

## ABSTRACT

Title of Document:                   **CLINICAL COUPLES' AGGRESSIVE AND  
WITHDRAWAL COGNITIONS AND  
BEHAVIOR: THEIR INDEPENDENT AND  
COMBINED ASSOCIATIONS WITH THE  
RECIPIENTS' TRUST AND RELATIONSHIP  
COMMITMENT**

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This study examined the relations of partners' aggressive cognitions and behaviors and withdrawal cognitions and behaviors with the recipient's trust in the partner and commitment to their relationship. It involved a secondary analysis of data from a sample of 82 couples who sought therapy at a university-based couple and family therapy clinic serving the local community. The sample had been identified through pre-therapy assessments as experiencing some degree of psychological aggression and/or mild to moderate physical aggression in their relationships. Relations between aggressive thoughts and behaviors, as well as withdrawal thoughts and behaviors, and levels of the other partner's trust and commitment to the relationship were tested. Results indicated significant associations of greater aggressive and withdrawal behaviors and cognitions with lower partner commitment and trust, and that cognitions are associated with partner trust and commitment even when controlling for the individual's associated behavior.

CLINICAL COUPLES' AGGRESSIVE AND WITHDRAWAL COGNITIONS AND  
BEHAVIOR: THEIR INDEPENDENT AND COMBINED ASSOCIATIONS WITH  
THE RECIPIENT'S TRUST AND RELATIONSHIP COMMITMENT

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## CHAPTER 1

### Introduction

#### *Statement of the Problem*

Trust—the level of confidence that individuals have that another person can be counted on to fulfill their needs and desires—and commitment—the intent to persist in a relationship over time— are two of the most important characteristics of intimate relationships. Studies have found that commitment and trust are associated with better communication and less destructive behavior between partners during times of crisis (Johnson, Caughlin, & Huston, 1999; Jones & Adams, 1999; Rusbult, 1983; Rusbult & Buunk, 1993; Stanley & Markman, 1992). Although general relationship satisfaction has more often been used as a general index for understanding individuals' subjective experiences of their relationships, it has been shown to be less predictive of relationship stability than is commitment (Stanley & Markman, 1992) and less conceptually precise than trust, commitment, and conflict resolutions skills (Miller & Rempel, 2008). There is a growing body of research on both trust and commitment in the context of intimate couple relationships. However, there is a need for more extensive research, especially on factors that add to or detract from trust and commitment.

Prior research has identified partners' aggressive and withdrawal behaviors as risk factors for distress in their intimate relationships (Gottman, 1994; Murphy & Hoover, 2001). Gottman (1994) conducted longitudinal studies that identified four types of partner behavior that predict relationship dissolution: *criticism* (attacking and blaming the

other person's personality or character rather than his or her specific behavior), *defensiveness* (warding off a perceived attack from the partner), *contempt* (insulting and psychologically abusive evaluations of the partner as a human being), and *stonewalling*, (removing oneself from the interaction with the partner in a variety of ways such as leaving the room, changing the subject, or refusing to respond). Gottman named these four types of interaction "the four horsemen of the apocalypse" that lead to marriage dissolution. In particular, Gottman (1994) found that expressions of contempt and stonewalling behavior are especially predictive of relationship distress and dissolution. However, there is a lack of information on whether individuals' aggressive behaviors (comparable to criticism and contempt) and withdrawal behavior (comparable to stonewalling) also are associated with lower trust and relationship commitment on their partners' parts. It seems reasonable to expect that an individual's aggressive behaviors as well as withdrawal behaviors will decrease his or her partner's trust and commitment to the couple's relationship, factors that likely contribute to relationship distress and dissolution. Consequently, this study was designed to add to knowledge of negative effects of aggressive and withdrawal behavior by examining their associations with diminished trust and commitment.

Furthermore, beyond the direct impacts of one person's overt behavior on the other's subjective feelings about these relationship, little is known about whether a person's internal thoughts and feelings may have effects on the partner through a more subtle process. Partners idiosyncratically notice, interpret, and evaluate certain aspects of their couple interactions and events (Beck, Rush, Shaw, & Emery, 1979; Epstein & Baucom, 2002). These idiosyncratic ways of noticing, interpreting, and evaluating a

partner's behavior are part of the individual's internal experience of the relationship, whether or not they affect the individual's subsequent overt behavior toward the partner. Thus, an individual may respond to his or her partner's actions by experiencing aggressive and/or withdrawal cognitions, whether or not he or she also exhibits overt aggressive or withdrawal behavior. It is not known whether the person's partner notices even subtle cues to such internal thoughts and is affected by them, above and beyond influences of the person's overt aggressive and withdrawal behavior.

This study was designed to fill a gap in current research to establish if withdrawal and aggressive behaviors by one member of a couple are associated with lower trust and commitment by the other member. In addition, this study examined if, in addition to the previously mentioned behaviors, one member's aggressive and withdrawal cognitions are associated with the other's lower trust and commitment. Knowing the full range of negative impacts that aggressive and withdrawal behaviors and cognitions have on a relationship will better prepare clinicians to know how to design better treatments that take these impacts into account.

### *Purpose*

This study examined the degrees to which individuals' aggressive cognitions, withdrawal cognitions, aggressive behavior, and withdrawal behavior are independently and collectively associated with the recipient partners' levels of trust and commitment to the relationship, within a sample of couples who sought therapy for relationship issues at a university-based clinic. The aims of this study were to examine:

- How an individual's withdrawal behaviors and cognitions regarding the partner and relationship are related to the partner's trust in him or her.



- How an individual's aggressive behaviors and cognitions regarding the partner and relationship are related to the partner's trust in him or her.
- How an individual's withdrawal behaviors and cognitions regarding the partner and relationship are related to the partner's commitment to the couple relationship.
- How an individual's aggressive behaviors and cognitions regarding the partner and relationship are related to the partner's commitment to the couple relationship.
- Whether withdrawal and aggressive behaviors mediate the relations of withdrawal and aggressive cognitions, respectively, and the partner's trust and commitment.

Trust is the first dependent variable in this study. For this study, trust is conceptualized and assessed as relationship-specific and not as a general trait of the individual (Hinde, 1979), and it is defined as the expectation that a partner can be relied upon to behave in a benevolent manner and to meet one's needs. Trust includes three components: (1) predictability of a partner's actions, (2) dependability or the belief that one's partner can be relied upon to be honest and benevolent, and (3) faith or conviction that the partner is intrinsically motivated to be caring and responsive (Rempel, Holmes, & Zanna, 1985).

Commitment is the second dependent variable, conceptualized as an individual's long-term orientation (beliefs, values) toward maintaining a relationship, including the intent to persist and the feelings of psychological attachment (Rusbult, 1983). The individual expresses commitment through *thoughts* regarding connection versus

disengagement from the partner, as well as *actions* focused on maintaining proximity and interaction with the partner rather than distancing.

The first pair of independent variables are overt psychologically aggressive behavior and overt withdrawal behaviors that a member of a couple enacts toward his or her partner. Psychologically aggressive behaviors are conceptualized as acts of criticism, verbal aggression, and acts of isolation and/or domination (O’Leary, 2001). The present study focused on forms of psychologically aggressive behavior rather than physical aggression, because psychological aggression is much more common among distressed couples, and a goal of this study was to understand processes contributing to the deterioration of relationships in the broad population of couples who experience distress and seek therapeutic help. Withdrawal behaviors include actions that create emotional or physical distance from one’s partner (Christensen, 1987). As described by Gottman (1994) and Christensen and his colleagues (e.g., Christensen, 1987; Christensen & Heavey, 1990), withdrawal fails to resolve conflicts between members of a couple and often contributes to a circular demand-withdraw pattern that is frustrating to both members of the couple.

The second pair of independent variables are aggressive and withdrawal cognitions. For the purposes of this study, aggressive cognitions are thoughts that focus on denigration and anger, such as “I hate you”, “What the hell makes you think you can”, and “I’ll get you back”. Withdrawal cognitions focus on wanting to create emotional and physical distance from one’s partner, such as “I want to go away”, “Go away; leave me alone”, and “I want out”. Although an individual may voice such negative thoughts explicitly to a partner, the emphasis in this study was on the content of internal thoughts.

Although cognitive-behavioral models of relationship functioning traditionally have focused on the effects that partners' behaviors have on each other's subjective feelings about the relationship, the present study goes beyond relational behavior to examine whether individuals' internal cognitions affect each other's trust and commitment.

### *Literature Review*

*Commitment.* Wieselquist, Rusbult, Foster, and Agnew (1999) have suggested that commitment to an intimate partner "represents long-term orientation toward a relationship, including psychological attachment" (p. 943). They explain that commitment develops over time as a result of changes in three aspects of dependence: (a) satisfaction level, the degree to which a partner meets one's most important needs, (b) quality of alternatives is poor, such that the individual appraises that no one else could meet his/her needs at least as well as the current partner, and (c) degree of investment, or the time and energy that one has already expended to create and maintain this relationship.

Wieselquist et al. (1999) found that commitment will promote a variety of what they term "maintenance behaviors" that the individual engages in to sustain a relationship, including the three categories of (a) disparagement of alternatives or the tendency to "drive away or derogate tempting alternative partners" (p. 943), (b) willingness to sacrifice or the tendency to "forego desired activities for the good of the relationship" (p. 943), and (c) accommodative behavior. This suggests that commitment could reliably be measured by assessing the behaviors that an individual uses to maintain a relationship or to leave it. Wieselquist et al. (1999) hypothesized that Partner A's commitment would be positively associated with both Partner A's accommodative

behavior and willingness to sacrifice. Wieselquist et al. used two longitudinal studies to test the association between commitment and maintenance behaviors. In Study 1 the researchers obtained data using questionnaires from 53 heterosexual couples on three occasions, once every four to five weeks. Study 2 involved data from 65 couples at assessment points 3 and 5 of a six-wave longitudinal study of marital relationships, spanning about a 23-month period. Wieselquist et al. found that regression analyses confirmed their hypotheses that increased dependence on a partner increased commitment, and commitment predicted significant increases over time in maintenance behaviors such as accommodation and willingness to sacrifice.

