel the need to seek aid for relational difficulties as soon as more differentiated cohabiting couples. The differences in differentiation were slight however. These results might disappear if different measures were used.

The daters in the sample present more of an anomaly than the cohabiting or married couples. Dating couples presenting at therapy had lower levels of commitment and satisfaction. They presented for therapy after roughly the same relational duration as cohabiting couples. Based on social exchange theory, dating relationships should be even easier to leave than cohabiting relationships, and given the low levels of commitment and satisfaction, there seems to be little reason to stay. Dating couples did resemble cohabiting couples more than married couples in terms of their differentiation scores,
though they were not significant. It is possible that more differentiated daters, despite a lack of barriers to exit the relationship or reasons to stay in it, seek therapy to explore other options before breaking up. It may be that these differentiating daters realize their relationship is a source of stress, and perceive that simply leaving the relationship will not produce the most desirable results despite ending the immediate difficulties. Given such a scenario, it is again questionable whether the therapeutic techniques designed for unhappy but committed married couples are applicable.

There are several limitations that should be noted regarding this study. The first is the limited sample size, especially of dating and cohabiting couples. A larger sample might have yielded different or stronger results, and more therapeutic research involving these populations is called for. The limited size impacts how generalizable the data is. Another limitation to the generalizability of the study is the test participants themselves. It is practically impossible to randomly assign participants to a relational status, thus making it difficult to determine if differences are due to selection or experience. The study also used a convenience sample of those attending therapy, which limits the population to only people who attend therapy. Even within the body of this select population, the test participants were those that selected to participate in therapy.

In addition to the problems with the participants, the self-report questionnaire utilized had some issues as well. The measures for testing level of differentiation are not great, and a more dyadic test might yield different results. Similarly, the measures concerning the presenting problems might have yielded more significant results if recorded and coded differently. For instance, looking into what the differences are in presenting couple concerns based on status, rather than using the broad categories utilized
in this study, may point to differing concerns.

Despite the limitations of the study, there are several strengths recommending it. The first that should be mentioned is the lack of research on cohabiting and dating partners presenting at therapy. This lack of research on these populations is perhaps partly excusable, due to the relatively small number of clients that are cohabiting or dating. However, the number of cohabiters presenting at therapy for this study was already not an insignificant number. As cohabitation increases, and as attitudes surrounding such unions change, there is a strong possibility that even more cohabiting partners will seek therapeutic aid. To provide the best services possible for these clients, it is imperative to understand why they are seeking therapy, and how current therapeutic tools will impact this population. While the study did not specifically look at the effectiveness of therapeutic techniques, there are some clear implications from the study. Therapy designed to reduce high levels of relationship discord in married couples may not be appropriate in a population that, in general, is quite happy. The effect sizes were moderate to large for almost all variables of interest as well, indicating that it is unlikely that the findings were random. A final strength of this research comes from the relatively specific population that participated in the study. While the information may not be easily generalized to couples outside of a therapeutic context, it does provide a fair amount of depth for couples seeking therapy.

In conclusion, despite the general trends noted in the literature for cohabiting couples to be less satisfied and committed to their relationships, we found cohabiting couples presenting at therapy are more satisfied with their relationship, seem more committed, and seem to be slightly more differentiated than both married and dating
couples presenting for therapy. This may indicate that the cohabiting couples attending therapy are different enough to warrant special attention. Similarly the findings of this study may be indicators of the changing nature of cohabiting relationships, and a shift towards greater stability among these couples.
References


Family Issues, 16, 53-76.


anticipatory, motivated self-other integration between relationship partners.

*Journal of Personality and Social Psychology, 96,* 1137-1151.


Appendix A: Intake Questionnaire

Dear Client(s):

