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Factors Influencing Marital Satisfaction with a Specific Focus on Depression

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Factors Influencing Marital Satisfaction with a Specific Focus on Depression

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Factors Influencing Marital Satisfaction

with a Specific Focus on Depression

by

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Honors Thesis

Eastern Michigan University

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Factors Influencing Marital Satisfaction

with a Specific Focus on Depression

Marital satisfaction, to me, is defined simply as being content and happy within one's marriage. However, after saying "I do" obtaining this is not so simple. There are many factors influencing marital satisfaction. Such factors include demographics, individual factors like attachment security or alcoholism, marital interactions like the husband's contribution to household labor or intimacy goal, and also the influence of external stress. Most specifically I intend to look at the role that depression plays in married couples.

One demographic factor is religious heterogamy. According to Williams and Lawler (2003) both communication and parenting variables were strong predictors of marital satisfaction. Their study involved comparing same-church and inter-church Christian couples on a variety of relationship variables. The two groups didn't differ on non-religious variables or on levels of marital satisfaction, but they did differ on religious variables.

The other demographic factors influencing marital satisfaction concerns issues of race, class, and gender differences. Dilloway and Broman (2001) studied 492 individual from dual-earning couples. Their study also involved questions regarding division of household labor. Their findings reported

that blacks were generally more dissatisfied in their marriages than whites. Men reported a higher level of satisfaction than women. There was no significant difference in satisfaction for variables of age, education, employment, etc. The authors of this study feel that the effect of class on marital satisfaction is more complex than their study can explain. Another factor involving race is the idea of interracial marriages. Xuanningfu, Tora, and Kendal (2001) looked at levels of marital satisfaction in interracial and intercultural marriages. Those who were in both an interracial and an intercultural marriage reported the lowest levels of marital satisfaction. When only one of the two was present there was no statistical significance.

There are also other individual factors that don't involve demographics. One individual factor is mood and social comparison. In this study (Buunk and Ybema, 2003) 135 women examined the effects of comparing their marriage with another woman's on mood, identification, and relationship evaluation. Either upward or downward targets were selected along with high or low effort. High effort and upward target led to positive mood and increased marital quality.

Another individual factor is attachment security. In a study by Cobb, Davila, and Bradbury (2001), 172 couples were surveyed within six months of marriage and again one year later.

Questions involved attachment security, perceptions about partner's security, and marital satisfaction. Supportive behaviors were also videotaped in the initial screening. Positive perceptions of partner's security were associated with supportive behavior which predicted increased marital satisfaction.

The next pair of individual factors are personality and temperament. In this study 166 couples were administered marital satisfaction and Pleasantness Arousability-Dominance temperament scales. Marital satisfaction correlated positively with couples who had similarity in pleasantness and dominance. People who were more pleasant reported being happier in marriage and vice versa (Blum and Mehrabian, 1999).

Pregnancy and its interaction with depression and perfectionism is also a factor. Dimitovsky, Levy-Shiff, and Schattner-Zanany (2002) studied the relationship between depression and perfectionism and marital satisfaction in 100 women who were in the last trimester of their first pregnancy and 50 married women who had not yet been pregnant. Pregnant women had lower introjective depression. There were no differences in perfectionism. Introjective depression was negatively correlated with marital satisfaction. For pregnant women there was a negative relationship between socially

prescribed perfectionism and marital satisfaction.

The final individual factor regards alcoholism and treatment. The sample for this study by Kelly, Halfork, and Young (2000) included 32 women with marital and alcohol problems. After one month of treatment, the women reported lower levels of depression and alcohol use as well as higher levels of marital satisfaction.

There are many individual factors that influence marital satisfaction. These include such things as a person's demographic information, mood, attachment styles, or temperament. There are also interactional factors. These are factors where both members of the couple are involved.

The first interactional factor is therapy. In this study by Denton, Burleson, Clark, Rodriguez, and Hobbs (2000) half of 40 couples attended weekly sessions of emotion-focused therapy for eight weeks, and half were placed on an eight week waiting list. Participants from the treatment group reported higher levels of marital satisfaction.

The next factor involves the husband's contribution to household labor. In this study (Allen and Webster, 2001) 319 couples where the wife had developed a physical impairment were surveyed at baseline and five years later. Men who were happy in marriage and have egalitarian attitudes about roles at baseline

were found doing more chores at follow-up than those who were unhappy or had traditional views.