Prior research has indicated that relationship satisfaction and commitment to the relationship are highly correlated (Rusbult, 1983; Sprecher, 2001), but it is important to recognize that they each account for unique variance in couple well-being. One or both partners in a relationship may be both satisfied with their relationship and be strongly committed to each other. On the other hand, it is possible for one or both partners to be highly dissatisfied with their relationship and continue to engage in committed behaviors. Stanley and Markman (1992) have shown that commitment to a relationship can more accurately predict relationship stability than measures more related to relationship satisfaction. Many other studies have confirmed that commitment reliably predicts persistence in a relationship (Bui, Peplau, & Hill, 1996; Drigotas & Rusbult, 1992; Felmlee, Sprecher, & Bassin, 1990; Rusbult, 1983). Many factors may keep someone committed to a relationship despite low relationship satisfaction, including religion, finances, children, lack of better options, or social pressure from family and friends (Stanley & Markman, 1992). John may be very unsatisfied with his partner Mary or both

may feel they have nothing in common and argue with each other day and night.

However, if John or Mary perceives that they are financially dependent on the other, with no other means to support themselves, they may choose to maintain the relationship.

In their review of nine studies of commitment in interpersonal relationships in which gender was a variable (Duffy & Rusbult, 1985-1986; Jayroe, 1979; Kimmons, 1981; Melcher, 1989; Morrow, 1988; Murstein & MacDonald, 1983; Pramann, 1986; Sabatelli & Cecil-Pigo, 1985; Singh & Khullar, 1989) Adams and Jones (1999) found that females consistently reported more commitment to their partners than males did. Brewer (1993) found that husbands tend to struggle more with competing commitments (e.g., between marriage and career) and are more conflicted about their marital commitment than are wives. Sprecher (1988) found that males' commitment has been shown to be related to their own level of relationship satisfaction but not that of their wives. However, Hendrick (1988) found that a wife's commitment is associated with both her own and her husband's relationship satisfaction. Adams and Jones (1999) concluded that these findings suggest that the direction of causality between relationship satisfaction and commitment may vary as a function of gender.

Thus, commitment represents a long-term attachment to another person that develops as the individual's dependence and investment in the relationship increase and as the quality of alternatives (another relationship or being alone) remains low. Commitment is an important aspect of relationships that has been found to be more accurately predict relationship maintenance than even relationship satisfaction does. Many factors, including gender, influence individuals degree of commitment to a relationship.

*Trust.* Research has shown that trust is often regarded as the most important component of a loving relationship (Fehr, 1988; Miller & Rempel, 2004; Regan, Kocan, & Whitlock, 1998). Miller and Rempel (2004) have pointed out that betrayals of trust and broken promises in extra-dyadic affairs are often the critical factor that lead to the dissolution of intimate relationships.

Trust has been defined as the “expectation that a given partner can be relied upon to behave in a benevolent manner and be responsive to one’s needs” (Weiselquist, et al., 1999, p. 944). This expectation is said to contain three components: (a) predictability—the belief that the partner will act in a consistent manner, (b) dependability—the belief that the partner can be expected to be honest, reliable, and benevolent, and (c) faith—the belief that the partner is intrinsically motivated to be responsive and caring (Holmes & Rempel, 1989; Wieselquist, et al., 1999).

Miller and Rempel (2004) have argued that trust involves a set of cognitive expectations for what will occur in the relationship with a partner in the future, developed over time based on the observed actions of the partner. If a partner has repeatedly demonstrated predictability, dependability, and faithfulness, then the individual will have developed a stable schema of trust in him or her. Once the individual has developed a schema of trust, the individual will interpret future detrimental actions by the partner as isolated actions by an otherwise trustworthy partner. This trust can be eroded over time by unresolved conflict, repeated episodes of small betrayals, or major events such as infidelity. Research indicates that partners have unspoken assumptions about each other and their relationship and that when these assumptions are violated it causes them to question their entire belief system regarding this partner in such a way that regaining trust

can be very difficult, and sometimes impossible (Fox & Halbrook, 1994; Franklin, Janoff-Bulman, & Roberts, 1990; Gordon & Baucom, 1998, Mendola, Tennen, Affleck, et al., 1990). In these cases it only takes one violation to lose the trust of a partner, and many positive acts over time to restore trust.

Members of couples do not have access to the underlying motives, beliefs, and emotions of their partners, so they must infer these from how their partner behaves (Gergen, Hepburn, & Fisher, 1986; Griffin & Ross, 1991). Based on interdependence theory (Kelley, et al., 1983), Miller and Rempel (2004) have suggested that situations in which individuals can make positive inferences about their partner's motives are scenarios in which the partner "voluntarily alters his or her preferred course of action to enhance his or her partner's well being" (p. 696). Trust will grow in these scenarios, because there are no other perceived explanations for why a partner would forego what is "best" for his or her individual benefit in order to accomplish what is "best" for the partner or the relationship's benefit.

It should be mentioned that previous research has identified that trust and commitment account for unique variance in couple well-being (Wieselquist, Rusbult, Foster, & Agnew, 1999). In their two longitudinal studies Wieselquist et al. considered trust and commitment in comparison to the diverse aspects of couple well-being measured by the Dyadic Adjustment Scale (DAS), including intimacy, intent to persist, effective problem solving, and positive affect. To effectively ensure that there was no overlap between the DAS and their model, the researchers deleted key items from the measure. Wieselquist et al. then performed a concurrent analysis in which they regressed dyadic adjustment simultaneously onto commitment and trust, and both variables

accounted for unique variance in dyadic adjustment (for commitment in Study 1  $\beta = .29$  and in Study 2  $\beta = .31$ ; for trust in Study 1  $\beta = .53$  and in Study 2  $\beta = .63$ , all  $ps < .05$ )

In summary, past research focused on trust as an individual trait characteristic that is stable over time and relationships, but more recently it has also been considered as an interpersonal construct that can vary from relationship to relationship. Trust is developed as a man or woman learns over time that their partner is dependable, predictable, and worthy of their faith. Because individuals do not have direct access to their partner's inner thoughts, trust is earned as partners voluntarily make decisions and sacrifices that benefit the relationship.

*Psychologically aggressive behavior.* In the present study, a decision was made to assess partners' aggressive behavior toward each other in terms of forms of psychological aggression rather than physical aggression, because psychological aggression is more common in couple relationships, and the investigator was aware that the frequency of physically aggressive acts was low overall in the available sample of clinic couples. However, the choice to assess psychological aggression raises a definitional issue, because psychological aggression is a subset of what typically has been labeled psychological or emotional abuse in the literature.

Psychological and emotional abuse in relationships has been difficult to define, because it often is less explicit than physically aggressive acts that involve contact with another person's body. However, O'Leary (2001) has written, "Based on existing research, parallel definitions of psychological abuse lead to a definition as follows: acts of recurring criticism and/or verbal aggression toward a partner, and/or acts of isolation and domination of a partner" (p. 22). Murphy and Hoover (2001) identify four categories



of psychological abuse: restrictive engulfment, hostile withdrawal, denigration, and domination/intimidation. Restrictive engulfment involves monitoring and controlling a partner's behavior, hostile withdrawal includes avoidance behaviors and the withholding of emotional support, denigration involves humiliating one's partner, and domination/intimidation includes behaviors meant to control a partner through threats, destruction of property, and verbal belligerence (Murphy & Hoover, 2001).

This type of aggression may be best included in what the literature refers to as "common couple violence" (Johnson, 1995; Johnson & Ferraro, 2000; Simpson, Doss, Wheeler, & Christensen, 2007). Johnson differentiated between four categories of violence. The most common is low-level violence, or common couple violence. Violence in this category is relatively infrequent and involves mild-to-moderate aggression by both members of a couple, including slapping and shoving, that comes from frustration, heated arguments, and poor communication skills. The most severe form of violence is "patriarchal/intimate terrorism" this represents unilateral systematic effort by one partner to control and dominate their partner through violence, emotional abuse, economic control, sexual coercion, and social isolation. The third type is "violent resistance", involving violence that is committed by an individual in response to a partner who is violent and controlling and is almost exclusively committed by women in response to violent male partners. The final type is "mutual violent control" which refers to a relationship in which both partners are violent and controlling. Johnson based these four categories on studies that he conducted using community surveys of aggression and studies of battered women and battering men. In the first he found that violence was mild, infrequent, and often occurred as the result of frustration, poor problem solving

skills, and arguments that escalated too far. These studies found that this common couple violence occurs at relatively equal rates by men and women, and is not used in an effort to control or terrorize a partner. In the battering sample he found that violence and aggression were used by individuals in a consistent and systematic effort to control or terrorize a partner.

Simpson, Doss, Wheeler, and Christensen (2007) conducted a study that provided validation of the construct of common couple violence. Using samples from two clinics, one in Los Angeles and one in Seattle, these researchers examined types of violence in a sample of 273 couples who had sought therapy. They found that couples fell into three categories, (a) couples in which no violence has occurred, (b) couples characterized by infrequent, mild, and mutual common couple violence, and (c) couples characterized by more frequent, severe violence or battering. The researchers also found that couples with more violence had higher levels of marital distress and tended to have poorer communication and problem solving skills than couples with lower levels of violence.

O'Leary (2001) has pointed out that beyond the risks of physical injury the effects of psychological aggression on victims are very similar to the effects of physical aggression, and physical aggression rarely occurs without psychological aggression. In fact, psychological aggression has been identified as a strong predictor of physical aggression (Murphy & O'Leary, 1989). In their study using a sample of battered women, Sackett and Saunders (1999) discovered that psychological aggression predicted unique variance in women's fear of their partner, and psychological aggression was a much stronger predictor of fear than was physical aggression. They also found that physical

abuse and psychological abuse each accounted for unique variance in depression and self-esteem.

Another way to assess the impact of psychological aggression is to interview those who have experienced both physical aggression and psychological aggression. Follingstad, Rutledge, Berg, Hause, and Polek (1990) interviewed 234 women to assess the physical and psychological abuse in their relationships. Most of the women reported being out of the abusive relationship while 33 still remained in the relationship. The investigators assessed for six types of emotional abuse: threats of abuse, ridicule, jealousy, threats to change marriage status, restriction, damage to property. Seventy-four percent of the women rated emotional abuse as having a more negative impact than physical abuse. Fifty-four percent of the women reported that they could predict subsequent physical abuse from the emotional abuse that they received. The form of emotional abuse that was rated as having the most negative impact was ridicule (46%) followed by threats of abuse (15%), followed by jealousy (14%).

