ABSTRACT

Title of thesis: THE ROLE OF PROVIDER-ROLE IDEOLOGY AND
CONSISTENCY IN COUPLE COMMUNICATION

Jessica Lynn Brenneman, Master of Science, 2010

Thesis directed by: Associate Professor Leigh A. Leslie
Department of Family Science

This study investigated how problem solving and conflict in couples' communication is affected by their beliefs about provider role ideology, and the consistency between their beliefs and their actions. It was predicted that couples who have the same provider-role ideology and couples who are consistent in their behavior and beliefs will use more problem solving and less hostile conflict behaviors than couples who are unmatched in their beliefs or inconsistent in beliefs and behavior. Contrary to predictions, no relationship between ideology, consistency, and communication was found. However, the results did show a significant relationship between women earning a large portion of the household income and greater amounts of hostile conflict in the couple communication. The implications for future research and clinical applications are discussed.

THE ROLE OF PROVIDER-ROLE IDEOLOGY AND CONSISTENCY
IN COUPLE COMMUNICATION

by

Jessica Lynn Brenneman

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Advisory Committee:

      Associate Professor Leigh A. Leslie, Chair
      Professor Norman B. Epstein
      Instructor Carol A. Werlinich

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Chapter I: Introduction

Statement of the Problem

It is well established in the field of couple therapy that couple communication is highly correlated with marital satisfaction (Epstein & Baucom, 2006; Galvin, Bylund, & Brommel, 2008; Gottman, 1999; Krueger, 1985). In order to better understand and help couples, researchers have investigated some of the factors that influence couple communication. These factors typically exist on individual, couple, and environmental levels. Couples can converge and diverge on a number of individual variables, such as family of origin characteristics, education, socio-economic status, personality characteristics, and many others. Additionally, they create dyadic patterns of interaction over time within a specific familial, cultural, and societal environment. For these reasons, communication within each couple is nuanced. However, researchers have been able to identify commonalities across both successful and unsuccessful couples. Three key areas of research findings focus on couple cognitions, emotions, and external environmental influences (Epstein & Baucom, 2002). Although each area contains a plethora of information and implications for individuals and therapists, this study will focus on couple cognitions and communication.

Many facets of couple communication have been studied. Researchers have investigated both constructive and destructive patterns of communication. Research shows behaviors like blaming, hostility, attacking, criticism, and withdrawing are detrimental to couples relationships (Gottman, 1994). Conversely, validation and problem solving help couples communicate successfully (Dattilio, & van Hout, 2006; Epstein & Baucom, 2002). Although not as widely studied as marital conflict behaviors, problem

solving behaviors are inextricably linked to success in marriage (Dattilio, & van Hout, 2006).

Gottman (1999) presents seven principles that almost all successful couples he studied had mastered. Interestingly, while healthy couples have typically mastered all seven principles, Gottman reports that the major difference between couples who divorce and couples who stay together is the presence of contempt in their interactions with one another. His research shows that the mark of a happy couple is not the lack of conflict or arguing; rather, a successful couple is characterized by a strong foundation of friendship and conflict that is free of contempt and hostility for the other partner. In one study, non-distressed couples began conversations with validating behaviors whereas distressed couples were markedly higher in negative reciprocal affect cues and lower in validating behaviors (Gottman, Markman, & Notarius, 1977). Their findings indicate that negative communication patterns are highly related to the health of couple relationships.

One of the factors that influences communication is the cognitions couples have about themselves, relationships in general, their relationship in particular, and their partners (Vangelisti, Corbin, Lucchetti, & Sprague, 1999). There are several types of cognitions that are important in couple relationships. Two of these cognitions are assumptions and standards. Assumptions are beliefs about how people and relationships *are*. Assumptions can be both positive and negative. Some positive assumptions are necessary for the healthy functioning of a relationship. For instance, "my partner is trustworthy, committed, and has this family as her top priority" (Epstein & Baucom, 2002 p. 207). However, when couples are distressed, often they are steeped in negative cognitive assumptions about their partners (Epstein & Baucom, 2002; Kurdek, 1992). In

contrast, standards are ideas about how people and relationships *should be*. People have

standards about many different aspects of their relationships: how partners should express

affection, what partners should share with each other, as well as what men and women

should do in relationships (Epstein & Baucom, 2002). Standards and assumptions affect

how couples behave and communicate in relationships.

One of the content areas of cognitions that has not been thoroughly researched as

it relates to communication is gender role cognitions, particularly gender role standards.

The standards people hold about gender roles in families have undergone many shifts in

the last 50 years as women have increased their participation in the work force. It is

estimated that 76% of all married women with school aged children in the US are

employed outside the home (US Bureau of the Census, 2005). As women have increased

their participation in the workforce, the social norms about what men and women are

capable of has been challenged. The changes in gender roles have shifted the ways that

men and women behave in relationships as some develop egalitarian beliefs, or less

dichotomous ideas about gender (Conway, 2000). Both men and women have shown they

have capabilities beyond the previously held societal standards. This has opened the

discussion about provider-roles in 'post-gender' families, or families that do not perform

roles based on gender. Provider-role refers to the tasks that were previously divided by

gender: household labor, child care, money earning, etc. (Helms-Erikson, Tanner,

Crouter, & McHale, 2000).

Provider-role ideology can be conceptualized along a spectrum from traditional

provider-role ideology to egalitarian provider-role ideology. Traditional provider-role

ideology is characterized by a preference for a male-breadwinner woman-caretaker

division of household labor. One study found that couples who embody traditional roles are likely to utilize conformity–oriented communication patterns that assume one partner, the husband, has more decision making power than the wife (Colaner, 2009). Egalitarian provider-role ideology is based on the idea that couples share the decision making responsibilities and tasks of the household. From an egalitarian provider-role perspective, couples typically both work outside the home and share home labor responsibilities, although dual earner status is not exclusive to couples who have egalitarian provider-roles (Colaner, 2009). Couples who do not divide these responsibilities simply on the basis of gender have increasingly been referred to by some authors as "post-gender" couples, the term used in this current research (Risman & Johnson-Sumerford, 1998).

When couples no longer use the clear cut distinction of gender to separate family roles, it is likely that more discussion ensues. Couples must spend a greater amount of time negotiating and assigning tasks, particularly household tasks (Galvin et al., 2008). A limited amount of research has suggested that couples who embody egalitarian provider-role ideology generally spend more time negotiating and use more facilitation behaviors in their discussions than do couples with traditional provider-role ideology (Krueger, 1985). The current research will extend this focus on provide-role ideology and communication by examining the use of hostile conflict and problem solving in both traditional and post-gender provider-role couples.

Provider-role ideology refers to people's beliefs (ideology) about family roles and division of responsibilities. However, their actions (behaviors) may not always match their beliefs. There may be many reasons why there is a mismatch between one's ideology and one's provider behavior. For example, a couple who believes in traditional

provider-roles may be facing financial hardship because of the husband's layoff from work and in order to pay the mortgage, the wife may need to return to work. Both partners may be uncomfortable with a female breadwinner, but it is economically necessary for her to be employed in order to keep their home. Alternatively, a couple with a post-gender provider-role ideology may have a child with a disability who needs constant parental care. As the wife earns less than her husband, it may be most reasonable for her to stay home. However, the husband may be uncomfortable being the sole provider, and the wife may feel unproductive staying at home. As illustrated in these examples, divergence between people's beliefs about provider-roles and their actual provider-roles may be troublesome.

The concept of congruence between what one believes about provider-roles and how couples carry them out has generated only limited research, most of it with women (e.g. Galvin et al., 2008, Krueger, 1985 & Perry-Jenkins, Seery, & Crouter, 1992). It does seem that consistency between desired roles and what one is actually doing is pivotal in women's depressive symptomology and marital satisfaction, as well as their perceptions of fairness (Perry-Jenkins, Seery, & Crouter, 1992). Perry-Jenkins et al. found that women whose families depended on their income, but who were uncomfortable with sharing economic responsibility, reported higher levels of depression and lower marital satisfaction. Hood (1986) labeled women who are uncomfortable with sharing economic responsibility but provide instrumental income as 'ambivalent co-providers'.

There are several measures of the consistency between ideology and behavior. One measure is the percentage of household income the woman earns. Though "provider-role" refers to many behaviors, its central meaning is that of earning income. Who earns

the money? Who feels responsible for earning the money? These questions are essential for determining provider-role ideology. One premise of the post-gender provider-role is shared responsibility—both economic and instrumental. Therefore, if a woman earns a substantial portion of the household income and espouses a post-gender ideology, she would be thought of as being consistent in her ideology and practice. Similarly, if a husband earns the vast majority of the family income and espouses a traditional provider-role ideology, he exhibits provider-role consistency. On the other hand if a wife has a traditional provider-role ideology but must provide a large portion of the financial support for the family because her husband is unemployed, she is experiencing provider-role inconsistency. Likewise, if a husband has a post-gender provider-role ideology but provides all the family income because the wife cannot find a job or has returned to school, he too is experiencing provider-role inconsistency.