Welcome to the Ohio State Family Therapy Clinic. Our primary goal is to provide you with high quality therapeutic services in order to help you meet the needs that have brought you here. The following questionnaire is used by the clinic staff to make assessments of you and your family and is part of your treatment here. You will also be asked to complete these same questions at the end of your treatment here so that we can chart your progress. The staff of the Marriage and Family Therapy Clinic is also interested in documenting the effectiveness of the treatment you receive at the clinic for research purposes. We would like you to participate in an ongoing study being conducted here at the Clinic. For the study you will be asked to complete this initial and final session questionnaires as usual. Then, you will be asked to complete a short questionnaire after sessions 1 through 6. We are also requesting to be able to keep the video of your first session for 3 years, so that it can be coded for particular therapist-client interactions. The coding will be done by research assistants who will not know your name or situation, they will also be asked to sign a confidentiality agreement so that your confidentiality will be protected in the same way it is protected here in the clinic. These first session videotapes will never leave the clinic and will not be viewed by anyone other than your therapist, your therapist’s supervisor, and research assistants. We encourage you to participate in this study. You have the option of completing the after session questionnaires only, or allowing us to use your first session videotape for research purposes or both. We hope that you will choose both, but the consent form for research allows you to choose which options you would like. All adults in your family over the age of 18 will be asked to participate in this study and consent to it. If you or any family member decides to participate you will get a $10 reduction to your first session fee if you elect to do the after session questionnaire or allow us to save your first session videotape for three years. If you elect both options you will receive a $15 reduction in your first session fee. If your fee is less than $15 your second session fee with be reduced by the remainder. You or your family members will not be identified in anyway in any of the reports that are written from this project. The only identifier we will be using for the data is your case number. Only clinic staff will have access to your file.
which would connect your name and case number. As explained on the consent form, we will maintain your confidentiality. If you elect not to participate in this project, this in no way will affect the services you receive at the clinic.

The following set of questions refers to you and the family members with whom you are receiving treatment here at The Family Therapy Clinic. This information will help us to get a quick "snap shot" of you and your family as we begin our work with you, and also allow us to chart your progress through treatment.

If you do not wish to answer one of the questions, please skip that one, and go on to the next one. We hope that you will complete all the questions. This will provide your therapist with valuable information about you and your family that will enable him/her to develop a treatment plan more quickly. The questionnaire should take you about 30 minutes to complete. When you have finished, please place the questionnaire in the envelope provided and give it to your therapist.

If you elect to participate in the research study, you will be asked to complete a form that should take you about 5 to 10 minutes to complete after this session and the following 5 sessions. It asks you about your relationship (if you are currently in one), how you’re feeling, your opinion of progress made in therapy, and your relationship with your therapist. Once you have completed this 1 page form place it in the envelope provided and drop it into the box at the clinic door. Your therapist will not have access to this information, so please feel free to answer as honestly as possible. Again, your participation in this part of the project is completely voluntary, but would help us to understand what factors contribute to the most effective treatment.

Thank you in advance for your time and attention to these questions and the project. If you have questions please feel free to ask your therapist, or me (614-688-3259). If for any reason these questions upset or concern you, please don’t hesitate to talk to your therapist about your feelings. If you don’t want to talk with your therapist about it and would like a referral to another therapist, please feel free to call me.

Sincerely,

Suzanne Bartle-Haring, Ph.D.
Associate Professor of Marriage and Family Therapy
Principal Investigator
General Information

Case #:
Therapist Code:
Person:

1. What is your age? ______

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

3. What is your current relationships status?
   (Circle all that apply)
   Married (first time)
   Remarried
   Cohabiting
   Divorced
   Widowed
   Single (never married)

4. How many children do you have? ______

5. How many children do you currently have living with you? ______

6. How many stepchildren do you have? ______

7. How many stepchildren do you have living with you full time? ______

8. Circle your highest degree earned:
   Less than highschool
   Highschool Diploma
   GED
   Some College
   Associates Degree
   Bachelor's Degree
   Master's Degree
   Professional Degree
   Ph.D., MD, JD.

9. Which best describes your race/ethnicity?
   Native American
   Hispanic
   Caucasian
   African American
   Other ________________

10. How many hours a week are you currently employed?
    Less than 10
    10 to 20 hours
    21-35 hours
    35-40 hours
    more than 40 hours

11. What is your occupation?
    _______________________

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

13. Have you or any of your family members been to therapy before?  Yes  No

14. Have you or any of your family members been in therapy for the same problem you are now seeking therapy for?  Yes  No

15. Have you or any of your family members been in treatment for alcohol or drug abuse?  Yes  No

16. Has there ever been violence between adults in the household?  Yes  No

17. Are you or any member of your family
currently on medication?  Yes  No

If so please list the member and the medication:

________________________________

____

________________________________

____

________________________________

____

________________________________

___

18. Have you been the victim of abuse during childhood?  Yes  No
1. How long do you expect to come to therapy for this problem? _________________
   (number of sessions)

2. Who do you expect be in therapy with you (Circle all that apply) ?
   Spouse/Partner   Friend(s)
   Child(ren)       Parent(s)
   No One Else     Other (specify) _________________

3. What are the most important things a therapist does? Please rank the top 3 by placing
   a 1, next to the most important, a 2 next to the second most important and a 3 next to the
   third most important.
   ____ Give advice
   ___ Listen
   ___ Provide options
   ___ Allow me/us to vent
   ___ Tell me/us what to do
   ___ Help us to understand each other
   ___ Other __________________________