Gottman, Jacobson, Gortner, Berns, and Short (1996) followed batterers and their wives for two years to assess predictors of marital dissolution. At the end of two years, 62% of the couples ( $n = 24$ ) were still married and 38% ( $n = 17$ ) had separated or divorced. Physical abuse did not discriminate between which relationships would end in dissolution and which would not, but emotional abuse did discriminate. The researchers concluded, "Over time, emotional abuse is a more important factor than physical abuse in contributing to wife's marital satisfaction, and in driving them (wives) out of the marriage" (p. 390).

In summary, psychologically abusive behavior commonly co-exists with and often precedes physical aggression, and the negative effects of the two can be difficult to analyze separately. Both forms of negative behavior toward a partner are associated with lower relationship satisfaction and the likelihood of relationship dissolution. However, psychologically aggressive behavior has been found in many cases to have a more negative impact on women, and over time it is more predictive of relationship dissolution than is physical aggression. The construct of common couple violence provides conceptual clarity for psychological aggression in couples where physical violence is mild and infrequent.

In the present study, Murphy and Hoover's (2001) typology of psychologically or emotionally abusive behavior was used to define psychological aggression. As described earlier, Murphy and Hoover have differentiated four types of psychological abuse: restrictive engulfment, hostile withdrawal, denigration, and domination/intimidation. Of these four, denigration and domination/intimidation involve aggressive acts directed toward the other person (e.g., verbal attacks on the partner's self-esteem, destruction of the partner's property), whereas restrictive engulfment involves constraining the partner and intruding into his or her privacy, and hostile withdrawal involves movement away from the partner. Consequently, in this study psychological aggression was defined as acts of denigration and domination/intimidation.

*Withdrawal behaviors and their negative impact on couple relationships.* Epstein and Baucom (2002) pointed out that withdrawal is commonly used in couple relationships when Partner A perceives that Partner B is criticizing him/her or that Partner B is expressing contempt for them. Epstein and Baucom stated that withdrawal

may protect the partner from contempt and criticism, but that it is likely to damage the relationship further, either by intensifying the other's aggressiveness or eventually leading the partner to withdraw as well. It should be pointed out that withdrawal may be based primarily on the individual's desire to escape aversive behavior from the partner and protect oneself, with no significant anger on the withdrawing person's part, or it may involve an aggressive component, as in the form of hostile withdrawal, based on an intent to punish or control the partner, as described in the section on psychological aggression above.

Gottman and Levenson (1992) found that men in particular withdraw when they experience high levels of arousal when their interaction with their partner has become conflictual. Gottman and Levenson argued that this was due to a biological difference between men and women, based on their data indicating that during times of marital tension it is more likely for men's than women's blood pressure and heart rate to increase. "Therefore men may feel a greater, perhaps instinctive, need to flee from intense conflict with their spouse in order to protect their health" (Gottman & Levenson, 1992, p. 95). In contrast to the individual difference perspective that Gottman and Levenson offered, Jacobson (1983) theorized that the demand and withdraw interaction was influenced by power relations in the social structure of couple relationships. Epstein and Baucom (2002) explained these interactions by writing that the partner who is most interested in maintaining the status quo will engage in withdrawal-type behaviors. "The less powerful person in the relationship must push for what he or she wants, while the more powerful person might withdraw to maintain control over the relationship" (Epstein & Baucom, 2002, p. 54). Jacobson (1983) drew upon research indicating that even in

marriages where both partners work outside the home full time, women shouldered the larger burdens of household work and childcare responsibilities, with marriage increasing a woman's risk for depression while at the same time decreasing men's risk for depression. Consequently, women have greater cause to demand that changes be made in their relationship, and men have more motivation to maintain the status quo by engaging in withdrawal behavior.

Christensen and Heavey (1990) found that both women and men engage in withdrawal behavior depending on the topic of conflict. They conducted a study that began with the assumption that all partners will want change in the other at sometime during their relationship. They believed that the partner who wants change is unhappy with the status quo, whereas the one who has been asked to change is likely to be at least more satisfied with the status quo. Christensen and Heavey designed a study that examined couples engaging in two interaction scenarios; one in which the woman wanted a change in the man, and one in which the man wanted a change in the woman. Thirty-one heterosexual couples that had a son between the ages of 7 to 12 participated in the study. Each parent had previously indicated on a parenting questionnaire that they desired a change in their partner's parenting style. Each partner had completed a marital satisfaction questionnaire, and the couple had allowed the researchers to videotape the two samples of their communication. The communication samples were then independently rated by coders for the frequencies of eight classes of husband and wife behaviors on a 9-point scale. The eight behaviors were "avoidance," "discussion," "feeling expression," "blame," "negotiation," "pressure for change," "defends," and "withdraws."

Both the analysis of observational coding of the couples' communication sample and the analysis of the partners' self-reports regarding the couple communication patterns indicated that the wife-demand/husband-withdraw interaction pattern was significantly more likely to occur than the husband-demand/wife-withdraw interaction. However, the findings also indicated that there was a significant shift in the demand/withdraw pattern depending on whose desire for change was being addressed in the couple's discussion. When the couple discussed the change desired by the wife, it was much more likely that the wife-demand/husband-withdraw interaction would occur than the reverse. However, when the change desired by the husband was discussed, the occurrence of wife-demand/husband-withdraw interaction decreased and the husband-demand/wife withdraw interaction increased so that there was no longer any significant difference between the likelihood of one occurring more than the other. Regardless of which partner is withdrawing and which is demanding this cycle is associated with relationship distress and divorce among married couples (Gottman, 1994).

In summary, withdrawal is a common response during conflict between members of a couple, and it has been found to be inversely correlated with marital satisfaction. Research has shown that generally men in heterosexual couples are more likely to withdraw than women. This has been explained both in terms of a gender difference in physiological distress experienced during conflict and because of a common gender difference in power within couple relationships. Both members of a couple may withdraw when their partner demands a change from them, but women may engage in more demanding behavior that leads to men withdrawing in part because women have less power in their relationships and are less satisfied with the status quo.

*Cognitions in couple relationships.* The manner in which partners interpret events in their relationship, especially each other's behaviors, can have a significant impact on their relationship. Each partner has a unique way of processing information that is in part learned and is in part an automatic process (Beck, Rush, Shaw, & Emery, 1979). Two important premises of a cognitive-behavioral conceptualization of intrapersonal and interpersonal problems are that: 1) an individual's dysfunctional responses to life events are guided by faulty information processing, and 2) individuals fail to evaluate the appropriateness of their cognitions. Beck et al. (1979) use the phrase "automatic thoughts" to describe a person's stream-of-conscious thoughts that are elicited by internal and external events. These thoughts occur instantaneously and seem appropriate in the moment to the individual. The individual's emotional and behavioral responses to an event are consistent with his or her perceptions of reality in the moment, as guided by his or her automatic thoughts, but these thoughts may in fact be inappropriate or distorted. For example, if an individual has an automatic thought that a partner is attempting to violate his or her personal rights, even if the partner has no such intent, the individual may respond with anger and aggressive behavior.

In addition to automatic thoughts, Beck et al. (1979) proposed that individuals have developed relatively stable cognitive schemas, or knowledge structures involving beliefs about the world, including schemas about characteristics of the self, intimate relationships, and people who fill particular roles (e.g., mother, father, spouse). Schemas can include assumptions about characteristics that a person or relationship has or standards about characteristics that a person or relationship should have (Baucom & Epstein, 1990; Epstein & Baucom, 2002). In addition to schemas regarding the



characteristics of people and relationships, individuals have schemas that involve scripts regarding ways in which aspects of the world operate. An example of a script regarding a couple relationship is an individual's beliefs about the sequence of events that tends to occur when members of a couple argue about an issue of importance to them. In the cognitive-behavioral theoretical model, such basic beliefs are the templates that individuals carry with them and use to interpret daily events. Research in the field of social psychology has shown that people will hold strongly to such basic beliefs despite contradictory evidence (Nisbett & Ross, 1980).

Baucom, Epstein, Sayers, and Sher (1989) identified five types of cognitions that have been linked to the quality of behavioral interactions between members of a couple and to partners' levels of relationship satisfaction: selective attention, attributions, expectancies, assumptions, and standards. These five types of cognition can be divided according to the automatic thoughts versus schemas distinction proposed by Beck et al. (1979). First, members of couples have been shown to selectively attend to particular positive or negative aspects of their relationship and to ignore other important behaviors. Jacobson and Moore (1981) found that partners agree less than 50% of the time about specific events that happened only the day before. This *selective attention*, which involves automatic thoughts occurring in the moment, may lead a partner to develop a skewed perspective of their mate, and it may interfere with individuals' attempts to behave more positively toward a partner if new actions tend to be overlooked (Epstein & Baucom, 2002). To the degree that members of a couple selectively notice each other's negative acts and overlook positive behavior, they are likely to remain distressed about their relationship.

Second, increasingly research has shown that individuals' moment-to-moment negative *attributions* about their partners' characteristics and intentions are strongly related concurrently and longitudinally to lower levels of relationship satisfaction, as well as the individuals' negative behavior toward their partners (Bradbury & Fincham, 1990; Epstein & Baucom, 1993; Bradbury, Fincham, Beach, & Nelson, 1996; Karney & Bradbury, 2000; Sanford, 2006). For example, Bradbury et al. (1996) found that husbands and wives who made negative attributions regarding factors contributing to marital problems were more likely to exhibit negative behavior toward their partners and less likely to engage in constructive problem solving conversations. Thus, attributions constitute another form of automatic thoughts that can influence couple relationships.

A third form of automatic thoughts are expectancies, or moment-to-moment predictions that an individual makes about sequences of events within his or her relationship; for example an expectancy about the likelihood that a partner will respond to a request for behavior change by verbally attacking him or her. Vanzetti, Notarius, and NeeSmith (1992) conducted a study to compare *expectancies* of non-distressed and distressed couples. An important current topic of considerable conflict in each couple's relationship was selected by mutual consent by each member of the couple and the experimenter, so the couple could discuss it. Each member of the couple then completed a questionnaire that asked them to predict how their partner would act during a discussion of this topic. The researchers' prediction that members of distressed couples would predict less positive partner behaviors and more negative behaviors was supported. The researchers also predicted that when a man or woman in a distressed marriage expected their partner to exhibit negative behaviors, and instead received positive behaviors, the

partner would be more likely to attribute this to situational circumstances and less likely to attribute this unexpected positive behavior to dispositional characteristics of their partner. This hypothesis was also supported. Furthermore, Pretzer, Epstein, and Fleming (1991) found that couples' scores on a measure of negative expectancies regarding resolution of relationship problems were associated with higher levels of relationship distress and negative communication between partners. Thus, automatic thoughts that involve expectancies about partner behavior appear to influence relationship satisfaction levels and communication between partners.