The significance of provider-role inconsistency as it relates to communication is that it can be stressful, both psychologically and to the relationship, not to organize your roles in a way that is consistent with your beliefs. In such cases communication may be negatively affected, influencing both couple's problem solving ability and hostile communication. This can be described as cognitive dissonance (Festinger, 1957). Cognitive dissonance describes the state of holding two contradictory elements of knowledge, which are related, at the same time. The contradiction causes unpleasantness or a state of "dissonance". In the case of provider role inconsistency, holding a certain belief about provider-roles but doing something different, according to the theory, would likely create a state of discomfort, and arguably, increase the couple's likelihood of hostile conflict.

The purpose of this study is to explore if couples' use of problem solving and hostile conflict communication patterns varies as a function of: 1) the extent to which they share provider-role attitudes and 2) the extent to which their provider behavior is consistent with their attitudes.

Literature Review

Theoretical foundations of the study. This is a study of couple communication and provider-roles that is largely informed by cognitive behavioral theory. The primary tenet of cognitive behavioral theory in its simplest form is the idea that thoughts (cognitions) affect behaviors (Datillio & van Hout, 2006; Epstein & Baucom, 2006). While cognitions may take various forms and can influence relationships in different ways, perhaps the most common approach to understanding the role of cognitions in relationships has been to examine the attributions, assumptions, and standards people hold about their relationship and/or partner. When people observe behavior, they construct mental explanations of that behavior called attributions (Fincham, Bradbury, & Scott, 1990). Partners formulate ideas about *why* their partner acts the way they do; partners credit each other with positive and negative motivations of behavior and act accordingly. Another common cognition is an assumption, or a preconceived notion of the way partners and relationships *are*. People create a picture of their partner that includes how the person usually behaves, who the person is, and what the person likes and dislikes. This picture serves as a context, good or bad, for judging all other behaviors of that person (Epstein & Baucom, 2002). Thirdly, people enter relationships with standards, or beliefs about how relationships and partners *should be*. People form standards through their broader experience in the world: their family of origin, society,

and peer group (Epstein & Baucom, 2002). Not all attributions, assumptions, and standards are bad for relationships; some cognitive assumptions help endorse a 'benefit of the doubt' attitude in couple interactions, an attitude clearly related to couple success and positive couple exchanges (Gottman, 1999). Building on this established approach of examining the impact of cognitions on couple behavior, this study investigates the role of cognitive standards about gender, specifically provider-role attitudes, on couple communication. Additionally, it is predicted that the cognitive dissonance that is created from couples acting in a way that is not consistent with their beliefs will produce more hostile conflict in their interactions. Cognitive dissonance theory suggests that when people hold two contrary ideas at one time, there is uncomfortable psychological tension (Festinger, 1957). In the context of couples, when their behavior is not in line with their beliefs, the "psychological tension" could manifest as conflict and hostility.

Additionally, some tenets of feminist theory were instrumental in conceptualizing this study. Gender is significant in organizing people's lives in our culture. Women have often had less power than men in families and society, partly as a function of their lower income (Conway, 2000; Kruger, 1985). However, we are in a time of gender role transition across many fronts. Women are gaining new educational and employment opportunities. As income has typically been an indicator of power in relationships, power within families is also in flux. This study adds a new and unexplored dimension to the field of couple communication by including women's household income as an indicator of provider-role consistency and further explores how consistency affects the couple's use of problem solving and conflict behaviors.

The importance of communication in healthy relationships. In order to better understand and help couples, researchers have investigated some of the factors that influence couple communication. This is one of the largest bodies of research that exists within the family science literature (Holmstrom, 2009; Krueger, 1994; Weiss & Heyman, 1990). People have investigated the intergenerational patterns of communication, patterns that transcend culture and race, the components of communication that can predict the life or death of a marriage, and a host of other aspects of dyadic communication (Gottman, 1999).

As a construct, communication is the process of creating and sharing meanings (Galvin et al., 2008). As it is acted out in individual families and couples, it is a rich process that reflects individual differences, familial influences, and social norms and expectations. From a systems perspective, communication is largely transactional. That is, it exists within the context of the multiple people who are acting it out. Communication is a process that is constantly changing and shifting in individual families and among individuals and provides a fertile ground for family researchers. The study of communication is not only interesting, but is relevant to the field because of the undeniable association between family outcomes and communication. Specifically, couple communication is consistently associated with family functioning and marital satisfaction (Bischoff, 2008; Christensen & Shenk, 1991; Gottman et al. , 1977). Although communication is largely a *process*, it is described and studied in *patterns*.

Many couple communication patterns are widely studied: some are constructive, and some are problematic. One potentially destructive pattern that has received a great deal of attention is conflict. Couple conflict involves a contentious exchange between

partners over differing opinions. Research has shown consistently that when couples use violence or hostility in these exchanges, dyadic conflict is associated with reports of poor relationship quality and negative relationship success (Fincham & Beach, 1999).

Research is also beginning to underscore the role of positive communication behaviors in determining relationship quality (Julien, Chartrand, Simard, Bouthillier, & Begin, 2003). One positive pattern, which can be related to conflict, is problem-solving. Research has shown that healthy couple relationships typically contain low levels of harmful conflict behaviors and high levels of problem solving behaviors (Fincham et al., 1990). Thus, the study of conflict and problem solving behaviors in couples can help us better understand what problematic behaviors to decrease, and alternatively, what behaviors increase couple resiliency. The current study will attempt to build on this therapeutically valuable line of research.

Couple conflict. In its broadest definition, conflict is a situation where two family members are in contention over resources and values, or one family member blocks another family member from their desired objective (Galvin et al. , 2008). Conflict itself is a natural, normal occurrence in families and couples; however, poorly managed conflict can have negative outcomes for relationships.

Conflict can be both destructive and constructive. Covert destructive conflict exists mostly in undertones and unclear messages. It is an unspoken way to express dissatisfaction through hostile body language, or even displacement of feelings to non-responsible parties (Vangelisti & Crumley, 1998). Overt destructive conflict can be verbal or physical and includes family violence. It may involve hostile exchanges of words, throwing things, degrading statements, and physical altercations. Destructive

conflict is extremely harmful to individual family members as well as to the entire family system. This kind of conflict is associated with poor marital outcomes, female depression, and a host of consequences for the children who may witness or experience it (Christensen & Shenk, 1991; Gottman et al., 1977; Pasch & Bradbury, 1998; Vangelisti & Crumley, 1998).

Researchers have found significant differences in the conflict behaviors of distressed versus non-distressed couples. Distressed couples are more likely than non-distressed couples to get stuck in cycles of negative reciprocal interaction and attack each other verbally. Not only does negative interaction occur more frequently, but positive interaction and problem-solving techniques are employed less often (Fincham et al., 1990). Distressed couples express negativity, and it pervades all levels of their interaction with one another: their verbal behaviors, their body language, and their thoughts about the relationship (Fincham et al., 1990).

John Gottman has created a data set that includes more than 2,000 couples and has published numerous articles concerning the commonalities and differences in couples who divorce and couples who do not (e.g., Gottman et al. , 1977; Gottman & Gottman, 2008; Gottman & Silver, 1994). Through observational studies in his Seattle based laboratory, Gottman has analyzed both distressed and non-distressed couples' interactions through videotaped conversations that are transcribed and coded by trained observers (Gottman, 1994). Many important theories and hypotheses have emerged from his work. One important finding is the four factors that Gottman (1999) uses to identify with 96% accuracy which couples will eventually divorce. All four are facets of conflict: criticism, defensiveness, stonewalling, and contempt. Gottman found that of these four factors, the

most accurate predictor of marital success is the couple's use of contempt in their interactions with one another. Contemptuous looks and words convey dislike for the partner rather than for the *actions* of the partner. The message the partner receives is that they are stupid and incompetent (Gottman & Silver, 1994). Contempt during conflict is highly damaging to couple relationships and is the key to Gottman's success in predicting divorce.

From his observational research, Gottman (1999) conceptualized four couple conflict types: validating, volatile, conflict-avoiding, and hostile. This research was replicated recently by Holman and Jarvis (2003). Holman and Jarvis' sample of 1,279 couples included married and un-married self-selected couples who participated in a paper and pencil relationship assessment survey. The couples were given general instruments measuring relationship functioning and issues as well as several vignettes of various couple conflict types. Their study differed from Gottman's original study in population and methodology. Gottman's samples of distressed married couples were financially capable of seeking expensive services at the Gottman Institute; whereas, the majority of people in the Holman and Jarvis study earned less than $60,000 per year, a markedly different socio-economic sample. Additionally, Holman and Jarvis used self-report measures as opposed to the time and training intensive behavioral coding that is utilized at the Gottman Institute (Gottman, 1999; Holman & Jarvis, 2003).

Holman and Jarvis (2003) hypothesized that they would be able to reproduce Gottman's typologies, and that the groups would vary on several aspects of couple functioning including: satisfaction, stability, soothing, positive communication, and the use of criticism, defensiveness, stonewalling, and contempt. As defined by Gottman

(1994), validating couples respect each other's view on most issues and attempt to reach a compromise when there is a disagreement. Volatile couples exist in an environment of open conflict; they argue frequently and hit "below the belt". Conflict avoidant couples go to any length to avoid disagreement; they regularly appease one another by giving up what they want or giving the "silent" treatment. The fourth group, hostile conflict couples, is the least stable group and most likely to utilize the four damaging facets of couple conflict (criticism, defensiveness, stonewalling, and contempt). The researchers performed a cluster analysis of the sample and found that the couple conflict variables were indeed significant in grouping the sample; that is, results confirmed the existence of the couple typologies that Gottman presented. As hypothesized, results also indicated that couples who identified as using hostile conflict communication reported the poorest marital satisfaction, stability, and positive communication. Alternatively, validating couple-conflict types reported the highest marital satisfaction scores of the four types (Homan & Jarvis, 2003).