4. What will be different about you and your relationships at end of therapy? Please
   rank the top three differences that are most important to you by placing a 1 next to the
   most important, a 2 next to the next most important and a 3 next to the next most
   important difference in you and your relationships.
   ___ Feel better
   ___ Get along better
   ___ Fight less
   ___ Communicate better
   ___ Understand each other better
   ___ Solve problems better
   ___ Move toward making important decisions
   ___ Other ___________________________________________

Adults (18 years of age and older)

Please complete the following set of questions if you are currently in a married or cohabiting
relationship. If you are not currently married or cohabiting, please skip this section and go on to
the next section.

Instructions: Please circle the number closest to how you have been feeling over the past month.
On a scale from 1 to 10, how satisfied would you say you are with your relationship, 1 meaning not satisfied at all and 10 meaning completely satisfied.

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<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

On a scale from 1 to 10, how committed would you say you are to your relationship, 1 meaning not committed at all and 10 meaning completely committed.

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<th>8</th>
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<th>10</th>
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</table>

**Instructions:** These are questions concerning your thoughts and feelings about yourself and relationships with others. Please read each statement carefully and decide how much the statement is generally true of you on a 1 (not at all) to 6 (very) scale. If you believe that an item does not pertain to you (e.g., you are not currently married or in a committed relationship, or one or both of your parents are deceased), please answer the item according to your best guess about what your thoughts and feelings would be in the situation. Write the number corresponding to your answer in the space provided using the following scale:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all true of me</td>
<td>Very true of me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. People have remarked that I’m overly emotional.
2. I have difficulty expressing my feelings.
3. I often feel inhibited around my family.
4. I tend to remain pretty calm even under stress.
5. I’m likely to smooth over or settle conflicts between two people whom I care about.
6. When someone close to me disappoints me, I withdraw from him or her for a time.
7. No matter what happens in my life, I know that I’ll never lose my sense of who I am.
8. I tend to distance myself when people get too close to me.
9. It has been said (or could be said) of me that I am still very attached to my parent(s).
10. I wish that I weren't so emotional.
11. I usually do not change my behavior simply to please another person.
12. My spouse or partner could not tolerate it if I were to express to him or her my true feelings about some things.
13. Whenever there is a problem in my relationship, I’m anxious to get it settled right away.
14. At times my feelings get the best of me and I have trouble thinking clearly.
15. When I am having an argument with someone, I can separate my thoughts about the issue from my feelings about the person.
16. I’m often uncomfortable when people get too close to me.
17. It's important for me to keep in touch with my parents regularly.
18. At times, I feel as if I'm riding an emotional roller coaster.
19. There's no point in getting upset about things I cannot change.
20. I'm concerned about losing my independence in intimate relationships.
21. I'm overly sensitive to criticism.
22. When my spouse or partner is away for too long, I feel like I am missing a part of me.
23. I'm fairly self-accepting.
24. I often feel that my spouse or partner wants too much from me.
25. I try to live up to my parents' expectations.
26. If I have had an argument with my spouse or partner, I tend to think about it all day.
27. I am able to say no to others even when I feel pressured by them.
28. When one of my relationships becomes very intense, I feel the urge to run away from it.
29. Arguments with my parent(s) or sibling(s) can still make me feel awful.
30. If someone is upset with me, I can't seem to let it go easily.
31. I'm less concerned that others approve of me than I am about doing what I think is right.
32. I would never consider turning to any of my family members for emotional support.
33. I find myself thinking a lot about my relationship with my spouse or partner.
34. My self-esteem really depends on how others think of me.
35. When I'm with my spouse or partner, I often feel smothered.
36. I worry about people close to me getting sick, hurt, or upset.
37. I often wonder about the kind of impression I create.
38. When things go wrong, talking about them usually makes it worse.
39. I feel things more intensely than others do.
40. I usually do what I believe is right regardless of what others say.
41. Our relationship might be better if my spouse or partner would give me the space I need.
42. I tend to feel pretty stable under stress.

Instructions: In the next set of questions, we would like you to choose the statement (a or b) that best fits what you believe to be true.

1. A. Many of the unhappy things in people’s lives are partly due to bad luck.
   B. People’s misfortunes result from the mistakes they make.

2. A. In the long run, people get the respect they deserve in this world.
   B. Unfortunately, an individual’s worth often passes unrecognized no matter how hard he/she tries.