Regarding schemas, partners' unrealistic *assumptions* (beliefs about characteristics that relationships do have) and *standards* (beliefs about characteristics that relationships should have) for their relationships have been found to be associated with relationship distress and negative couple communication (Eidelson & Epstein, 1982; Epstein & Eidelson, 1981), whereas relationship-focused standards (e.g., desiring a high degree of sharing between partners, desiring sharing of power) are related to relationship satisfaction and positive partner interactions (Baucom, Epstein, Rankin, & Burnett, 1996). Consequently, there is considerable evidence that partners' cognitions about their relationship influence their emotional responses and their couple interactions, and both ongoing automatic thoughts and relatively longstanding schemas both play key roles in relationship adjustment. The present study focused on partners' automatic thoughts involving aggression and withdrawal as they are related to the quality of couple relationships, in particular the degrees to which one partner's automatic thoughts involving themes of aggression and withdrawal are related to the other partner's lower levels of trust and commitment to the relationship. Although these aggression and

withdrawal automatic thoughts were not directly linked to the typology (selective perception, attributions, expectancies) described by Epstein and Baucom (2002), they are relevant to the patterns of aggression and withdrawal that were considered in this study.

### *Hypotheses*

Previous research has found that aggressive and withdrawal behaviors lead to lower marital satisfaction (Gottman, 1994; Ratus & Feindler, 2004). In this study it was hypothesized that an individual's aggressive and withdrawal behaviors are also associated with decreased trust and commitment on the partner's part. Aggressive and withdrawal cognitions have not previously been considered in connection with partner trust and commitment, probably because they are internal experiences that might not be expressed directly to the partner. Nevertheless, it is possible that an individual's aggressive and withdrawal cognitions are conveyed to his or her partner directly or indirectly, and this study investigated whether they are associated with the recipient having lower trust and commitment to the relationship. If aggressive and withdrawal cognitions are related to the partner's trust and commitment, the degree to which those relations are mediated by the individual's aggressive and withdrawal cognitions, respectively, were examined.

As noted in the literature review, some gender differences have been found in partners' levels of commitment to their relationships, as well as in their tendencies to engage in withdrawal behavior. However, there is no prior evidence of gender differences in the relations of aggressive and withdrawal behavior and cognitions with partners' trust or commitment. Consequently no hypotheses were proposed regarding gender differences in those relations, but a general research question was posed to explore possible gender differences.

Therefore, the hypotheses for this study were as follows:

1. Partner A's greater degree of aggressive cognitions will be associated with a lower level of trust by partner B.
2. Partner A's greater degree of withdrawal cognitions will be associated with a lower level of trust by partner B.
3. Partner A's greater degree of aggressive verbal behaviors will be associated with a lower level of trust by partner B.
4. Partner A's greater degree of hostile withdrawal behaviors will be associated with a lower level of trust by partner B.
5. Partner A's greater degree of aggressive cognitions will be associated with lower commitment to the relationship by partner B.
6. Partner A's greater degree of withdrawal cognitions will be associated with lower commitment to the relationship by partner B.
7. Partner A's greater degree of aggressive verbal behaviors will be associated with lower commitment to the relationship by partner B.
8. Partner A's greater degree of hostile withdrawal behaviors will be associated with lower commitment to the relationship by partner B.

The research questions for the study were:

1. To what degree is the relation between Partner A's degree of aggressive cognitions and Partner B's level of trust mediated by Partner A's aggressive behavior?

2. To what degree is the relation between Partner A's degree of withdrawal cognitions and Partner B's level of trust mediated by Partner A's withdrawal behavior?
3. To what degree is the relation between Partner A's degree of aggressive cognitions and Partner B's level of commitment mediated by Partner A's aggressive behavior?
4. To what degree is the relation between Partner A's degree of withdrawal cognitions and Partner B's level of commitment mediated by Partner A's withdrawal behavior?
5. Are there gender differences in the relations of aggressive and withdrawal behaviors and cognitions with partners' trust and commitment? Thus, all of the above hypotheses were tested twice, once for the female partner as Partner A and once for the male partner as Partner A.

## CHAPTER 2

### Method

#### *Sample*

This study involved a secondary analysis of data previously collected from 82 heterosexual couples who sought therapy for a variety of relationship issues at the Center for Healthy Families clinic at the University of Maryland College Park between 2000 and 2006 and who voluntarily participated in a study comparing effects of different couple therapy models in treating psychological and/or physical abuse. The Center for Healthy Families is housed in the Department of Family Science and is operated as a non-profit clinic. The clinic serves a culturally diverse population of individuals, couples, and families, who live in the Washington, D.C. metropolitan area, (primarily the ethnically diverse area of Prince George's County, Maryland). Clients who seek assistance at the clinic report a wide range of presenting concerns, such as relational conflict, parenting issues, blended family problems, substance abuse, family violence, and psychopathology. The sample used in this study was composed of couples from the community who sought the services of the Center for Healthy Families and who qualified to participate in the original study of treatments for abusive behavior based on the following criteria:

- Both partners are 18 or older
- Both partners report commitment to working on improving their relationship
- One or both partners report mild to moderate levels of psychological and/or physical abuse; no physical abuse resulting in serious physical injury assessed both with questionnaires and in verbal interviews

- Both partners feel safe living together and participating in conjoint couple therapy assessed both on questionnaires and in verbal interviews
- Neither partner has untreated substance abuse assessed both on questionnaires and in verbal interviews

It is important to note that the inclusion criterion that requires partners to indicate whether they are committed to working on their relationship in therapy does not necessarily indicate that they are highly committed to their partners. Couples who seek therapy for their relationships may be motivated to try to improve them, but there still is considerable variation in individuals' degrees of long-term commitment to their relationships. In order to check whether the sample had sufficient variation in relationship commitment to make this study feasible, this investigator examined variation in subjects' scores on the Marital-Status Inventory-Revised (MSI-R), the measure used at the Center for Healthy Families to assess commitment (this measure is described in detail on the following page). Given that possible scores on the MSI-R range from 0 to 18, it was apparent that there was a wide degree of variance in regard to the sample's commitment to their partner. The mean score for women was 6.7 and the range was from 0 to 15, and the mean for men was 5.0, with a range also from 0 to 15. Therefore, the commitment inclusion criterion for the sample was unlikely to interfere with the examination of predictors of commitment level in this study.



Table 1 presents the demographic characteristics for the study's sample.

*Table 1. Sample Demographics*

	Males	Females
Mean age	32.82 ( <i>SD</i> = 8.6)	30.94 ( <i>SD</i> = 8.2)
Mean years together	5.9 ( <i>SD</i> = 6.04)	6.10 ( <i>SD</i> = 6.1)
Race:		
African American	32.9%	39%
Native American	2.4%	0%
Asian/Pacific Islander	0%	1.2%
Hispanic	8.5%	8.5%
White	52.4%	45.1%
Other	3.7%	4.9%
Education:		
Some high school	3.7%	4.9%
High school diploma	20.7%	8.5%
Some college	28%	28%
Associate degree	6.1%	9.8%
Bachelors degree	12.2%	12.2%
Some graduate education	8.5%	12.2%
Masters degree	15.9%	17.1%
Doctoral degree	2.4%	0%
Trade school	2.4%	7.3%
Annual personal income:		
\$ 0 – 37,999	57%	77.2%
\$38,000 – 49,999	13.2%	11.4%
\$50,000 – 89,999	21.7%	11.4%
\$90,000 – 149,999	5.1%	0%
\$150,00 – 200,000	3%	0%
Mean personal income	\$39,272 ( <i>SD</i> = \$32,447)	\$23,982 ( <i>SD</i> = \$21,231 )

### *Measures*

*Marital-Status Inventory-Revised (MSI-R).* Commitment was measured in this study using the Marital Status Inventory--Revised (MSI-R). The original Marital Status Inventory (Weiss & Cerreto, 1980) is a 14-item true/false self-report measure that identifies the thoughts and actions associated with an individual's potential to divorce

their partner (ranging from occasional vague thoughts of leaving to actually moving out of the home). The instrument has been used widely in marital research, and has been found to be very reliable with a high degree of discriminant and concurrent validity (Crane, Newfield, & Armstrong, 1984; Whiting, 2003). Because the couples in the larger research in the outpatient university clinic are not all married, the investigators revised some of the MSI items and added some additional items, creating the Marital Status Inventory--Revised (Epstein & Werlinich, 2001), which is an 18-item measure that can be used to assess commitment with any couple who has been in a relationship, marital or otherwise. For example, an item on the MSI reads, "I have occasionally thought of divorce..." and the MSI-R reads, "Had frequent thoughts about separating from your partner..." Furthermore, the MSI-R includes additional items that are not on the MSI, such as "Your partner moved furniture or belongings to another residence." For the purposes of this study, partners' commitment to the relationship was measured by the composite score of all 18 items on the MSI-R. Every question is answered as either "Yes" or "No," which are numerically coded as 1 or 0, respectively. Total scores can range from 0-18, and higher scores indicate more thoughts and actions taken toward leaving the relationship, suggesting less commitment.

*Multi-dimensional Measure of Emotional Abuse (MMEA).* The MMEA (Murphy & Hoover, 2001) is a 28-item scale designed to measure psychologically abusive behaviors that partners use during conflict. The scale is divided into four subscales: hostile withdrawal (e.g., "Refused to have any discussion of the problem."), restrictive engulfment (e.g., "Checked up on the other person by asking friends where he or she was or who he or she was with."), domination/intimidation (e.g., "Threatened to throw

something at the other person.”), and denigration (e.g., “Called the other person ugly.”). Each question asks how many times in the last four months the destructive behavior has occurred, and the partners completing the form are asked to identify how many times they have committed the behavior, as well as how many times their partner has performed this behavior. For the purposes of this study, partners’ self-reports of their own behaviors were averaged with the recipient’s reports to create a more accurate report of behavior. Scholars have noted that both males and females have underreported partner abuse and have recommended obtaining reports from both partners when possible (Archer, 1999; Arias & Beach, 1987; Babcock, Waltz, Jacobson, & Gottman, Bohannon, Dossier, & Lindley, 1995; Browning & Dunton, 1986; 1993; Cantos, Neidig, & O’Leary, 1994). Answers were coded as follows: 1 = Once, 2 = Twice, 3 = 3-5 times, 4 = 6-10 times, 5 = 11-20 times, 6 = 20+ times, 0 = Never in past 4 months, and 9 = Never in relationship. Because the present study focused on degree of abusive behavior during the past four months, “Never in the relationship responses were recoded as 0. Each MMEA subscale score can range from 0 to 42, and thus the composite MMEA score can range from 0 to 168, in which lower scores indicate lesser use of psychologically abusive behaviors within the past four months. In the current study the Hostile Withdrawal subscale was used to measure withdrawal behavior and the sum of the Denigration and Domination/Intimidation subscales was used to measure aggressive behavior.