Since hostile conflict is so closely related to poor marital outcomes, measuring it provides an accurate pulse on the functioning of the relationship. However, hostile conflict is only one way couples manage their differences; there are many healthier ways couples can air differences and negotiate solutions.

Couple problem solving. As conflict is virtually inevitable in relationships, much research has evaluated the factors that moderate the destructive effects of conflict on marriages. Problem solving behaviors in couples are not only related to positive outcomes from conflict discussions but also to successful marriages (Fincham, 2003;

Weiss & Heyman, 1990). Constructive problem solving discussions are healthy and contribute to the success of relationships.

Couples develop many ways of managing conflict in their relationships. Problem solving occurs within a climate of constructive conflict. That is, when couples approach a discussion with their partner in a way that makes the other person feel comfortable talking and both partners feel heard, problem solving is more feasible. Galvin et al. (2008) describe three components of constructive conflict that they formulated after a review of the literature: listening, fair fighting, and managing the environment. Listening is described as a clarifying statement about what the partner is saying and attempts at empathy. Fair fighting is characterized by the absence of name calling, insults, and equal time on "the floor". Managing the environment involves choosing the right place and time to have a discussion. Constructive conflict is a manner of handling disagreements that provides a positive outcome and learning experience for future quarrels. Research shows that positive behaviors and constructive conflict tactics are good for families, relationships, and they predict marital success (Dattilio & van Hout, 2006; Gottman et al., 1977).

One study that illustrates the importance of positive behavior in couple conflict was conducted by Kurdek (1994). Kurdek evaluated the conflict resolution styles of 75 gay, 51 lesbian, 108 married heterosexual couples without children, and 99 heterosexual married couples with children. The participants were given two assessments: the Ineffective Arguing Inventory (IAI: Kurdek, 1994) and the Conflict Resolution Style Inventory (CRSI: Kurdek, 1994). The IAI assesses how both partners view their own and their partner's behavior during an argument. Ineffective arguing tactics measured

included knowing how an argument is going to end before it is over, fighting over

repetitive issues, ending the argument without reaching a resolution, and ending an

argument without either partner feeling like they have had a fair hearing. Alternatively,

the CRSI evaluates each person's individual conflict management style. The assessment

includes four conflict management styles: positive problem solving (compromise and

negotiation), conflict engagement (personal attacks and losing control), withdrawal

(tuning the other partner out), and compliance (giving in and not defending one's

position) (Kurdek, 1994). The respondents' relationship satisfaction was measured by the

Kansas Marital Satisfaction Scale (Schumm et al., 1986). This inventory asks the

participants to rate several statements about relationship satisfaction for how true they are

for that individual. The researchers found that couples' use of ineffective arguing tactics

did not vary by the type of conflict style the couple used. The results also showed that for

all couples, the use of positive problem solving behaviors was associated with higher

relationship satisfaction. Conversely, conflict engagement and withdrawal were related to

lower relationship satisfaction. Infrequent positive interaction and frequent conflict

interaction were predictive of future relationship dissolution, though few of the

participants were separated at the one year follow up (Kurdek, 1994).

Problem solving behaviors help members of a couple feel heard, understood, and

free to express themselves in the future. Facilitation and problem solving are highly

associated with success in marriage (Galvin et al., 2008). One aspect of facilitation

behavior has been termed "repair technique" by Gottman (1999). Couples use repair

techniques during conflict to reduce the stress of the situation (Gottman & Gottman,

2008). Repair techniques can be a touch, a small joke, or a softened voice or comment

during the argument. Gottman describes these as important signs that the couple is still connected and healthy. Repair techniques are a partner's attempts at making a connection in the midst of a conflictual discussion. These behaviors, coupled with other facilitation and problem solving behaviors convey the undercurrent of caring that is necessary for a relationship to stand the test of time (Gottman & Gottman, 2008).

An additional component of many successful problem solving discussions is the use of humor (Fichten & Wright, 1983; Weiss & Heyman, 1990). Fichten and Wright conducted two studies of 58 couples to evaluate the difference in communication between happy and distressed couples as well as gender differences between husband and wife communication. The researchers were also interested in comparing how videotaped versus verbal feedback worked to correct couples' problem solving behaviors. The studies included couples referred from clinical sources and some who became aware of the study through the media. Couples were designated either "happy" or "distressed" according to their scores on the Marital Adjustment Scale (Locke & Wallace, 1959). The participants completed additional forms that measured their communication patterns, areas of conflict and problems within their marriage, as well as each spouses' report of their partner's behavior. Couples in both studies were videotaped communicating about problem areas in their relationship. The coding mechanism used by the researchers was adapted from the Oregon Marital Interaction Coding System (MICS: Hops, Wills, Patterson, & Weiss, 1977). The 16 behavioral codes fell into one of two categories: productive and counterproductive. The productive codes were: agreement, approval, acceptance of responsibility, compromise/solution, humor/tension release, physical affection, positive solution, and verbal affection. The counterproductive codes were:

complaint, criticism, disagreement, denial of responsibility, excuse, interrupt, put-down, and turn-off (Fichten & Wright, 1983).

Although the results of the written instruments discriminated between distressed and non-distressed couples, no significant differences in global scores (productive v. counterproductive) were found in the observational component of the study using the modified MICS. However, upon examining the individual behavior codes, researchers found several significant results. Happy couples used humor more, agreed more, and criticized less often than distressed couples. The largest difference between happy and distressed couples was in the degree of criticism present in the communication sample; happy couples criticized less than distressed couples.

Clearly the choices couples make in conflict and the way they interact with each other is a determinant of their relationship quality and success. While behavior is important, research has also addressed the thought processes that influence marital behavior and outcomes.

Couple cognitions. Researchers began investigating the role of cognitions in marital satisfaction in the 1980s when behavioral research seemed insufficient in fully understanding marital outcomes. The study of marital cognition deepened our understanding of marital interaction and bridged a wide gap between behavioral observations and reports of relationship satisfaction, and it gave practitioners valuable tools in helping distressed couples improve their relationships (Fincham et al., 1990).

Gordon, Baucom, Epstein, Burnett, and Rankin (1999) studied the self-report measures of 387 couples to better understand the role of cognitions in marital adjustment. The participants were given the Dyadic Adjustment Scale (DAS: Spanier, 1976), the

Inventory of Specific Relationship Standards (ISRS: Baucom, Epstein, Rankin, &

Burnett, 1996), and the Communication Patterns Questionnaire (CPQ: Christensen &

Sullaway, 1984). The DAS is used to measure the overall functioning of the couple

relationship. The assessment measures affectional expression, cohesion, consensus, and

satisfaction (Spanier, 1976). The ISRS is composed of 60 items that assess the standards

(the beliefs about what relationships *should* be) the respondents have about 12 marital

topics across three general domains: boundaries, control, and investment. When couples

score highly on these three domains, they are considered to have highly relationship-

focused standards (Baucom et al. 1996). Relationship focused standards are characterized

by emotional closeness. The CPQ assesses the communication pattern the couple uses.

The respondents are assessed on their level of mutual constructive communication and

demand/withdrawal/avoidance patterns (Christensen & Sullaway, 1984). The

participants were mailed these three assessments along with several others (Gordon et al.,

1999). The authors believed that communication is more closely related to marital

satisfaction if people believe that they should have a great deal of intimate

communication. Thus, the authors hypothesize that the interaction between

communication and standards is more predictive of marital satisfaction than either alone.

The results showed that for women, but not men, marital satisfaction was affected

by the interaction between communication and standards. Women who report more

relationship-focused standards have a stronger association between their communication

patterns and marital satisfaction than women who report less relationship focused

standards. The authors suggest that this may be true only for women and not men because

women monitor their relationships more closely than men. Therefore, women who hold

relationship-focused standards are likely to be in tune with discrepancies between what they think should happen and what is happening. The researchers suggest that for some couples the discrepancy between a couple's standards and what happens in their relationship is a source of discord that deserves more attention (Gordon et al., 1999).

In a study of couple cognitions, Kurdek (1992) investigated the assumptions and standards of 350 couples. Although assumptions and standards are not always harmful, Kurdek studied these two factors as they negatively affect relationships. In line with the previously mentioned definitions, he conceptualized assumptions as unrealistic ideas about how people and relationships *are*, and conversely standards as unrealistic ideas about how people and relationships *should be*. Couples were sent surveys that contained demographic measures, measures of relationship satisfaction, assumptions, and standards. To examine assumptions, participants completed the Relationship Beliefs Inventory (RBI: Eidelson & Epstein, 1982). The items assessed how strongly the participants agreed with dysfunctional beliefs about mind reading, partner change, the destructiveness of disagreements, and sexual perfection. To create the items assessing standards, the researchers used the questions about the previously listed topics but they were reworded to indicate the respondent's belief about couples in general (Kurdek, 1992).