Another factor looks at the relationship between marital characteristics, marital interaction processes, and marital satisfaction. In this study 201 participants in their first marriage took various inventories measuring marital characteristics and processes to see the effect on marital satisfaction. Six processes were seen to be significant when mediated by three latent factors (love, loyalty, and shared values) and two moderating variables (length of marriage and gender) (Author unknown, 2004).

The next factor looks at whether marital satisfaction is a product of individual factors or the dyadic environment. Johnson and Booth (1998) studied people married in 1980 in a longitudinal study to see if personal traits or dyadic properties brought marital stability. Data highly suggests dyadic properties, but some individuals carry qualities that influence marital quality.

Whisman and Delinsky (2002) focused on an information processing measure of partner-schemas using incidental recall. Such tasks involve being asked about positive or negative adjectives to describe the partner. Correlations between the measure and marital satisfaction were significant as long as depression was

controlled for.

The next factor we look at is partner-schemas. In this study Whisman and Delinsky (2002) focused on an information-processing measure of partner-schemas using incidental recall. Such tasks involve being asked about positive or negative adjectives to describe the partner. Correlations between the measure and marital satisfaction were significant as long as depression was controlled for.

One obvious interactional factor is intimacy. Sanderson and Cantor (2001) look at 44 couples who completed measures examining their own intimacy goals, their perception of their partner's goals, marital interaction patterns like social support or time spent together, and marital satisfaction. Marital satisfaction was associated with the intimacy goals of both partners.

It was also found to be mediated by the perceptions of both spouses.

The final interactional factor has to do with recreation and role support. This particular study by Baldwin and Baldwin (1999) has to do with running. The article discusses the need for recreation and role support within the marriage. The study sampled runners and their commitment to running, as well as role support and marital satisfaction. Role support and marital

satisfaction were positively correlated. It wasn't essential to have shared recreation as long as the partners supported each other's choices.

One additional factor that doesn't fall into any of the previous groups is external stress which can come from a variety of sources including work or other family members. The article by Neff and Karney (2004) addresses the ways in which external stress influences marital quality. It examines relationship cognitions that might mediate stress over time. Stress negatively influences marital perception and the way the spouse interprets that perception.

There are many factors which influence marital satisfaction. There are demographic factors like race or religion. There are individual factors like temperament, and there are couple factors like intimacy. Stress levels also play a role. The next major factor which we will focus on primarily is depression.

One big factor that can affect levels of marital satisfaction is when one of the spouses is clinically depressed. Current research focuses mainly on the relationship between the coping strategies used by the nondepressed spouse on the impact on them. Spangenberg and Theron (1999) did a study on the relationship between the coping used and the levels of anxiety,

depression, and marital maladjustment in the non-depressed spouse. They report that according to Coyne et al (1987) and Merikangas, Prusoff, Kupfer, and Frank (1985) that when someone is married to a clinically depressed person that stress is inherent. They further report that according to Hinchcliffe, Hooper, Roberts, and Vaughan (1975), the future quality of the marriage is dependent on how the nondepressed spouse deals with the stress that is brought on by their partner's depression. Halgin and Lovejoy (1991) indicate that there is a reciprocal relationship between depression in a spouse and maladjustment in the marriage. The depressed spouse may have little interest in social relationships of the couple thus causing the non-depressed spouse to feel more isolated, and this can cause further deterioration in the marriage (Halgin & Lovejoy, 1991).

The study by Spangenberg and Theron (1999) consisted of 50 non-depressed spouses of patients who were receiving some form of treatment for major depressive disorder. The breakdown of the sample included 33 husbands and 17 wives ranging from age 31 to 80. All participants had from one to four children, an income ranging from \$2,500 to \$20,000 per month, and education levels ranging from the completion of grade 10 to having some postsecondary education. They used a five part questionnaire containing biographical information, "The Coping Strategy

Indicator", "The Beck Depression Inventory", "The S-scale of the State-Trait Anxiety Inventory", and "The Locke-Wallace Marital Adjustment Test." A positive correlation was found between an avoidant coping strategy and levels of depression, and a negative correlation was found between levels of depression and a problem-solving strategy. There was no correlation between depression and the social-support strategy. Anxiety levels correlated positively with avoidant strategy, and there were no other significant correlations for anxiety levels. The only significant correlation for marital adjustment was negative with the avoidant strategy although the other two leaned in the positive direction. Spangenberg and Theron (1999) suggest that the anxiety levels in the non-depressed spouse make it harder to give proper support to the depressed spouse, and according to Brown and Harris (1978) the poor support can in turn aggravate the depression. It is clear that the avoidant coping strategy is not the way to go. Cognitive-behavioral group programs are recommended as a way of developing effective coping strategies that will find way of confronting and managing emotional and practical problems brought on by the depression rather than just avoiding it (Spangenberg & Theron, 1999).