*Dyadic Trust Scale (DTS).* Trust was measured with the *Dyadic Trust Scale* (Larzelere & Huston, 1980). It is an 8-item scale that assesses trust in close relationships as perceived by the partner (e.g., “There are times when my partner cannot be trusted.”). Items are answered on a 5-point scale ranging from 1=disagree strongly to 5=agree

strongly. Negatively worded items were reverse-scored so that higher scores on the DTS indicated higher trust levels.

The study used by Larzelere and Huston (1980) to validate the DTS included 195 individuals: 16 who were casually dating, 90 who were exclusively dating, 54 who were engaged or living together, and 35 who had previously dated. Of the 195 participants, 80 answered with their partners. There were 120 females and 75 males, and their ages ranged from 18 to 30, with a mean of 20.8 years. The 8 DTS items were borrowed from 57 items on previously developed measures. The final eight items selected had high item-total correlations ranging from .72 to .89.

*Styles of Conflict Inventory (SCI)*. The SCI (Metz, 1993) is comprised of two questionnaires: Part I is an Appraisal of Conflict form and Part II is a three-section Styles of Conflict form. The three sections in Part II are: Thoughts, Behaviors, and Perceptions. The Thoughts scale, which includes items describing automatic thoughts that an individual might experience during conflict with a partner, is the only section of the SCI that is used for assessing couples in the Center for Healthy Families and will be used in the present study. The Thoughts scale is comprised of four cognitive subscales: the engaging styles of Assertion and Aggression, and the avoiding styles of Submission and Denial. The items are answered on a five point Likert scale (1= never, 2 = rarely, 3 = occasionally, 4 = often, 5 = very often) in terms of the frequency with which the individual experiences each thought during conflict with his or her partner. For the purposes of the present study, the raw scores on two of the SCI subscales: Aggressive Cognitions (5 items) (e.g., "I'll get you back.") and Withdrawal Cognitions (11 items) (e.g., "I want to go away.") were used. The internal consistency reliability for each SCI

scale was measured using Cronbach's alpha. Metz (1993) reported that the internal consistencies for the Aggressive Cognitions and Withdrawal Cognitions subscales are .83 and .74, respectively.

The following are descriptions of the questionnaires that were used to measure the independent and dependent variables in this study. Table 2 provides a summary of the variables and operational definitions.

Table 2. Study Variables and Operational Definitions

<b>Variables</b>	<b>Operational Definitions</b>
Trust	Score on the DTS questions 1-8, Likert Scale 1= Disagree Strongly, 2=Disagree Moderately, 3=Neither Agree or Disagree, 4=Agree Moderately, 5= Agree Strongly
Commitment	Score on the MSI-R; Yes or No questions, total score out of 18, with higher scores indicating less commitment
Withdrawal Cognitions	Score on the SCI Withdrawal Cognitions subscale, Likert Scale 1= Never, 2=Rarely, 3=Occasionally, 4=Often, 5= Very Often
Withdrawal Behaviors	Score on the MMEA Hostile Withdrawal subscale, “How often in the last four months?” 0=Not in the last four months, but it did happen before, 1=Once, 2=Twice, 3=3-5 times, 4=6-10 times, 5= 11-20 times, 6= more than 20 times, 9=this has never happened
Aggressive Cognitions	Score on the SCI Aggressive Cognitions subscale, Likert Scale 1= Never, 2=Rarely, 3=Occasionally, 4=Often, 5= Very Often
Aggressive Behaviors	Score on the composite of the MMEA Denigration and Domination/Intimidation subscales, “How often in the last four months?” 0=Not in the last four months, but it did happen before, 1=Once, 2=Twice, 3=3-5 times, 4=6-10 times, 5= 11-20 times, 6= more than 20 times, 9=this has never happened

*Note.* DTS = Dyadic Trust Scale; MSI-R = Marital Status Inventory- Revised; SCI =

Styles of Conflict Inventory; MMEA = Multidimensional Measure of Emotional Abuse.

*Procedure*

The data in this sample were obtained from the pre-existing couple therapy assessment information at the Center for Health Families (CHF) at the University of Maryland, College Park. The CHF is a teaching and research facility for master's level graduate students in a couples and family therapy program who provide individual, family, and couple therapy services to the community. Clinical faculty members who are licensed marriage and family therapists and are accredited as therapy supervisors by the American Association for Marriage and Family Therapy supervise each graduate student's clinical work.

In order to begin individual, couple, or family therapy at the Center for Healthy Families, interested clients must complete an intake interview over the phone. The intake generally takes 20 minutes to complete. An intake worker asks a series of questions about the demographics of household members, general concerns, sources of referral, use of alcohol and drugs, court involvement, and danger of abuse, suicide, or homicide. Once the intake process is completed, the client is assigned a five-digit family case number, which will be used to identify the case to help ensure confidentiality. A staffing meeting is held once a week, at which cases are assigned to one or two CHF intern therapists, who then contact the client(s) to schedule a first appointment.

The first appointment is scheduled for a two-hour block and is free of charge. At the beginning of this session therapists explain confidentiality procedures and the limits thereof to clients, as well as the fee for therapy services. Clients are given the opportunity to ask questions about the policies of the CHF and are then required to sign the consent forms for therapy to commence. Afterwards, the partners are asked to fill out

the remaining assessment paperwork in separate therapy rooms. Clients are told that the information provided will remain confidential from their partners and are thus asked to complete the forms as thoroughly and honestly as possible. The therapists then leave the rooms and review the clients' progress about every 15 minutes until all of the assessment forms are complete. Included in this assessment packet are the forms used in this study, designed to assess cognitions, levels of physical and psychological aggression, levels of trust, levels of commitment, and actions taken to leave the relationship. The therapist reviews each assessment measures to assure that they are complete before the clients leave the CHF; any items left blank are returned to the client in order that they may be answered. Clients are also verbally interviewed briefly about their own and their partner's use of alcohol and drugs, as well as about possible fear of participating in couple therapy with the partner, to assess for risk factors that may prohibit their participation in therapy. For the purposes of this study, data that previously were collected from couples and entered into a database in the CHF have no identifying information about the participants.



## CHAPTER 3

### Results

#### *Overview of Data Analysis*

A Pearson correlation was first conducted to test the association between each independent variable (aggressive cognitions and behaviors, and withdrawal cognitions and behaviors) and each dependent variable (trust and commitment), separately for men and women. These correlations were one-tailed tests because the hypothesized relations were directional. These Pearson correlations provided tests of Hypotheses 1 through 8.

Next, the test for the difference between two correlation coefficients was computed to test for a gender difference in the relation between each type of cognition or behavior and the partner's trust or commitment.

Next, multiple regression analyses were conducted in which Partner A's aggressive behavior, withdrawal behavior, aggressive cognitions, and withdrawal cognitions were entered simultaneously as predictors of Partner B's trust, and then again as predictors of Partner B's commitment. These analyses examined the combined ability of the predictors to account for variance in trust and commitment, and also provided information regarding the amount of unique variance in trust and commitment accounted for by each of the forms of behavior and cognition. These multiple regression analyses were conducted separately by gender even when tests had indicated no gender differences between Pearson correlations on the individual variables, because predictor variables may have different relations with a criterion variable when entered simultaneously into a multiple regression analysis than they did on their own.

Finally, partial correlations were conducted to test whether Partner A's behaviors mediate the relations between Partner A's cognitions and Partner B's trust and commitment, when those relations had been found in the initial Pearson correlation analyses. For example, if Partner A's aggressive cognitions were associated with Partner B's trust, the partial correlation of Partner A's aggressive cognitions and Partner B's trust, controlling for Partner A's aggressive behavior was computed.

*Findings for Hypothesis 1: Partner A's greater degree of aggressive cognitions will be associated with a lower level of trust by Partner B.*

Pearson correlations were used to determine the strength of the association between the aggressive cognitions of Partner A and trust level of Partner B. The correlation between females' aggressive cognitions and the males' trust was  $-.23$  and was significant,  $p = .03$ . The correlation between males' aggressive cognitions and the females' trust was  $-.27$  and was significant,  $p = .01$ . The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between aggressive cognitions and partner trust;  $z = .25$ ,  $p = .80$ .

*Findings for Hypothesis 2: Partner A's greater degree of withdrawal cognitions will be associated with a lower level of trust by Partner B.*

Pearson correlations were used to determine the strength of the association between the withdrawal cognitions of Partner A and the trust of Partner B. The correlation between females' withdrawal cognitions and the males' trust was  $-.36$  and was significant,  $p = .001$ . The correlation between males' withdrawal cognitions and females' trust was  $-.42$  and was significant,  $p < .001$ . The test for the difference between

correlation coefficients indicated that there was no gender difference for the relation between withdrawal cognitions and partner trust;  $z = .41, p = .68$ .

*Findings for Hypothesis 3: Partner A's greater degree of aggressive verbal behaviors will be associated with a lower level of trust by Partner B.*

Pearson correlations were used to determine the strength of the association between the aggressive verbal behavior of Partner A and the trust of Partner B. The correlation between females' aggressive verbal behavior and the males' trust was  $-.26$  and was significant,  $p = .02$ . The correlation between the males' aggressive verbal behavior and the females' trust was  $-.30$  and was significant,  $p = .006$ . The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between aggressive behavior and partner trust;  $z = .13, p = .90$ .

*Findings for Hypothesis 4: Partner A's greater degree of hostile withdrawal behaviors will be associated with a lower level of trust by Partner B.*

Pearson correlations were used to determine the strength of the association between Partner A's degree of hostile withdrawal behavior with Partner B's level of trust. The correlation between the females' hostile withdrawal behavior and the males' level of trust was  $-.54$ , and was significant,  $p < .001$ . The correlation between the males' hostile withdrawal behavior and the female's level of trust was  $-.41$  and was significant,  $p < .001$ . The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between hostile withdrawal behavior and partner trust;  $z = .98, p = .33$ .