The results indicated that unrealistic assumptions and standards in straight and gay/lesbian relationships are negatively associated with relationship satisfaction (Kurdek, 1992). Additionally, Kurdek found that assumptions were held more strongly than standards. The association between standards and relationship satisfaction was mediated by assumptions, but standards did not mediate the relationship between assumptions and relationship satisfaction. The authors suggest that one possible explanation for the

strength of the relationship between assumptions and relationship satisfaction is that it is easier for people to draw conclusions about real life events as opposed to hypothetical scenarios. In other words, a wife's previous experience with her husband's ability to fold the laundry carries a heavier weight than what she has been told about men in general (Kurdek, 1992).

Irrational and mismatched cognitions about people and relationships are clearly related to marital dissatisfaction (Bradbury & Fincham, 1990; Gordon et al., 1999; Kurdek, 1992). Whether they are cognitions about people in general or cognitions about one's own partner, if the thoughts are unrealistic or untrue it is likely that relationship satisfaction will suffer. However, there are many cognitions or beliefs that couples may hold that have yet to be investigated.

Gender role cognitions. While many cognitions are related to couple communication, one kind of cognition that has not been thoroughly researched is cognitions concerning gender, or what people believe about men and women. The concept of "gender roles" as defined by Richmond-Abbot is "socially created expectations of masculine and feminine behavior" (1992, p 4). Conway (2000) hypothesizes that men and women act out in marriage ideals that were implanted in childhood. She asserts that the overarching social standard which boys are taught to strive for is largely an unreasonable standard of masculinity that is strong, unemotional, and detached, while girls are taught to take care of others. This message, although changing, pervades our society through the media, television, religion, education, and in individual families—thus informing people's ideas, or cognitive standards, about gender. Obviously, this has implications for couples and families.

While it is widely established that gender role cognitions affect how people act in their relationships (e.g., Biblarz, & Stacey, 2010; Holmstrom, 2009), there is relatively little research on how gender roles directly impact couple communication. One study that does investigate gender roles and communication is Krueger's (1985) qualitative/interpretive study of communication patterns in nine dual-career couples. Dual-career couples, as defined in this study, are couples who both participate in the home and labor force, as opposed to dividing responsibilities along traditional gender role lines. The couples were instructed to have a decision-making discussion in their homes and videotape the interaction. The tapes were professionally coded to analyze couple decision making. After the discussion, the couples filled out a marital satisfaction questionnaire, and a questionnaire about how decisions are made in their household. Krueger sought to understand both within-group differences as well as commonalities in the decision making process of dual-career couples. The results showed that the majority of couples used egalitarian decision making techniques. However, some couples had one decision maker, and some couples used a combination of the two techniques. The researcher noted a number of commonalities between couples who use egalitarian decision making techniques. She found that the couples gave reasons in response to disagreement, both partners gave opinions, solicited information and opinions, supported the other's contributions, usually waited for the other's response before moving on, and extended the other's comments by building on the partner's previous statement. All the couples reported high marital satisfaction. This study indicates that even among egalitarian couples there are still nuanced differences in communication techniques; however, the author notes that even in the most one-sided couple discussion in the

sample, the conversation moved smoothly and cooperatively to a decision. The dual-career egalitarian couples in this study clearly illustrated high cooperation and associated marital satisfaction that is evident in many egalitarian couples (Krueger, 1985).

More recently, Colaner (2009) studied the between group communication differences of couples who have traditional and egalitarian gender roles. The sample consisted of 124 parents who fit into one of two categories: egalitarian family gender role ideology or complementarian family gender role ideology. Egalitarianism refers to the idea that men and women are equal; complementarianism refers to the idea that the man is the head of the household and has final say in decisions. The participants were given three scales: one measuring family communication patterns, one egalitarian/complementarian scale, and a religious orientation scale. Colaner predicted that couples who espouse an egalitarian gender role ideology will utilize conversation oriented communication patterns. Conversation orientation is characterized by a free and open exchange of ideas and feelings and less emphasis on a strict family hierarchy. Additionally, she predicted that couples who report a more traditional view of gender roles (complementarian) would use more conformity oriented communication patterns. Conformity oriented communication encourages like-mindedness with the household leadership (the father) and silences opposing opinions. Colaner's hypotheses were confirmed when she found that the families espousing an egalitarian gender role ideology reported more conversation-oriented communication, whereas in the complementarian families the use of conformity-oriented communication was more prevalent. The cognitive standards people have about gender in families have a host of consequences. As

is evident in these studies, the way people think about gender in marriages can affect the way they communicate.

Provider-Role Attitudes. The impact of gender cognitions on couple communication is clearly an area ripe for study. While many conceptualizations of gender role ideology or gender cognitions exist, one particularly useful approach may be the work on provider-role attitudes. Provider-role attitudes are a subset of gender role cognitions and refer specifically to assumptions and standards people hold about how men and women should divide responsibilities for the support of the family (Hood, 1986; Perry-Jenkins et al., 1992). This body of work may be particularly useful, because it recognizes that gender roles are being challenged by changing roles in the home and the workplace, and that couple's ideology may be in transition as well.

In this time of transition, couples' provider-role attitudes vary widely on the spectrum from traditional to egalitarian division of responsibilities. Traditional couples divide home and work labor along conventional gender lines. That is, women do the housework, and men participate in the work force. On the other end of the spectrum, egalitarian couples share both paid labor and home labor responsibilities and do not divide tasks based on gender. These couples are increasingly referred to as "post-gender" (Risman & Johnson-Sumerford, 1998), because they have moved beyond gender as the basis for apportioning responsibilities in the family. Many couples fall, or are in transition, between these two extremes. In addition to variability among couples, members of a couple may be matched or unmatched based on their provider-role attitude. That is, one partner may hold more traditional attitudes than the other. Little research has investigated the extent to which partners' provider-role attitudes are matched or

unmatched. Rather, most research that concerns provider-role attitude has centered on women's experiences (Helms-Erikson et al., 2000).

A recent study investigated gender differences in the meaning and influence of provider-roles. Loscocco and Spitze (2007) used existing data on 231 women and 224 men who participated in a study of small business owners and the intersection of family and work in their lives. The authors chose the relevant data from the larger study concerning provider-role attitudes, income, marital quality, life satisfaction, and anxiety. The results showed that the majority of women and men preferred to be coproviders, though women were more likely than men to espouse this belief. Further, the women in the study were more likely than the men in the study to report that providing income was something that a woman should do. There was a large part of the sample that was not exercising the provider-role they reportedly preferred. As the sample was made up of all self-employed people who most likely had a great deal of control over the division of labor, the authors hypothesized that overarching gender norms about men's and women's family roles were an influential force in the participants lives (Loscocco & Spitz, 2007).

In a study of provider-role attitudes, Helms-Erikson et al. (2000) investigated the relationship between women's emotional involvement in work and marital well being, as well as the moderating role of provider-role attitude in women's work quality and individual and marital well being. The researchers interviewed 134 dual-earner families about their work, provider-role attitudes, family relationships, and mental health. In addition to interviews, the participants completed instruments about provider-role attitudes, emotional involvement in work, gender role attitudes, depression, and marital conflict negativity. Their findings showed that employed women who saw themselves as

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equal providers with their partners were less depressed and had higher marital satisfaction than women who were employed but did not view their income as equally important in relation to their husband's income (Helms-Erikson, et al., 2000).

This finding was consistent with previous research that showed lower depression among women whose employment status matches what both the husband and wife preferred (Ross, Mirowsky, & Huber, 1983). While not using the terminology "provider-role attitude", this earlier work was the first to establish that, when a woman is acting according to her wishes, she is more likely to have low rates of depression and higher marital satisfaction than women who are not acting according to their wishes. This suggests that while the content of provider-role attitudes is important, so is the consistency between provider-role attitude and actual behavior. Indeed, when Hood (1986) presented provider-role theory as it is used today, it was a multi-faceted theory that included actual earning behavior as well as the way women felt about their provider status. It is not surprising then, that more attention has been paid to consistency in the literature than simply to attitudes.

Provider-role consistency. Provider-role consistency, that is, the degree to which couples are performing their roles according to their beliefs, is a crucial factor in the study of provider-roles. A woman who is provider-role consistent is one who, for example, believes that the man should be the sole breadwinner of the household and she works few hours per week babysitting but spends the majority of her time doing home tasks. Further, the income she earns is used for the yearly vacation, not essential but a nice perk. The woman's behavior matches her attitudes about providing. Inconsistency, sometimes referred to in the literature as ambivalence, is illustrated by a woman with the

same beliefs who works 60 hour weeks doing administrative work; her income is absolutely necessary for the survival of the family, but she wishes to be spending her time and efforts at home. This woman is provider-role inconsistent because her behaviors do not match her beliefs about providing. These are only two examples of the many provider-role scenarios that describe families' experiences. Consistency of provider-role behavior and attitude and the resulting cognitive dissonance is multi-faceted and has implications for marital satisfaction.