It seems as though if you are in a loving relationship with somebody who suffers from depression that you would do

everything within your power to help them. Halgin and Lovejoy (1991) state that this is not always the case because although the spouse might be in the best position to help the depressed person they will often become angry, frustrated, and confused. This leads to conflict which only furthers the depression thus creating a vicious cycle.

There are problems on a domestic level as well Halgin and Lovejoy (1991) state that according to Targum et al. (1981) there are monetary problems in such households. The depressed person is usually less able to complete their domestic responsibilities such as housework or caring for the children, which places added burdens on the non-depressed spouse (Halgin & Lovejoy, 1991).

The research by Halgin and Lovejoy (1991) also focuses on the use of coping strategies. They discuss three strategies that were proposed by Bilings and Moos (1984). The first is appraisal-focused coping, which tries to understand and define the symptoms of the depressed spouse. The next is problem-focused coping, where the non-depressed spouse tries to control many environmental factors so that there will be as few stressful situations as possible. Finally, there is emotion-focused coping. Here, the partner will try to regulate the destructive emotions that come out of the oppressive

environment. The finding was that problem and emotion strategies can result in lowering the depression where avoidance and emotional outbursts from the spouse will cause the depression to be higher. Halgin and Lovejoy (1991) feel that the two keys to having success in this situation are managing the stress of the environment and having a good understanding of the origins of the depression.

Halgin and Lovejoy (1991) also tell the story of Katherine, a 37-year-old woman whose husband had developed signs of depression. They had been married for ten years, and then her husband, Bill, was laid off from his job. When he developed symptoms of a deep depression and refused to get help, Katherine became frustrated and angry. She often found herself taking her frustration out on the children and wondering if she was to blame for her husband's depression. When she sought the help of a therapist, she was also found to be exhibiting depressive symptoms. They go on to discuss what steps could have been taken to prevent Katherine from being overcome by Bill's depression. It is necessary to seek the help of a therapist in order to find ways to reduce stress and limit counter therapeutic interaction with the depressed spouse. It is also necessary to gain accurate knowledge about the condition of the depressed spouse. Katherine's belief that Bill's depression could have only come from dissatisfaction with her as a partner was false. The

partners should interact in a way that will not further the depression. The non-depressed spouse needs to be constructive and not destructive. They should balance between recognizing the pain that their loved one is in and trying to help find ways to move past the pain. The goal should be to reduce tensions at home, and family and friends should not be avoided. The non-depressed spouse should try to think optimistic thoughts. It isn't entirely clear to me whether this is based on literature or on their own opinion. However, before stating this they do cite Arieti (1979) and Torrey (1983) just prior to these statements, so I believe it to be based on that at least in part. They go on to say that sometimes the non-depressed spouse will put out mixed signals by indicating their desire to help but visually disapproving. This can worsen the depression.

First, I would like to say that I chose to focus on depression because in a lot of ways I can say that I am a lot like Katherine. My husband suffers from some form of clinical depression. I don't feel that I, myself am in as bad of shape as Katherine was, but it definitely is not easy, and I certainly agree that being married to somebody who is depressed is very stressful. As my mom would say it is like "walking on eggshells" because it's so hard to not accidentally do or say the wrong thing. I do believe that how I deal with that stress impacts the

quality of our relationship because when I allow myself to get too sucked in his depression worsens.

I agree with Halgin and Lovejoy (1991) that the depressed spouse can have a lower level of interest in social relationships. My husband has about a zero interest in spending time with family for example. He'll go along most of the time, but I can tell he doesn't enjoy it. This makes me feel abnormal, not necessarily isolated, but definitely different.