*Findings for Hypothesis 5: Partner A's greater degree of aggressive cognitions will be associated with lower commitment to the relationship by Partner B.*

Pearson correlations were used to determine the strength of the association between Partner A's aggressive cognitions and Partner B's level of commitment. The correlation between the females' aggressive cognitions and the males' level of commitment was .10 (higher scores on the MSI-R reflect lower commitment), and was not significant,  $p = .18$ . The correlation between the males' aggressive cognitions and the females' level of commitment was .25 and was significant,  $p = .01$ . The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between aggressive cognitions and partner commitment;  $z = .97, p = .33$ . *Findings for Hypothesis 6: Partner A's greater degree of withdrawal cognitions will be associated with lower commitment to the relationship by Partner B.*

Pearson correlations were used to determine the strength of the association between Partner A's withdrawal cognitions and Partner B's commitment. The correlation between the females' withdrawal cognitions and the males' commitment was .20 and was significant,  $p = .04$ , indicating that greater withdrawal cognitions were associated with lower partner commitment (lower scores on the MSI-R reflect higher commitment). The correlation between the males' withdrawal cognitions and the females' commitment level was .17 and was a statistical trend,  $p = .06$ , indicating a tendency for greater withdrawal cognitions to be associated with lower partner commitment. The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between withdrawal cognitions and partner commitment;  $z = .20, p = .84$ . *Findings for Hypothesis 7: Partner A's greater degree of aggressive verbal behaviors will be associated with lower commitment to the relationship by Partner B.*

Pearson correlations were used to determine the strength of the association between Partner A's aggressive verbal behavior and Partners B's commitment. The correlation between the females' aggressive verbal behavior and the males' commitment was .32 and was significant,  $p < .001$ , indicating that greater aggressive behavior was associated with lower commitment (higher scores on the MSI-R reflect lower commitment). The correlation between the males' aggressive verbal behavior and the females' commitment was .39 and was significant,  $p < .001$ . The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between aggressive behavior and partner commitment;  $z = .50, p = .62$ .

*Findings for Hypothesis 8: Partner A's greater degree of hostile withdrawal behaviors will be associated with lower commitment to the relationship by Partner B.*

Pearson correlations were used to determine the strength of the association between Partner A's hostile withdrawal and Partner B's commitment. The correlation between the females' hostile withdrawal and the males' commitment .33 and was significant,  $p < .001$ , indicating an association between greater hostile withdrawal and lower partner commitment. The correlation between the males' hostile withdrawal and the females' commitment was .25 and also was significant,  $p < .001$ . The test for the difference between correlation coefficients indicated that there was no gender difference for the relation between hostile withdrawal behavior and partner commitment;  $z = .55, p = .58$ .

*Combined Prediction of Trust and Commitment by Aggressive and Withdrawal Cognitions and Aggressive and Withdrawal Behavior*

In the multiple regression analysis predicting men's dyadic trust scores from women's aggressive cognitions, withdrawal, cognitions, aggressive behavior, and withdrawal behavior, the model was significant, with  $R = .58$ ,  $R^2 = .34$ ,  $F(4, 63) = 8.01$ ,  $p < .001$ . Within this model, women's withdrawal behavior was a significant predictor of men's lower trust ( $\beta = -.43$ ,  $p = .001$ ), and women's withdrawal cognitions showed a trend toward predicting men's lower trust ( $\beta = -.23$ ,  $p = .09$ ).

In the multiple regression analysis predicting men's commitment from women's aggressive cognitions, withdrawal, cognitions, aggressive behavior, and withdrawal behavior, the model was not significant, with  $R = .30$ ,  $R^2 = .09$ ,  $F(4, 77) = 1.98$ ,  $p = .11$ .

In the multiple regression analysis predicting women's dyadic trust scores from men's aggressive cognitions, withdrawal, cognitions, aggressive behavior, and withdrawal behavior, the model was significant, with  $R = .54$ ,  $R^2 = .29$ ,  $F(4, 65) = 6.63$ ,  $p < .001$ . Men's withdrawal behavior ( $\beta = -.27$ ,  $p = .03$ ) and withdrawal cognitions ( $\beta = -.34$ ,  $p = .01$ ) were significant predictors of women's lower trust.

In the multiple regression analysis predicting women's commitment from men's aggressive cognitions, withdrawal, cognitions, aggressive behavior, and withdrawal behavior, the model was significant, with  $R = .38$ ,  $R^2 = .14$ ,  $F(4, 77) = 3.21$ ,  $p = .02$ . Men's aggressive verbal behavior was a significant predictor of women's lower commitment ( $\beta = -.28$ ,  $p = .02$ ).

*Behavior as a Mediator of Relation between Cognition and Partner Trust and Commitment*

Partial correlations were conducted to test whether Partner A's behaviors mediate the relations between Partner A's cognitions and Partner B's trust and commitment, when those relations had been found in the initial Pearson correlation analyses. The partial correlation between the males' aggressive cognitions and the females' trust, controlling for the males' aggressive behavior, was  $-.22$  ( $p = .04$ ), whereas the Pearson correlation between the males' aggressive cognitions and the females' trust was  $-.26$  ( $p = .01$ ). The test for the difference between these two correlations indicated that they were not significantly different,  $z = .24$ ,  $p = .81$ ; thus, behavior did not mediate between cognition and partner trust in this instance. The partial correlation between the males' withdrawal cognitions and the females' trust, controlling for males' withdrawal behavior, was  $-.35$  ( $p = .002$ ), whereas the Pearson correlation between the males' withdrawal cognitions and the females' trust was  $-.42$  ( $p < .001$ ). The test for the difference between these two correlations indicated that they were not significantly different,  $z = .47$ ,  $p = .64$ ; thus, behavior did not mediate between cognition and partner trust in this instance either.

The partial correlation between the males' aggressive cognitions and the females' commitment, controlling for the males' aggressive behavior, was  $.17$  ( $p = .06$ ), whereas the Pearson correlation between the males' aggressive cognitions and the females' commitment was  $.25$  ( $p = .01$ ). The test for the difference between these two correlations indicated that they were not significantly different,  $z = -.53$ ,  $p = .60$ ; thus, behavior did not mediate between cognition and partner trust in this instance. The partial correlation between the males' withdrawal cognitions and the females' commitment, controlling for

males' withdrawal behavior, was .12 ( $p = .15$ ), whereas the Pearson correlation between the males' withdrawal cognitions and the females' commitment was .17 ( $p = .06$ ). The test for the difference between these two correlations indicated that they were not significantly different,  $z = -.32$ ,  $p = .74$ ; thus, behavior did not mediate between cognition and partner trust in this instance either.

Partial correlations were conducted to test whether Partner A's behaviors mediate the relations between Partner A's cognitions and Partner B's trust and commitment, when those relations had been found in the initial Pearson correlation analyses. The partial correlation between the females' aggressive cognitions and the males' trust, controlling for the female's aggressive behavior, was  $-.19$  ( $p = .06$ ), whereas the Pearson correlation between the females' aggressive cognitions and the males' trust was  $-.23$  ( $p = .03$ ). The test for the difference between these two correlations indicated that they were not significantly different,  $z = -.24$ ,  $p = .81$ ; thus, behavior did not mediate between cognition and partner trust in this instance. The partial correlation between the females' withdrawal cognitions and the males' trust, controlling for females' withdrawal behavior, was  $-.24$  ( $p = .02$ ), whereas the Pearson correlation between the females' withdrawal cognitions and the males' trust was  $-.36$  ( $p < .001$ ). The test for the difference between these two correlations indicated that they were not significantly different,  $z = .75$ ,  $p = .45$ ; thus, behavior did not mediate between cognition and partner trust in this instance either.

The partial correlation between the females' aggressive cognitions and the males' commitment, controlling for the females' aggressive behavior, was  $.04$  ( $p = .34$ ), whereas the Pearson correlation between the females' aggressive cognitions and the males' commitment was  $.10$  ( $p = .18$ ). The test for the difference between these two correlations



indicated that they were not significantly different,  $z = .37, p = .71$ ; thus, behavior did not mediate between cognition and partner trust in this instance. The partial correlation between the females' withdrawal cognitions and the males' commitment, controlling for females' withdrawal behavior, was  $.14 (p = .11)$ , whereas the Pearson correlation between the females' withdrawal cognitions and males' commitment was  $.20 (p = .04)$ . The test for the difference between these two correlations indicated that they were not significantly different,  $z = .39, p = .70$ ; thus, behavior did not mediate between cognition and partner trust in this instance either.

## CHAPTER 4

### Discussion

Following the cognitive-behavioral theoretical framework, this study examined the cognitions and behaviors of clinical couples, in relation to partners' levels of trust and commitment to their relationships. In the cognitive-behavioral model (e.g., Epstein & Baucom, 2002), the degree to which members of intimate relationships experience them positively is influenced by the ongoing behavioral interactions between partners and each member's cognitions about the partner and relationship. In the present study, the researcher was interested in discovering what associations an individual's aggressive and withdrawal cognitions and behaviors had with their partner's levels of trust and commitment. Whereas most prior research has investigated the links of cognitions and behaviors on partners' global relationship satisfaction, this study focused on two more specific subjective aspects of relationship quality – the degree to which individuals trust their partner and the degree to which they are committed to maintain the relationship. Overall the results indicated that (1) there are indeed significant relations of greater aggressive and withdrawal behaviors and cognitions with lower partner trust and commitment, (2) cognitions are associated with partner trust and commitment even when controlling for the individual's associated behavior, and (3) there were no significant gender differences in relations of cognitions and behaviors with partner trust or commitment.

#### *Cognitions*

Partial correlations were conducted to test whether the associations between the cognitions of one partner and the trust and commitment of the other partner were

mediated by the former individual's behavior (i.e., an individual's cognitions are associated with his or her behaving in a manner consistent with those cognitions, and the type of behavior is related to the recipient's trust and commitment to the relationship). In every instance the relation between cognitions and the recipient's trust or commitment was found to exist without mediation by behavior. This finding strengthens the hypotheses that cognitions would be associated with trust and commitment, but it raises a very important question for cognitive-behavioral theory and for future research: What is the process through which Partner A's cognitions are associated with Partner B's trust and commitment in couple relationships, if not via behavior of the same form as the individual's cognitions (e.g., both aggressive)? It may be that when Partner A is having aggressive or withdrawal cognitions Partner B may observe a lack of positive interactions that would otherwise be present if Partner A was not having these cognitions. This may lead Partner B to ruminate about what unknown factors can account for this lack of positive interactions in such a way that it decreases his or her trust or commitment. Alternatively, another mediator variable that was not assessed in this study may have operated. For instance, when Partner A is having aggressive or withdrawal cognitions his or her facial expressions or other nonverbal behavior may change. Partner B may not perceive these nonverbal behaviors as overtly aggressive or withdrawn, but they may still influence Partner B's trust or commitment.