Perry-Jenkins et al. (1992) investigated the importance of provider-role consistency using measures of psychological well-being and marital satisfaction. The researchers conducted multiple interviews of 43 dual earner and 50 single earner families. A total of eight interviews were conducted via telephone and in person with each family. The telephone interviews concerned the amount of time spent each day on household tasks, hours spent working, and provider-role attitudes. The researchers also investigated a host of other domains of functioning including marital satisfaction, marital conflict, work overload, and depression. They expected to find that women who were seen as equal providers and enjoyed working would have better outcomes than women who were ambivalent about working or did not want to work but were economically forced to (Perry-Jenkins et al., 1992).

The results showed some significant findings. The most significant result was the association between provider-role consistency and family well-being. Two groups emerged from the data; women who were ambivalent about providing and women who were comfortable providing equally. Women who were ambivalent about their provider-role knew their income was necessary but did not want to be working outside the home.

Ambivalent feelings about working were associated with depression. Additionally, women who were ambivalent reported the lowest levels of marital satisfaction. In contrast, wives who viewed their income as important and were comfortable in the coprovider role were the least depressed and felt relatively less overloaded than the other groups. The provider-role inconsistent group (the ambivalent group) reported the most negative outcomes, whereas the provider-role consistent group (the coprovider group) reflected the most positive outcomes (Perry-Jenkins et al., 1992). The consistency between women's attitudes and their actual behavior is essential to understanding provider-roles: as women take on responsibilities that are counter to their ideology, depression and martial dissatisfaction result.

Another illustration of the importance of provider-role consistency is a study by McHale and Crouter (1992). The participants were part of a larger study of parenting and family relationships in dual-earner and single earner families. The participants were given scales on sex role attitudes, marital functioning, marital satisfaction, and conflict. Information about their home labor and earning behavior was collected through several telephone interviews. The researchers identified 36 men and 36 women (not necessarily spouses) who were provider-role inconsistent. The provider-role inconsistent group reported one of two inconsistencies: traditional attitudes and egalitarian roles, or egalitarian attitudes and traditional roles. The authors found that the majority of the participants also reported an incongruence of provider-role attitude with their spouse. In comparison to a control group of provider-role consistent respondents, the provider-role inconsistent group was more likely to report marital dissatisfaction and viewed their relationships more negatively (McHale & Crouter, 1992). Provider-role inconsistency

within and between partners in a relationship is clearly related to discord and

dissatisfaction.

Provider-role consistency has been measured in a number of ways. Regardless of

the methodology, consistency as a construct is the comparison of actual provider-role

behavior and provider-role cognitions. One measure of provider behavior that has been

used in other studies to examine provider-role consistency (Loscocco & Spitze, 2007) is

the percentage of household income the female partner earns. The use of percentage of

household income earned by the female partner is an objective measure of provider

behavior. Often, researchers rely on the respondent's report of their providing behavior

(McHale & Crouter, 1992; Perry-Jenkins et al., 1992). Using an impartial measure helps

create an authentic picture of provider behavior. By studying the percentage of the

income that is earned by the woman as well as the couple's report of their provider-role

attitude, one can objectively determine the couple's provider-role consistency (Loscocco

& Spitze, 2007). As the previously mentioned research shows, provider-role

inconsistency is associated with poor marital satisfaction, and conversely provider-role

consistency is associated with high marital satisfaction (Perry-Jenkins et al., 1992).

However, the subject of couple communication as it relates to provider-role consistency

has not been studied.

Purpose of the Study

Communication behaviors, specifically problem solving and hostile conflict

behaviors, are strongly linked to marital success. One factor that influences

communication behaviors are the cognitions people hold about each other and

relationships. While the impact of a variety of cognitions on couple communication has

been studied, very little research exists on how couple's beliefs about the roles of men and women affect their communication within their relationship. Particularly relevant for married couples in this time of increased labor force participation by women is the question of how partner's attitudes about the roles of men and women as providers affect their communication. There appears to be some limited support for communication pattern differences between couples with shared egalitarian or traditional provider-role attitudes. What is less clear in the literature is the influence of provider-role consistency on communication behaviors. That is, if couples are not doing what they say they believe, how is their communication impacted?

Hypotheses. 1. Couples who both report a post-gender provider-role attitude will engage in more problem solving behavior than either couples who both report a traditional provider-role attitude or couples in which only one partner has a post-gender provider role ideology.

2. Couples who are not matched on provider-role attitude will engage in less problem solving behavior and exhibit more hostile conflict behaviors than couples who are matched on provider-role attitude.

3. Matched couples whose provider-role attitudes and behaviors are consistent will exhibit less hostile conflict behaviors than couples whose provider-role attitudes and behaviors are inconsistent.

4. There will be an additive effect of provider-role attitudes and provider-role consistency, with post-gender couples who are provider-role consistent exhibiting the highest level of problem solving of all groups.

Chapter II: Methods

Participants

The sample consisted of 114 heterosexual couples. The sample was drawn from the University of Maryland Center for Healthy Families therapy clinic. The couples in the sample sought therapy between the years of 2001-2008. The clinic serves clients from the DC metro area and provides services for couples, families, and individuals. Some of the common problems that bring couples to therapy are communication issues, parenting concerns, child behavior, infidelity, and family of origin issues, among many others. The clinic population is racially, economically, and culturally diverse. The median age for female participants was 29 years, for males, 31 years. Females ranged in age from 18 to 64 years and males ranged in age from 19 to 67 years. In the sample, 50% of the females self-identified as Caucasian, 33% as African-American, 10% as Latino, and 7% as other. Additionally, 51% of the males self-identified as Caucasian, 28% as African-American, 9% as Latino, and 12% as other. The sample was highly educated, with more than 70% of the participants with education beyond high school (See Table 1). The average number of children in the sample was 1.14 per household ($M = 1.14$, SD $= 1.24$), but 42% of the sample did not have any children. The median household income was $54,000.Women's median income in the sample was $19,200; for men, the median income was $34,000. See table 2 for a report of the relationship status of the sample. Additionally, 32% of the sample was participating in a research project concerning couple violence. The overall violence level of couples in the study is low.

Table 1: Highest Level of Education Reported by the Participants

Education	Males	Females
Some High School	3.4%	2.5%
High school	15.3%	10.2%
Two Year Degree	11%	15.3%
College/Some College	36.5%	37.3%
Graduate Education	34%	34.8%

Table 2: Relationship Status as Reported by the Participants

Relationship Status	Percent of Sample
Currently married, living together	55.2%
Currently married, separated	9.2%
Living together, not married	16.2%
Separated	1.3%
Dating, not living together	18.1%

Procedure

The present study is a secondary analysis of data that are currently being collected at the university clinic. Each client signs an informed consent form upon arriving at the clinic for therapy. The form describes the details of the data collection and confidentiality and releases the clinic and associated researchers to use the data. The assessment phase is completed in two separate appointments that generally take 90-minutes each. The participants complete 15 measures during the first appointment and nine measures during the second appointment. The written measures assess conflict behaviors, gender role patterns, depression, trauma, and several other areas of personal and couple functioning.

Family members complete the paperwork in separate rooms. Clients are assessed for couple physical and psychological violence in the relationship both through an interview and in written format. During the interview portion, couples are asked about their general sense of safety with their partner as well as substance and alcohol use and abuse. Additionally, during the second appointment every couple is videotaped for ten minutes discussing a topic of mutual mild to moderate conflict. The topic is determined based on their mutual ranking of an item on the Relationship Issues Survey (Epstein, 1999). The scale includes 28 items that are common sources of conflict between spouses. The respondents rank each item from 0-3; 0 is not a source of disagreement or conflict, 3 is very much a source of disagreement or conflict. Some of the items include, "relationships with friends", "personal manners", and "leisure activities and interests". The therapist selects two to three items that both partners rate as a mild or moderate source of conflict and allow the couple to choose which subject to discuss. The partners are instructed to attempt to find a solution by the end of the ten minutes. The therapists watch the couple from the observation room to ensure the couple's safety.

Measures

A summary of the measures used in this study can be found in Table 3.

Independent variables. There are two independent variables in the present study: provider-role attitude, and provider-role consistency. Provider-role attitude was measured by the Partner Role Inventory (PRI; Perry-Jenkins & Crouter, 1990). The PRI is a measure that consists of nine questions concerning the client's provider-role attitude. The measure contains Likert scale items, agree/disagree items, and narrative items. The questions assess the importance of the woman's income as well as the roles each partner

has in the household. Clients are asked to answer for families in general on several items including, "In general, what are the roles in order of importance for the woman of the family? Answer for families in general not specifically for your family: [Response options include:] parent, spouse/companion, worker/professional, provider for the family, caretaker of household and/or home." Items also ask about the respondent's beliefs about who should be the provider in their own family. Additionally, the clients are asked to report the actual use of the woman's income. The last item is open ended and asks the respondent to share any relevant information about the female partner's income. The couple's provider-role attitude was determined based on their answers on the PRI. Couples were placed in one of three groups based on their answer to question number four. Question number four asks: "In general, the man should be the main breadwinner. 1. Agree 2. Disagree". If both partners answer "agree", then the couple is categorized as "matched traditional provider-role attitude". If both partners answer "disagree", then the couple is categorized as "matched post-gender provider-role attitude". If partners answer differently, they will be placed in the third category, "unmatched provider-role attitude".