I think that all the correlations found in the study by Spangenberg and Theron (1999) make sense. Problem solving leads to solutions which lead to less stress. If there is less stress in this type of environment, then there is less depression and anxiety and therefore marital relations run smoother. As far as avoidance goes, some problems you can ignore, and they will go away, but with depression it will probably just get worse, thus the correlations here. I feel that I try to problem solve a lot (perhaps more than my depressed husband might like), but sometimes I will use avoidance if he is being extremely ridiculous or I am just too fed up to deal with it. I usually do feel better for the most part when I use problem solving as opposed to avoidance.

I have learned that perhaps I do indeed do things to further the depression even though I so desperately want to help

him. I get tired and frustrated sometimes, and this causes me to say something that just perpetuates the cycle. I do see how there could be monetary problems especially from certain types of depression like bipolar or if the depressed spouse is unable to work. This really isn't a huge problem for us because he does work, and I pretty much keep control of our finances. As far as domestic tasks go, I definitely agree that there could be issues there because I do everything. I'm not really sure why that is, but I don't really mind it. I do see how somebody who had kids as well as a full time job and a full load of chores would top out pretty quick. I think that my mom felt overburdened with housework (my dad has OCD), and that was partly why my parents didn't stay together. This was terrible for my mom's depression.

The Halgin and Lovejoy (1991) article also talked about coping strategies. I feel that in my situation I try to use all of them. I do a lot of the appraisal-focused coping because I feel like if I can rationally understand his behaviors then I can feel like I shouldn't feel so bad about it. I definitely use problem-focused coping by trying to make sure there are as few stressful events as possible that might set him off, but this isn't always possible because there are things that will happen that I can't control. I think that this is probably the ideal strategy because it keeps him on the level where as with the

others are more things that I work out in my head. The emotion-focused strategy goes in hand with the appraisal strategy because when I can rationalize the situation then I can keep myself from getting sucked down with him, so I feel that it is important to use these two strategies together. I definitely agree that emotional outburst on my part make his depression worse, but I can understand how sometimes the non-depressed spouse can't help themselves. I really feel like Halgin and Lovejoy (1991) were right on with their two keys to success. When environmental stressors are kept under control then the depression isn't as prevalent, at least in my situation. Sometimes there is a flare up for no apparent reason, but mostly keeping stress down works well. Having a good understanding of the origin and history of the depression is also important because then you can more easily predict what might set the depression off. I feel that I have a pretty good understanding of my husband's depression perhaps a better one than he does, and I feel like that really helps me.

As far as Katherine goes, I think I have some parallels to how she felt. I definitely do get frustrated at times. I did see a therapist for awhile too, but he didn't particularly say that I seemed depressed. I have also felt that his depression was from some dissatisfaction at times, and he might have had me

believe that as well, but I know that is not true. This happens because when the non-depressed says destructive things out of frustration and furthers the depression, then the depressed spouse probably lashes back which confirms the feelings of inadequacy for the non-depressed spouse. I also feel that it is important to stay positive and try to keep things as normal as possible. Finally, with the mixed signals I'm not really sure that I do this, and I certainly don't try to, but my husband seems to indicate to me at times that I do, and I see how this would be a problem.

We have seen that there are many factors influencing marital satisfaction. There are demographic factors and individual qualities that influence it. There are interaction processes that have an effect. External stress also has a role. Most importantly we saw that depression affects marital satisfaction. There are a variety of coping strategies that should be used by the non-depressed spouse so that the depression will not be furthered and so that the spouse will not begin to become depressed themselves. Some of the best ones were problem and emotion-focused coping. Avoidance and emotional outbursts were found to be bad ways of coping. As we saw in the case of Katherine, it is important for the non-depressed spouse to try to limit stress, learn as much about the depression as

possible, and possibly seek the advise of a therapist. In my study I will be looking at a sample of college students to study the relationship between levels of stress, depression and marital satisfaction. The current literature shows very little research on the relationship between marriage and . depression for this age range. Only the two mentioned above were particularly recent and readily available, and they didn't specifically deal with this relationship in a college age population.

The purpose of this study is to add to the literature by looking at the relationships between levels of depression, stress, and marital satisfaction in a population of college students. I hypothesize that there will be a positive correlation between depression and stress levels, and there will be negative correlations between each one of these factors and marital satisfaction.

Method

Participants

Fourteen married college student volunteered to participate. It is appropriate to have five to ten participants per variable (Tabachnick & Fidell, 1996). This study looked at three variables, thus the goal was to have 15 to 30 participants. All ages and ethnicities were acceptable, and the

only criterion for exclusion from the study was if the person was single. There were four males and 10 females. There were two sophomores, one junior, eight seniors, and three graduate or post bachelor students. Three of the participants were African American, and the other 11 were Caucasian. Their ages ranged from 20 to 52. The participants took a mean number of credits of 13 per semester, and they worked a mean number of 20 hours per week. All participants had between zero and three children. There was an income range of 25,000 to 110,000 per year.