Furthermore, it is important to remember that these findings are cross-sectional and correlational, so they do not indicate causal direction between variables that were assessed at the same time. Therefore, it may be that instead of Partner A's cognitions affecting Partner B's trust and commitment, Partner B's trust and commitment may be

affecting Partner A's cognitions. As stated in the literature review, cognitive-behavioral theory holds that individuals have developed relatively stable cognitive schemas, or knowledge structures involving beliefs about the world, including schemas about characteristics that an intimate relationship, or the people who fill particular roles should have. If Partner A perceives that Partner B is uncommitted to their relationship and or has taken steps to leave the relationship, this may violate Partner A's schema about the characteristics that the intimate partner should have, consequently leading Partner A to exhibit aggressive or withdrawal cognitions regarding Partner B. The analyses in the present study prevent a conclusive understanding of the directional nature of these associations.

Future studies must be conducted to more thoroughly investigate the relations found among the variables in the present study. In order to study the possible channels through which cognitions are related to partner trust and commitment, digital recordings could be made of couples interacting in conjunction with a coding system designed to assess facial expressions and body language. In addition, pre and post measures of commitment and trust would be administered to participants before and after therapy, along with the assessment of the nonverbal behaviors. This would help identify whether individuals experiencing aggressive or withdrawal cognitions exhibit even subtle forms of nonverbal behavior that their partners perceive and respond over time with decreased trust and commitment.

It also would be important to conduct longitudinal studies in order to discover more about the causal direction in the associations of withdrawal and aggressive cognitions with levels of commitment and trust. It would not be simple to design a test to

measure concepts of mutual causality and bi-directional processes. Therefore, longitudinal designs would not completely discover causation. However, repeated observations of specific behaviors in the same sample of couples over time would allow researchers to identify more specifically which behaviors by Partner A at one point in time may lead to lower trust and commitment by Partner B later, whether Partner B's expressions of lower trust and commitment lead to more withdrawal and aggressive verbal behaviors by Partner A later, or if it is a circular process in which both relations occur.

### *Trust*

Research has shown that trust is often regarded as the most important component of a loving relationship (Fehr, 1988; Miller & Rempel, 2004; Regan, Kocan, & Whitlock, 1998). In the present study lower levels of dyadic trust in clinical couples were associated with higher levels of aggressive and withdrawal cognitions and behaviors. The correlations between lower trust and withdrawal behaviors and cognitions were the strongest correlations in the present study, for both men and women. Although the correlational nature of this study precludes causal conclusions, this finding suggests that withdrawal behavior, more than any other variable examined in this study, has potential to disrupt the recipient's ability to predict the behavior of their partner and depend on their partner (Holmes & Rempel, 1989; Wieselquist, et al., 1999), but also that withdrawal cognitions have similar negative relations with trust

As described in the literature review, an individual's withdrawal behavior may contribute to their partner developing a negative schema about them, leading the partner to perceive their future behavior in a more negative light. The present finding is

consistent with previous research that has identified an association between withdrawal behaviors and relationship distress (Gottman, 1994; Murphy & Hoover, 2001). The findings add to knowledge about withdrawal, in that withdrawal behaviors were specifically associated with lower trust, and withdrawal cognitions were associated with lower trust even when controlling for withdrawal behavior. The relatively independent relations of withdrawal cognitions and behaviors with lower trust is an important finding, in that prior research had examined effects of only withdrawal behavior. A challenge for future research will be identifying the pathway through which withdrawal cognitions are related to lower partner trust, independent of withdrawal behavior. As described above, longitudinal research that studied withdrawal cognitions and trust over time would need to be conducted in order to understand this circular process more fully.

Aggressive verbal behaviors and aggressive cognitions were also associated with lower levels of trust for both men and women. Furthermore, aggressive cognitions have a unique relationship with both men's and women's ability to trust their partner, independent of the partner's aggressive behavior. As explained in the literature review, trust includes three components: (1) predictability of a partner's actions, (2) dependability or the belief that one's partner can be relied upon to be honest and benevolent, and (3) faith or conviction that the partner is intrinsically motivated to be caring and responsive (Rempel, Holmes, & Zanna, 1985). Aggressive cognitions and behavior would appear to violate the second and third components of trust, the belief that your partner can be relied upon to be benevolent, and the conviction that your partner is intrinsically motivated to be caring.

Thus, it is important to consider the apparent damage that aggressive verbal behavior may have on both men and women's trust and commitment to their couple relationships. Consistent with previous research, derision of one's partner is a distressing factor for both male and female recipients in clinical couples, and it is important for clinicians to assess potential damage to trust and commitment that may result from aggressive behavior. It will also be important to identify if and how Partner A's lower trust causes Partner B to become more verbally aggressive. In this case if Partner A exhibited lower trust it may violate Partner B's schema for the way that one's partner in an intimate relationship should feel and behave, causing Partner A to become more verbally aggressive toward a partner they think has betrayed their expectation and standards.

### *Commitment*

As discussed in the previous review of literature, commitment has been shown to be an important element of couple relationships and a powerful predictor of relationship persistence over time. The results in the present study confirmed the hypotheses that greater levels of withdrawal behaviors by one member of a couple were associated with lower levels of commitment in the person's partner, for both women and men. These findings are consistent with those from previous research, that withdrawal behaviors fail to resolve conflict and further damage relationships (Christensen, 1987; Christensen & Heavey, 1990; Epstein & Baucom, 2002; Gottman, 1994), and they also add to previous knowledge by suggesting a specific way in which withdrawal behaviors damage relationships, namely by diminishing the recipient's commitment. Because the cross-sectional nature of the data in this study do not allow conclusions to be drawn regarding

the causal direction between withdrawal behavior and partner commitment, further research will be needed, especially using longitudinal designs, to isolate causal processes.

The present study did not focus on whether men or women engage in withdrawal behaviors or experience commitment more frequently, but the present findings are consistent with Christensen and Heavey's (1990) finding that both men and women engage in withdrawal behaviors to the detriment of their relationship. Female withdrawal cognitions were found to be significantly correlated with lower commitment in men, whereas the association between male withdrawal cognitions and lower female commitment was only a trend. The test of the difference between the two correlation coefficients revealed no gender difference in this relationship, but the fact that the association was significant for female withdrawal cognitions should not be overlooked. Perhaps female withdrawal is more notable in couple relationships because the finding is contrary to considerable previous research that has found, in general, that females tend to attempt to engage with their partners to resolve relationship issues more than males do. The present findings do not support this gender differentiation. Instead, the present findings indicate the importance of focusing on withdrawal behaviors and cognitions for *both* men and women for research purposes and clinical practice with couples.

Given previous knowledge that commitment predicts relationship persistence over time, this study also focused on aggressive verbal behaviors as a possible factor associated with lower levels of commitment. This hypothesized relationship was also confirmed, suggesting that greater degrees of aggressive verbal behavior by one partner will be associated with lower levels of commitment in the other partner over time. To the extent that relationship maintenance is at risk when clinical couples engage in aggressive



verbal behavior, therapists must make intervention with these forms of communication a high priority. The alternative causal pathway in which one partner's lower commitment leads to more aggression by the other partner also must be investigated further, because clinical interventions may be needed to assist individuals in responding more constructively when they are aware that their partners have limited commitment to their relationship.

### *Gender Differences*

The finding in the present study that there were no gender differences between the correlations of commitment and trust with aggressive and withdrawal cognitions and behaviors runs counter to much of previous research. Many studies have amplified the differences in relationship patterns between males and females, but the correlational findings in this study urge caution in this common practice. This study's findings suggest that women and men may react similarly to each other's withdrawal and aggressive behaviors and cognitions. It is crucial for clinicians to be aware of this similarity. Assumptions regarding gender differences may lead clinicians incorrectly to assume that women's withdrawal behaviors will have less negative impact on their male partner's trust, or that men's commitment will not be damaged by their female partner's use of verbal aggression. The present findings offer a caution to clinicians operating under these assumptions: Women and men may not be as different as some have previously thought in regard to factors associated with trust and commitment. It may be that relationship schemas regarding verbal aggression and withdrawal behaviors do not vary by gender. Both men and women may believe that these behaviors should not be present in their intimate relationships, and when they are, trust and commitment decline. It also is

important to consider that the causal direction just described is not the only possible process that these correlational findings may represent. Conversely, both sexes may have high standards regarding the levels of trust and commitment that a partner should have and display, such that they respond with aggression or withdrawal cognitions and behavior to a partner's failure to exhibit sufficient trust and commitment. Therefore, couples will be better served by clinicians who utilize interventions that target withdrawal and aggression behaviors and cognitions, as well as trust and commitment, in both men and women.

#### *Additional Clinical Implications*

The present study reveals specific behaviors and cognitions that are associated with lower levels of trust and commitment, arguably two of the most important elements in couple relationships. These findings provide valuable insight for clinicians working with this population. This study provides reason to believe that trust can be improved in clinical couples by using interventions that target withdrawal behaviors and cognitions, and that commitment can be improved in clinical couples by using interventions that target denigration. The findings highlight the importance of assessing clients' cognitions as well as behaviors and demonstrate a need for clinicians to develop/utilize techniques that help individuals within couples to identify their aggressive and withdrawal cognitions, paying special attention to the triggers for these cognitions. Likewise, clinicians need to help couples identify when they are feeling less trust and commitment in their relationships and help both partners engage productively in problem solving regarding these thoughts and feelings. It may be that a circular process is at work with withdrawal, and aggressive verbal behaviors and cognitions leading to lower trust and

commitment, which again leads to even more aggressive and withdrawal behaviors and cognitions. To prevent a negative circular process from continuing, clinicians could work with couples to identify how these discrete behaviors and cognitions form larger patterns in the relationship. Once they are aware of these larger patterns the therapy process can work on changing them. Specifically it may be helpful to teach individuals how to cope when they learn that their partner is experiencing lower levels of trust and commitment. This may involve a degree of normalizing a relative fluctuation in trust and commitment and use of self-care techniques while problem solving techniques are learned.