There are no formal statistics on reliability and validity of the measure due to the subjective nature of the items. Nevertheless, the measure is widely used in the provider-role literature and researchers have determined that the measure accurately assesses Hood's original conception of provider-role (Helms-Erikson, et al., 2000; Perry-Jenkins, Seery, & Crouter, 1992).

In addition to assessing the relationship between provider-role attitude and communication, it was predicted that couples' provider-role consistency is related to their use of hostile conflict and problem solving. As part of the assessment protocol, couples

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report their average yearly individual income on the demographic questionnaire. With this information, percentage of household income that is earned by the female partner was calculated. The present study indicated an median split in the income of the participants at 42%: half the women in the sample earned less than 42% of the household income and the other half earned more than 42% of the household income. Therefore, post-gender provider-role couples were considered consistent if the female earned 42% or more of the household income. Conversely, post-gender couples were considered inconsistent if the female earned less than 42% of the household income. Traditional provider-role couples were labeled consistent if the female earned less than 42% of the household income, and were inconsistent if the female partner earned more than half of the household income.

Dependent variables. The dependent variables in this study are problem solving and hostile conflict communication behavior. Levels of couple problem solving and hostile conflict were measured by the couple's behavior during a ten-minute coded communication sample. The communication sample is stripped of identifying information and is coded by trained undergraduate coders using the Marital Interaction Coding System—Global (MICS-G: Tolman & Weiss, 1990—see Appendix A for coding worksheet). The MICS-G is a behavioral coding system that rates each member of a couple on six different domains of communication: conflict, problem solving, validation, invalidation, withdrawal, and facilitation. The undergraduate coders have an average training length of 40 hours and are trained until they achieve inter-rater reliability. The coders have an average 98% inter-rater agreement rate. Agreement or inter-rater reliability refers to two coders who rate a sample independently but record category

ratings that are within one point of each other. The coders transcribe the conversations from a video recording and break it into five two-minute time intervals. Each two-minute time interval for both the male and the female is rated on a five-point scale for the six categories. The two categories used in the present study are conflict and problem solving. A rating of 0 is given if the behavior or affect cue is not present in the two minute segment at all. A rating of 1 is given if the behavior might be present in the sample. The ratings of 2-3-4-5 are given based on the intensity and frequency of the behavior throughout the segment. Each category contains both content and affect cues. Content cues refer to specific information or themes of the dialogue (i.e., compromise). Affect refers to a subjective assessment by the coder of the participant's demeanor or attitude (i.e., sarcasm).

In the conflict category, both partners are rated on eight dimensions: five content cues and three affect cues. Tolman and Weiss (1990) describe the criteria for conflict in their training manual:

1. Complain: defined as a statement expressing feelings of being deprived, wronged, or inconvenienced either through the partner's action or non-action, or because of external circumstances…2. *Criticize:* defined as an overtly hostile statement expressing dislike or disapproval of a specific behavior of the partner, regardless of whether behavior is past or present…3. *Negative mind reading:* defined as statements inferring or assuming negative attitude or emotion of the spouse without giving a specific reference to behaviors…4. *Put downs/insults:* defined as a statement intended to hurt, demean, or embarrass the other [this cue includes swearing at the partner]…5. *Negative command*: defined as a statement

commanding the partner to do something, delivered in a way indicating anger or

hostility… 1. *Hostility* [affect cue, inferred by coders]…2. *Sarcasm* [affect cue,

inferred by coders]…3. *Angry bitter voice tone* [affect cue, inferred by coders] (p.

5-6).

The male and the female each receive an average conflict score for each time interval.

The scores are then averaged for a total couple conflict score. Scores can range from 0 to

5, but most fall between 0 and 3 in the current dataset. Because the broad term conflict

includes many more behaviors than those listed above, the measure of conflict that is

described by Tolman and Weiss (1990) is referred to in this study as hostile conflict. This

is more reflective of the type of conflict that is being measured.

In the problem solving category, both partners are rated every two minutes on six

dimensions: four content cues and two affect cues (Tolman and Weiss, 1990):

1. Problem description: defined as any statement describing the present problem,

related to the couple, or related to something outside the couple or to a previous

problem…2. *Proposing a positive solution*: defined as a proposal to increase the

frequency of a current behavior or to begin engaging in a new behavior…

3. *Proposing a negative solution*: defined as a proposal to decrease the frequency

of a current behavior or terminating a current behavior…4. *Compromise*: defined

as a proposal for a mutually contingent exchange of behaviors; both parties must

be willing to negotiate, to give-and-take in a compromise…1. *Calmness*:

expressed by a relaxed and open body position, natural voice tone, overall neutral

affect [affect cue, inferred by coders]…2. *Reasonableness*: spouse seems willing

to listen and is attentive to the partner's comments [affect cue, inferred by coders]

(p. 6-7).

The male and the female each receive an average problem solving score for each time

interval. The scores are then averaged for a total couple problem solving score. The

MICS is a well documented and reliable coding mechanism. It has been used extensively

to study communication patterns in couples and the effectiveness of couple's therapy

(Floyd, O'Farrell, & Goldberg, 1987; Heyman, Eddy, Weiss, & Vivian, 1995). See Table

3 for operational definitions of the variables.

Table 3. Summary of Measures and Variables

	Variables	Operational Definitions
Independent Variables	Provider-role attitude	Provider-Role Inventory question # 4 "In general, the man should be the main breadwinner. Agree/Disagree" *Three groups:* *Post-gender provider-role attitude matched:* Disagree/Disagree *Traditional provider-role attitude matched:* Agree/Agree *Unmatched provider-role attitude:* Agree/Disagree or Disagree/Agree
	Provider-role consistency	Matched couples will be divided into consistent and inconsistent groups using the groups mentioned above and the demographic variable of income: Women earning 42% or more of the household income AND post-gender provider-role attitude matched are provider-role consistent Women earning less than 42% of the household income AND traditional provider-role attitude matched are provider-role consistent Other combinations inconsistent
Dependent Variables	Conflict	The average of the couple's conflict scores from the MICS-G coding sheet, range from 0-5 (Appendix A)
	Problem solving	The average of the couple's problem solving score from the MICS-G coding sheet, range from 0-5 (Appendix A)

Chapter III: Results

The present study was designed to test the following hypotheses:

1. Couples who both report a post-gender provider-role attitude will engage in more problem solving behavior than either couples who both report a traditional provider-role attitude or couples in which only one partner has a post-gender provider role ideology.

2. Couples who are not matched on provider-role attitude will engage in less problem solving behavior and exhibit more hostile conflict behaviors than couples who are matched on provider-role attitude.

3. Matched couples whose provider-role attitudes and behaviors are consistent will exhibit less hostile conflict behaviors than couples whose provider-role attitudes and behaviors are inconsistent.

4. There will be an additive effect of provider-role attitudes and provider-role consistency, with post-gender couples who are provider-role consistent exhibiting the highest level of problem solving of all groups.

Hypothesis 1 and 2 compared the hostile conflict and problem solving behaviors of matched post-gender couples, matched traditional couples, and unmatched couples. In order to test for significant differences among the different groups, hypothesis 1 was tested using a one-way Analysis of Variance (ANOVA). A one-way Multivariate Analysis of Variance (MANOVA) was used in testing hypothesis 2. Because of the multiple dependent variables, two-way multivariate analyses of variance (MANOVA) were used to test hypotheses 3 and 4. The test of hypothesis 3 and 4 used only couples who had the same provider-role ideology (matched couples) and compared the hostile

conflict and problem solving behavior of couples who were consistent (acting according to their ideology) and inconsistent (not acting according to their ideology).

Preliminary Analysis

Prior to conducting the analysis, the participants were coded into one of three groups according to their provider-role ideology: matched traditional (n=21), matched post-gender (n=50), and unmatched (n=43). Additionally, the range of female percentage of household income was examined. The data indicated a median split of 42% in the income percentages. In other words, half the sample earned 42% or less of the household income and the other half of the sample earned more than 42% of the household income. Couples who were matched for post-gender provider-role attitude and the female partner earned more than 42% of the household income were considered "provider-role consistent". Likewise, couples who were matched for traditional provider-role attitude and the female partner earned less than 42% of the household income were also considered "provider-role consistent". Other combinations were inconsistent.

Primary Analysis

Analysis for hypothesis 1. A one-way analysis of variance (ANOVA) was used to test hypothesis 1. In this analysis, the independent variable was provider-role attitude (matched traditional, matched post-gender, and unmatched). The dependent variable was the couple's use of problem solving behaviors.

Hypothesis 1 states that couples who both report a post-gender provider-role attitude will engage in more problem solving behavior than either couples who both report a traditional provider-role attitude or couples in which only one partner has a post-gender provider role ideology. The results indicated that there was no significant

difference in problem solving behavior based on couples' provider-role ideology, F (2,

113) = .27, p = .76. Therefore, hypothesis 1 was not supported.