3. A. Without the right breaks, one cannot be an effective leader.
   B. Capable people who fail to become leaders have not taken advantage of their opportunities.

4. A. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
   B. Getting a good job depends mainly on being in the right place at the right time.

5. A. What happens to me is my own doing.
   B. Sometimes I feel that I don’t have enough control over the direction my life is taking.

6. A. When I make plans, I am almost certain that I can make them work.
   B. It is not always wise to plan too far ahead, because many things turn out to be a matter of good or bad fortune anyway.
7.  A. In my case, getting what I want had little to nothing to do with luck.
   B. Many times we might just as well decide what to do by flipping a coin.

8.  A. Who gets to be boss often depends on who was lucky enough to be in the right place first.
   B. Getting people to do the right thing depends on ability; luck has little or nothing to do with it.

9.  A. Most people don’t realize the extent to which their lives are controlled by accidental happenings.
   B. There is really no such thing as “luck.”

10. A. In the long run, the bad things that happen to us are balanced by the good ones.
     B. Most misfortunes are the result of lack of ability, ignorance, laziness or all three.

11. A. Many times I feel that I have little influence over the things that happen to me.
     B. It is impossible for me to believe that chance or luck plays an important role in my life.

Instructions: Using the scale below, indicate the number which best describes how often you felt or behaved in this way during the past week:

   0= Rarely or none of the time (less than 1 day)
   1= Some or a little of the time (1-2 days)
   2= Occasionally or a moderate amount of time (3-4 days)
   3= Most or all of the time (5-7 days)

_____ 1. I was bothered by things that usually don’t bother me.
_____ 2. I did not feel like eating; my appetite was poor.
_____ 3. I felt that I could not shake off the blues even with help from my family or friends.
_____ 4. I felt that I was just as good as other people.
_____ 5. I had trouble keeping my mind on what I was doing.
_____ 6. I felt depressed.
_____ 7. I felt that everything I did was an effort.
_____ 8. I felt hopeful about the future.
_____ 9. I thought my life had been a failure.

Instructions: Using the scale below, indicate the number which best describes how often you felt or behaved in this way during the past week:

   0= Rarely or none of the time (less than 1 day)
   1= Some or a little of the time (1-2 days)
   2= Occasionally or a moderate amount of time (3-4 days)
   3= Most or all of the time (5-7 days)

_____ 10. I felt fearful.
_____ 11. My sleep was restless.
_____ 12. I was happy.
_____ 13. I talked less than usual.
15. People were unfriendly.
16. I enjoyed life.
17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me.
20. I could not get “going.”

Instructions: Below is a list of comments made by people about stressful life events or problems and the context surrounding them. Read each item and decide how frequently each item was true of you during the past week (7 days), for the event or problem that has brought you to the clinic. If the item did not occur during the past 7 days, choose the “Not at All” option. Indicate on the line next to the items the number that best describes the frequency of that item.

0= Not at All
1= Rarely
3= Sometimes
5= Often

1. I thought about it when I didn’t mean to.
2. I avoided letting myself get upset when I thought about it or was reminded of it.
3. I tried to remove the problem or event that brought me to therapy from my memory.
4. I had trouble falling asleep or staying asleep because of pictures or thoughts that came to my mind.
5. I had waves of strong feelings about the problem or event that brought me to therapy.
6. I had dreams about it.
7. I stayed away from reminders of it.
8. I felt as if it hadn’t happened or it wasn’t real.
9. I tried not to talk about it.
10. Pictures about it popped into my mind.
11. Other things kept making me think about the problem or event that brought me to therapy.
12. I was aware that I still had a lot of feelings about it, but I didn’t deal with them.
13. I tried not to think about it.
14. Any reminder brought back feelings about it.
15. My feelings about it were kind of numb.

Instructions: Finally, Considering how you have been feeling these days, please answer the following questions by circling YES or NO: Did you ever feel…

1. Particularly excited or interested in something?
   YES   NO
2. Did you ever feel so restless that you couldn’t sit long in a chair?
   YES   NO
3. Did you ever feel proud because someone complimented you on something you had done?
   YES   NO
4. Did you ever feel lonely or remote from other people?
   YES       NO

5. Did you ever feel pleased about having accomplished something?
   YES       NO

6. Did you ever feel bored?
   YES       NO

7. Did you ever feel on top of the world?
   YES       NO

8. Did you ever feel depressed or very unhappy?
   YES       NO

9. Did you ever feel that things were going your way?
   YES       NO

10. Did you ever feel upset because someone criticized you?
    YES       NO