Furthermore, the study demonstrates the importance of constructive communication skills training for couples who demonstrate aggressive and withdrawal behaviors and cognitions. Couples that can learn to problem-solve without resorting to aggressive verbal and withdrawal behaviors will be able to improve trust and commitment and reduce negative interactions. Partners can also learn how to respond more constructively to any indication that their partner is experiencing lower levels of trust or commitment. Based on these findings, psychoeducation for couples about the important elements of trust and commitment may help deter withdrawal and aggressive behaviors and cognitions. It would be especially beneficial to educate couples on the relationship between their individual cognitions and their partner's trust and commitment. Knowing that their cognitions are somehow affecting their partner, even outside of explicit behavior, or that their lower levels of trust and commitment are causing their partner to have aggressive or withdrawal cognitions may interrupt negative cycles and motivate couples to work harder in therapy on developing more positive patterns of interacting.

The present study confirmed previous research that commitment and trust are conceptually different aspects of an individual's thoughts and feelings regarding their relationship in that each had unique correlations with withdrawal and aggressive behaviors and cognitions (Wieselquist, et al., 1999). These findings strongly imply that in order to more specifically understand couples needs, it would be beneficial for clinicians to go beyond a global assessment of relationship satisfaction and to assess the levels of commitment and trust in members of clinical couples.

#### *Limitations of the Study*

A few limitations of this study should be kept in mind when interpreting its findings. First, these findings were based on a sample of heterosexual clinical couples, so the degree to which they can be generalized to the LGBT and non-clinical populations is limited. Further studies should be conducted using more diverse samples. Second, the sample used in this study excluded couples that exhibited severe levels of physical abuse. It is unclear what affect this had on the relations found among the variables. However, it seems probable that in severe cases of physical abuse, trust and commitment would be more significantly damaged by aggressive acts than in cases of withdrawal or even aggressive verbal behavior. Third, as noted earlier, these findings reflect correlational relations only, based on a cross-sectional design. Although the findings indicate a number of associations of cognitions and behavior with partner trust and commitment, no conclusions can be drawn about causal relations between variables.

In addition, the number of hypotheses and statistical tests conducted for a sample of this size pushed the limits of statistical power. On the one hand, the sample size may have been too small to detect some associations among the variables; on the other hand,

the multiple one-tailed tests may have increased the risk of some significant findings that were based on chance. Researchers and clinicians must be cautious when interpreting the findings. Finally, this study was restricted to self-report measures, so relations found among variables could have been affected by common method variance; negative reports regarding cognitions, behaviors, trust, and commitment all were based on subjects' questionnaire responses. In future research at least the measure of partners' aggressive and withdrawal behaviors could be based on behavioral observation.

### *Conclusion*

This study was designed to discover what associations an individual's aggressive and withdrawal cognitions and behaviors had with their partner's levels of trust and commitment to the relationship. The results indicated that withdrawal and aggressive behaviors and cognitions are associated with low levels of trust or commitment in both men and women. The findings were consistent with previous research on the detrimental effects of aggressive verbal behaviors and withdrawal behaviors and added to the previous literature information about the specific ways in which these behaviors are associated with trust and commitment. The present study also made important discoveries regarding the associations between cognitions and trust and commitment. In addition, the findings in this study run counter to a great deal of previous research regarding gender differences between men and women. These findings will contribute to creation and utilization of clinical interventions that target withdrawal and aggressive behaviors and cognitions to improve communication and problem solving skills to the end of improving trust and commitment in clinical couples.

## APPENDICES

### Styles of Conflict Inventory (SCI)

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#### YOUR THOUGHTS

In general, when you experience disagreement or conflict in your relationship, or when you experience events that might lead to a disagreement, how do you typically react? *Please circle the number that indicates how often YOU have the following thoughts:*

	Never	Rarely	Occasionally	Often	
				Very often	
1. Let's work this out together .....	1	2	3	4	5
2. Go away; leave me alone .....	1	2	3	4	5
3. I give up; you win .....	1	2	3	4	5
4. I'll deal with it later.....	1	2	3	4	5
5. You've got no right to.....	1	2	3	4	5
6. We really get along well .....	1	2	3	4	5
7. I hate you .....	1	2	3	4	5
8. I'd better be quiet and go along .....	1	2	3	4	5
9. We'd better not get into this; avoid the subject .....	1	2	3	4	5
10. What the hell makes you think you can .....	1	2	3	4	5
11. I want to respect your thoughts and feelings.....	1	2	3	4	5
12. To avoid an argument I'd better give in.....	1	2	3	4	5
13. I want out .....	1	2	3	4	5
14. I won't deal with this .....	1	2	3	4	5
15. I'll get you back .....	1	2	3	4	5
16. I want to cooperate with you.....	1	2	3	4	5
17. I want to go away.....	1	2	3	4	5
18. I want to ignore this .....	1	2	3	4	5
19. I want to resolve our disagreement .....	1	2	3	4	5
20. I wish I weren't here .....	1	2	3	4	5
21. We should not be disagreeing .....	1	2	3	4	5
22. I want to do what I can to make this better .....	1	2	3	4	5
23. How can I get out of this?.....	1	2	3	4	5
24. I'll withdraw .....	1	2	3	4	5
25. You make me angry .....	1	2	3	4	5
26. I'll back off so it doesn't get worse.....	1	2	3	4	5

27. I should let you have your way.....	1	2	3	4	5
28. I should avoid the issue.....	1	2	3	4	5
29. I want to stop our disagreement.....	1	2	3	4	5
30. I should be quiet.....	1	2	3	4	5

SCI.Rev.07/07

## Dyadic Trust Scale (DTS)

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Directions: For each of the following statements, please answer each question according to the overall feeling you have of your relationship. Please indicate the extent to which you agree or disagree with the statement by placing the appropriate number to the left of the statement.

- 1=Disagree Strongly
- 2=Disagree Moderately
- 3=Neither Agree nor Disagree
- 4=Agree Moderately
- 5=Agree Strongly

- \_\_\_\_\_ 1. My partner is primarily interested in his or her own welfare.
- \_\_\_\_\_ 2. There are times when my partner cannot be trusted.
- \_\_\_\_\_ 3. My partner is perfectly honest and truthful with me.
- \_\_\_\_\_ 4. I feel that I can trust my partner completely.
- \_\_\_\_\_ 5. My partner is truly sincere in his or her promises.
- \_\_\_\_\_ 6. I feel that my partner does not show me enough consideration.
- \_\_\_\_\_ 7. My partner treats me fairly and justly.
- \_\_\_\_\_ 8. I feel that my partner can be counted on to help me.



**Marital Status Inventory – Revised (MSI-R)**

**We would like to get an idea of how your relationship stands right now. Within the past four months have you...**

Yes \_\_\_ No\_\_\_ 1. Had frequent thoughts about separating from your partner, as much as once a week or so.

Yes \_\_\_ No\_\_\_ 2. Occasionally thought about separation or divorce, usually after an argument.

Yes \_\_\_ No\_\_\_ 3. Thought specifically about separation, for example how to divide belongings, where to live, or  
who would get the children.

Yes \_\_\_ No\_\_\_ 4. Seriously thought about the costs and benefits of ending the relationship.

Yes \_\_\_ No\_\_\_ 5. Considered a divorce or separation a few times other than during or shortly after a fight, but  
only in general terms.

Yes \_\_\_ No\_\_\_ 6. Made specific plans to discuss separation with your partner, for example what you would say.

Yes \_\_\_ No\_\_\_ 7. Discussed separation (or divorce) with someone other than your partner (trusted friend,  
minister, counselor, relative).

Yes \_\_\_ No\_\_\_ 8. Discussed plans for moving out with friends or relatives.

Yes \_\_\_ No\_\_\_ 9. As a preparation for living on your own, set up an independent bank account in your own  
name to protect your interest.

Yes \_\_\_ No\_\_\_ 10. Suggested to your partner that you wish to have a separation.

Yes \_\_\_ No\_\_\_ 11. Discussed separation (or divorce) seriously with your partner.

Yes \_\_\_ No\_\_\_ 12. Your partner moved furniture or belongings to another residence.

Yes \_\_\_ No\_\_\_ 13. Consulted an attorney about legal separation, a stay away order, or divorce.

Yes \_\_\_ No\_\_\_ 14. Separated from your partner with plans to end the relationship.

Yes \_\_\_ No\_\_\_ 15. Separated from your partner, but with plans to get back together.

Yes \_\_\_ No\_\_\_ 16. File for a legal separation.

Yes \_\_\_ No\_\_\_ 17. Reached final decision on child custody, visitation, and division of property.

Yes \_\_\_ No\_\_\_ 18. Filed for divorce or ended the relationship.

### **Multidimensional Measure of Emotional Abuse Subscale Items**

#### Restrictive Engulfment

1. Asked the other person where s/he had been or who s/he was with in a suspicious manner.
2. Secretly searched through the other person's belongings.
3. Tried to stop the other person from seeing certain friends or family members.
4. Complained that the other person spends too much time with friends.
5. Got angry because the other person went somewhere without telling him/her.
6. Tried to make the other person feel guilty for not spending enough time together.
7. Checked up on the other person by asking friends where s/he was or who s/he was with.

#### Denigration (used in this study to assess aggressive behavior)

8. Said or implied that the other person was stupid.
9. Called the other person worthless.
10. Called the other person ugly.
11. Criticized the other person's appearance.
12. Called the other person a loser, failure, or similar term.
13. Belittled the other person in front of other people.
14. Said that someone else would be a better girlfriend or boyfriend.

#### Hostile Withdrawal (used in this study to assess withdrawal behavior)

15. Became so angry that s/he was unable or unwilling to talk.
16. Acted cold or distant when angry.

17. Refused to have any discussion of a problem.
18. Changed the subject on purpose when the other person was trying to discuss a problem.
19. Refused to acknowledge a problem that the other felt was important.
20. Sulked or refused to talk about an issue.
21. Intentionally avoided the other person during a conflict or disagreement.

Domination/Intimidation (used in this study to assess aggressive behavior)

22. Became angry enough to frighten the other person.
23. Put her/his face right in front of the other person's face to make a point more forcefully.
24. Threatened to hit the other person.
25. Threaten to throw something at the other person.
26. Threw, smashed, hit, or kicked something in front of the other person.
27. Drove recklessly to frighten the other person.
28. Stood or hovered over the other person during a conflict or disagreement.

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