Analysis for hypothesis 2. A one-way multivariate analysis of variance (MANOVA)

was conducted to test hypothesis 2. For this analysis, the couples were divided into two

groups: matched and unmatched. The matched group contained couples where both

members had a post-gender provider-role attitude and couples where both members had a

traditional provider-role attitude. The unmatched group contained couples' who reported

different provider-role ideologies, one post-gender and one traditional. The couples'

matched or unmatched status was the independent variable; problem solving and hostile

conflict were the dependent variables.

Hypothesis 2 states that couples who are not matched on provider-role attitude

will engage in less problem solving behavior and exhibit more hostile conflict behaviors

than couples who are matched on provider-role attitude. The MANOVA indicated no

significant difference in problem solving behavior, F (1, 113) = .25, p = .62, or hostile

conflict behavior, F (1, 113) = .32, p = .57. Therefore, hypothesis 2 was not supported.

Analysis for hypothesis 3 and 4. For hypotheses 3 and 4, a two-way multivariate

analysis of variance (MANOVA) was calculated using only couples who were matched

based on their provider-role ideology. In this analysis, the independent variables were the

couples' provider-role ideology and the percentage of household income earned by the

female partner. Consistency was assessed as the interaction between these two variables.

The dependent variables were the couples' problem solving and hostile conflict.

Hypothesis 3 states that matched couples whose provider-role attitudes and

behaviors are consistent will exhibit less hostile conflict behaviors than couples whose

provider-role attitudes and behaviors are inconsistent. The results indicated no significant difference between consistent and inconsistent couples use of hostile conflict, $F(1, 70) = .14$, $p = .71$. Therefore, hypothesis 3 was not supported.

Hypothesis 4 states that there will be an additive effect of provider-role attitudes and provider-role consistency, with post-gender couples who are provider-role consistent exhibiting the highest level of problem solving of all groups. Results indicated no additive effect in that there was no difference between consistent and inconsistent couples on problem solving, $F(1, 70) = .54$, $p = .47$. Therefore, hypothesis 4 was not supported.

While not the focus of the hypothesis, the two-way MANOVA used to test consistency (i.e., the interaction of provider-role attitude and income) did indicate significant main effect for income on hostile couple conflict, $F(1, 70) = 4.37$, $p = .04$. Couples in which the woman earned over 42% of the family income had higher levels of conflict ($M = 1.33$, SD $= 1.23$) than did couples in which the wife earned 42% or less of the income ($M = .82$, SD $= .65$) regardless of their provider-role ideology.

Exploratory Question

Problem solving and conflict are only two of the aspects of dyadic communication that are measured by the MICS-G. Couples are also given overall positivity and negativity scores. The positivity score is the sum of the couples' problem solving, validation, and facilitation scores. The negativity score is the sum of the couples' conflict, invalidation, and withdraw scores. As an exploratory test, the previously described MANOVAs were also run using the positivity and negativity scores as the dependent variables. The results did not indicate differences in positivity and negativity based on ideology. In other words, post-gendered couples, traditional couples, and unmatched

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couples did not differ on positivity, $F(2, 113) = .58$, $p = .56$, or negativity, $F(2, 113) = 1.58$, $p = .21$. Likewise, no significant differences were found in positivity, $F(1, 70) = .5$, $p = .61$ or negativity, $F(1, 70) = .31$, $p = .74$, when examining provider-role consistency.

However, when comparing only the matched and unmatched groups, the couple's use of negative behaviors approached significance, $F(1, 113) = 3.16$, $p = .078$. Matched couples tended to have lower negativity ($M = 2.12$, $SD = 1.76$) than unmatched couples ($M = 2.73$, $SD = 1.75$). This suggests that there is a possible link between couple's shared ideology (as opposed to type of ideology) and the negativity in their communication.

Chapter IV: Discussion

This study was designed to better understand the relationship between provider-roles and couple communication. Although the literature supports the idea that there are differences between post-gender and traditional couple communication patterns, it is limited. That is, a 2009 study found that traditional gender roles in couples are associated with a greater usage of conformity oriented communication where one partner, the man, is the main decision maker of the household. Conversely, egalitarian couples (or post-gender, as they are referred to in the present study) engaged in shared decision making discussions (Colaner, 2009). However, apart from this study, few investigate the role of gender-role ideology in couple communication. There were two purposes of the present study: to examine how the communication patterns of post-gender and traditional couples differ, and to investigate the effect consistency between provider role ideology and actual provider behavior has on couple communication.

Summary of Results

Four predictions were made in this study. First, it was hypothesized that problem solving behaviors would occur more frequently in couples where both partners report a post-gender provider-role ideology than in couples who both report a traditional provider-role ideology or couples who are not in agreement about provider-role ideology. However, there were no significant differences found between couples who have different ideologies.

Secondly, it was predicted that couples who are not in agreement about their provider-roles would have the highest hostile conflict and the lowest problem solving

behavior of all the groups. Again, there were no significant differences between couples who were matched and couples who were unmatched on provider-role ideology.

Thirdly, it was predicted that couples who were matched on ideology and were acting in accordance with those beliefs would have less hostile conflict behaviors than those who were not acting in accordance with their beliefs. Though there were no significant differences between couples who were behaving in line with their beliefs and those who weren't, a significant finding emerged in the area of hostile conflict. There was significantly lower conflict in the group of couples where the wife earned a lower percentage of the household income.

Finally, it was predicted that the post-gender provider role couples would have the highest level of problem solving of all the groups. As with the previous three hypotheses, this hypothesis was not supported.

Limitations of the Study

This study has several limitations. One limitation is the sample size. Although there were 114 couples in the study, one cell was particularly small. There were only 10 couples who had matched traditional ideology and a wife who earned less that 42% of the family income; in other words, the provider role consistent traditional couples. Though the study is statistically valid with at least 10 participants in each cell, it would greatly increase the accuracy of the results if there were more participants in that group.

Another limitation of the study is the selected sample. The sample is made up of people who were presenting for therapy. When couples seek therapy, it is typically after some attempts at remedying the situation themselves. They have often tried many solutions that have not been effective and may have established negative patterns of

interaction. One or both is likely distressed because of marital conflict or discord and may have considered separation or divorce. Couples may also seek therapy in order to help cope with stressful events outside their marriage: grief and loss, parenting and child rearing issues, and troubles with their families of origin among many others. It is therefore possible that the expected patterns of couple interaction were not present because of the distress and conflict level of the sample. Given a sample that is not experiencing the marital distress or life stress as seen in a clinical population, perhaps the predicted patterns of interaction would have been present. Additionally, a significant portion, 32%, of the sample was participating in a research project concerning couple violence. Though the level of violence in the study is relatively low, it may constrict the range of problems solving and exacerbate the conflict that would be seen in a random population of couples. More specifically, it is possible that the sample might be predisposed to higher conflict levels and low levels of problem solving because of the selection criteria.

Finally, this study was limited by the narrow way in which provider-role ideology was conceptualized. The participants were grouped from their answer to one question: "the man should be the main breadwinner of the household". While this question does assess a basic gender assumption, it does not necessarily reflect the complex subject of the provide-role. To create a more complete picture of a couple's provider role ideology, questions pertaining to both thoughts and behavior should be used. The respondent should be asked directly if they consider themselves 'traditional' or 'egalitarian' and then asked questions about their division of household and money-making labor as well as their decision making strategies. Though not as cut and dried as the item used to assess

provider-role ideology in the present study, a more detailed and nuanced appraisal would be more accurate and perhaps yield more significant findings. A qualitative, interview style study would allow researchers to gather people's thoughts about providing and assess their providing behaviors. This kind of study would allow people to express what is true for their individual family rather than trying to fit them into antiquated categories. Coding the responses would present a much more current and relevant assessment of how families divide providing behavior and what role gender plays in this division.

Explanation of the Findings

None of the hypotheses in this study were supported by the data. While the theory and research behind the predictions were sound, several possible explanations exist as to the lack of significant findings. First, the unique nature of the demographics of the sample may have contributed to the findings. The Washington DC metro area has some of the highest income couples in the country (U.S. Department of Commerce, Bureau of Economic Analysis, 2006). Additionally, women in DC and Maryland earn more money than women in any other state (Hartmann, Sorokina & Williams, 2006). As indicated by the data, women in this geographical area are clearly contributing members of society who provide financially for their families in a significant way. In the present sample, 80% of the sample earned income and 25% of the sample earned $38,000 or more. Thus, some of the assumptions about traditional and post-gender ideology may not be applicable.

Another reason that no difference in the communication patterns of couples who espouse different provider-role ideologies was found may be because of the relevance of the concept "provider-role". The study of provider-role ideology began in full force with Jane Hood's article in 1986 and her theory and typology were widely used in research

throughout the 1990s. Since then, women's participation in higher education and the workforce has grown exponentially; yet the theory has remained unchanged. In the intervening years, the social meaning of women as providers has changed. It is more socially acceptable and common for women to be major contributors financially, as well as instrumentally, to the household. Thus, the study of provider-role may no longer be current or applicable given the advances of women in the last 20 years. It is noteworthy that the largest group in the present study was the group of matched post-gender couples; couples in which both the man and woman did not think the man had to be the primary breadwinner. This supports the idea that this couple structure is on the rise as women continue to increase in social status.

While the predicted relationships were not supported, this study did reveal an interesting relationship that is worthy of discussion. Provider-role consistency was measured by the percentage of household income earned by the woman in conjunction with the couples' provider-role ideology. While consistency was not significant, there was a significant difference in the use of hostile conflict according to percentage of household income earned by the woman. Couples' where the woman earned 42% or more of the household income had significantly more hostile conflict than couples where the woman earned less than 42% of the household income. In other words, the group where the female earned a great deal of the income had significantly more hostile conflict. Many of the couples in the group where women earn more than 42% were dual earners, and a small number of these couples earned their income only from the female partner. When two people must share the provider-role there must be more communication and negotiation to make decisions. There is no formula for decision making in couples with

dual-earners and each day brings decisions and necessitates action from the leadership of the family. When there are two people with relatively equal power, this process is more complicated and there is more room for disagreement and conflict. It is not surprising that in a clinical sample dual-earner couples who have to constantly negotiate family roles use more hostile conflict in their communication. A related explanation for this finding is that as women earn more money, regardless of their ideology, they want more say in family decision making. Again, for couples who are not skilled at constant negotiation, this could easily translate into conflict.

This finding may suggest that the transition from rigid gender roles to gender and provider equality is not yet complete. While this study may not have been nuanced enough to find it, the finding regarding income suggests there may be a relationship between couples provider behavior and their communication.

One additional explanation for the lack of significant findings may be the economic reality of families' lives today. Cognitive dissonance theory would have predicted that if couples' provider-role behavior did not match their ideology, then unpleasant psychological tension would result (Festinger, 1957). It was expected that this tension would have produced hostile conflict in the couples who were provider-role inconsistent. This was not this case. One reason for this result could be that for couples where two incomes are necessary for survival, the need to support the family overrides the expected impact of the dissonance from not acting on one's beliefs. A belief in the need to support one's family may have primacy in these possibly competing cognitions.

While none of the hypothesized relationships were significant, one finding in the secondary analysis that approached significance was that couples who do not have the same provider-role attitude have more global negativity in their communication than couples who have the same provider-role attitude. This suggests that couples' agreement on ideology is more important that the specific ideology. Though not consistent with the hypotheses in the present study, this makes logical sense. As gender roles in families are clearly in flux, couples are trying to reconcile their beliefs about men and women with what actually works in the day-to-day life of raising a family. Given this state of flux, there does not seem to be a 'norm' about men's and women's roles. What may be more important is the agreement between the partners on how they think about and act out gender in their families. It is not surprising that couples who do not agree on these issues experience more negativity than couples who do agree.

Implications of the Results

Implications for future research. The results have several implications for future research. Even though women have made many advances in the last 25 years, in the present study, couples where women earned a large percentage of the household income had more hostile conflict in their communication. It is possible that there is still some internalized discomfort with women as providers in our society and in many couples. It is important for future research to examine in a more thorough and nuanced way the complexity of couple's beliefs about gender and providing to better understand if and how internalized discomfort with female providers is affecting couples.

Further, future research concerning communication patterns and provider-role ideology should take a more nuanced approach to the study of provider-role attitude.

Future studies should use multiple questions to assess provider behavior. The questions should inquire about the respondents thoughts about gender and providing as well as their actual providing behavior. To allow researchers to capture the essence of each couples' provider behavior in this time of gender role flux, there should be an open ended item that allows couples to write about how they perceive their provider behavior.

More broadly, further study of provider-roles should also take into account the changes that have occurred regarding gender in our society in the last 25 years. A longitudinal study by the University of Iowa shows that over the last 50 years for men, a woman's ability to provide has risen from number 18 to one of the top 12 most important characteristics of a spouse (Whelan, 2009). Clearly the notion of the provider-role is in transition and warrants further study.

There are many possible additional areas of study concerning provider roles. One interesting characteristic of the present sample is the high percentage of childless couples (42%). Future studies should investigate how children (presence and absence) affect a couples' concept of providing as well as their actual providing behavior. Additionally, relationship satisfaction is not reported in the present study, but it is presumed that in a clinical sample the relationship satisfaction is low. Future research should examine provider roles and communication in couples who are not seeking therapy services and how it varies from clinical samples.

Implications for clinical applications. Dual earner households are on the rise. Regardless of ideology, couples who have two providers have to negotiate how their gender, beliefs, and behavior fit together. The present study indicates that couples in the sample where the woman earned a significant portion of the household income had

significantly higher conflict suggesting that currently, many couples may not be negotiating dual-earner roles very well. It is important for clinicians to make gender and providing for the family subjects of discussion in therapy so couples can make their ideas and feelings about their roles more overt. In this time of gender transition, roles and communication patterns are idiosyncratic and individual to each couple. Because of the nuances of division of labor and providing activities, clinicians should consider each couple individually and explore the meaning of providing and its effect on the couple's communication.

Appendix A

MICS-G CODING SHEET

LOW		MODERATE		HIGH	
0	1	2	3	4	5

CONFLICT

1. Complain
2. Criticize
3. Negative Mindreading
4. Put Downs/Insults
5. Negative Command
6. Hostility
7. Sarcasm
8. Angry/Bitter Voice

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

PROBLEM SOLVING

1. Problem Description
2. Proposing Solution
3. Compromise
4. Reasonableness

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

VALIDATION

1. Agreement
2. Approval
3. Accept Responsibility
4. Assent
5. Receptivity
6. Encouragement

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

INVALIDTION
1. Disagreement
2. Denial of Responsibility
3. Changing the Subject
4. Consistent Interruption
5. Turn-Off Behavior
6. Domineering Behaviors

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

FACILITATION
1. Positive Mindreading
2. Paraphrasing
3. Humor
4. Positive Physical Contact
5. Smile/Laugh
6. Open Posture

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

WITHDRAWAL
1. Negation
2. No Response
3. Turn Away from Partner
4. Increasing Distance
5. Erects Barriers
6. Noncontributive

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

M_1	F_1	M_2	F_2	M_3	F_3	M_4	F_4	M_5	F_5

Appendix B

Partner Role Inventory

If you are living with your partner, please answer items 1 through 9 below. If you are not living with your partner, please answer items 1 and 4, and then skip to the next questionnaire.

We would like to ask about your views of men's and women's roles and responsibilities in families. In addition, we are also interested in how these roles and responsibilities are played out in **your** family.

1. In general, what are the roles, in order of importance, for the woman of the family?
   1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=least important

   Answer for families in general, not specifically for your family.
   Only use each number one time.
   ____ Parent
   ____ Spouse/companion
   ____ Worker/professional
   ____ Provider for family
   ____ Caretaker of household and/or home

2. In general, what are the roles, in order of importance, of the man of the family?
   1=most important, 2=second in importance, 3=third in importance, 4=fourth in importance, 5=least important

   Answer for families in general, not specifically for your family.
   Only use each number one time.
   ____ Parent
   ____ Spouse/companion
   ____ Worker/professional
   ____ Provider for family
   ____ Caretaker of household and/or home

3. With reference to **your own family**, **who** do you feel should **provide the income**?
   Check one.
   ____1. Husband entirely
   ____2. Husband more than wife
   ____3. Wife more than husband
   ____4. Husband and wife exactly the same
   ____5. Wife entirely

4. In general, the man should be the main breadwinner. *Check one.*

_____1. Agree
_____2. Disagree

5. **In your family**, would you say: *Check one.*
    _____1. You mostly provide economically
    _____2. Your partner mostly provides economically
    _____3. You share it equally

6. A couple has children in school, but no preschool children. Should the wife work
    if her husband makes an income about equal to the male income in your family?
    Check one.
    _____1. It is her duty to work
    _____2. It would be better in most circumstances for her to work
    _____3. Only if the wife really wants to work
    _____4. Her primary responsibility is the care of the family and the home.

7. **In your family**, how important are the female partner's financial contributions to
    the family?
    The female partner's money… *Check one.*
    _____1. Is not needed at all
    _____2. Is used for what she wants
    _____3. Goes for extras; it is icing on the cake
    _____4. Helps; without it we'd have to tighten our belts, but we could get along if
        necessary.
    _____5. Is necessary; we couldn't get along without it.
    _____6. Goes for extras, but in a crisis we need it for backup. It takes the pressure
        off.
    _____7. Pays the bills. It is the primary/only income in the family.
    _____8. *Not applicable to my relationship*

8. In your family, t**he actual use** of the female partner's money: Rank all applicable
    in order of importance:
    *1=most important, 2=second in importance, 3=third in importance, 4=fourth in
    importance, 5=fifth in importance, 6=sixth in importance, 7=least important*

    _____   Support of family in time of crisis
    _____   Pooled with husband's for all expenses
    _____   Used for specific ongoing expenses:
    (specify)_____
    _____   Major capital investments (education, home, car, etc.)
    _____   Improvements in quality of life (appliances, recreation, better clothing,
        etc.)
    _____   Things for herself and/or to keep her job.
    _____   Primary/sole financial support of the family.
    _____   *Not applicable to my relationship*

9.   Families have different ways of managing financial responsibility for the family, whether it comes from one income or two. Is there anything else you think would be helpful for us to know about how you and your partner deal with the female partner's income(s)?

_____

_____
_____

_____

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