Instruments

Four questionnaires were used. One contained basic demographic information. The second was the CESD Scale (Radloff, 1977). For this study the short scale was used. It asks how often in the past week that you have felt each of 10 items. These items include things like "felt lonely" or "sleep was restless", which are both symptoms of depression. The third was the College Life Stress Inventory (Renner & Mackin, 1998). This instrument includes a list of 51 stressful events that might occur to an average college student. Each item has a rating of how stressful the event is. They include anything as light as attending an athletic event (20) to anything as heavy as being raped (100). The instrument simply asks you which of the events have happened to you in the past year. It is scored by adding

all the stress levels of the selected events. The final one was the Marital Satisfaction Scale (Blum & Mehrabian, 1999). This instrument contains 35 items which address three major themes. These three themes are homogamy, general satisfaction, and interpersonal interaction. All items have equal weight in scoring. Eighteen are positive, and 17 are negative.

Participants respond to the items using a nine point scale that ranges from -4 for very strong disagreement to 4 for very strong agreement. The scale gives an alpha internal consistency coefficient of .94, and a test-retest reliability coefficient of .83.

Design and Procedure

I asked psychology professors to announce the study in their classes and to ask for volunteers. A sign-up sheet was then circulated. I also visited one classroom to announce the study myself. A classroom was available for all participants complete the four questionnaires, and the data was analyzed in aggregate form to see correlations between the three main factors.

Results

The data were analyzed using the bivariate Pearson Correlation. The only correlation that was flagged to be

significant at the .05 level was age and average number of credits per semester at $-.585$. This negative indicates that as a person increase in age the number of credits they take decreases and vice versa. Average household income and age showed a correlation of $.420$. This positive number means that as one factor increases so does the other one. Depression and age had a correlation of $-.356$. Depression and number of credits per semester correlated at $.434$ while marital satisfaction and credit hours had a correlation of $.331$. Age and household income had a correlation of $.420$. Depression and household income had a correlation of $-.358$. Stress and depression showed a correlation of $.214$. Marital satisfaction and stress showed a correlation of $-.186$. Marital satisfaction and depression showed a negative correlation of $-.373$. The demographic that show the highest correlation with marital satisfaction was number of working hours per week at $.351$.

Discussion

The results of the study while not statistically significant still showed trends toward significance in the direction of my hypothesis because marital satisfaction had a negative relationship with stress and depression, and stress and depression had a positive relationship with each other. These results concur with the finding by Spangenberg and Theron (1999)

where scores on the BDI and MAT were negatively correlated. They had also stated that stress is inherent when there is depression present in the marriage. This result while not significant shows this trend as well. Working hours probably correlated positively with marital satisfaction because it leads to a higher income (which was also positive but not very high) and more time out of the house. Financial difficulties would lead to stress and depression in turn causing problems in the marriage. Low finances could also cause a person to become more depressed. A higher number of credits might cause a person to feel more depressed because of the amount of stress caused by the workload. I think one possible reason for why marital satisfaction correlated positively with credit hours is because the person might have a better sense of achievement causing them to feel better about themselves and their marriage. This study was limited by the fact that there wasn't a large enough sample size available. This may have caused the results to not be significant. The measures might also have not been the most appropriate for the aims of the study. For example, the depression inventory scores could vary depending on how the person was feeling at that particular time.

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Statistical Tables

◆ Correlations

Correlations

	gender	age	number of credits per semester	number of work hours per week	average household income	college life stress inventory	CESD	Marital satisfaction scale
gender	1	.153	-.314	-.048	-.064	.060	.221	-.040
		.601	.274	.871	.827	.838	.449	.892
	14	14	14	14	14	14	14	14
age	.153	1	-.585*	-.295	.420	-.095	-.356	-.114
	.601		.026	.305	.135	.748	.211	.698
	14	14	14	14	14	14	14	14
number of credits per semester	-.314	-.585*	1	-.009	-.092	.061	.434	.331
	.274	.026		.975	.755	.836	.121	.247
	14	14	14	14	14	14	14	14
number of work hours per week	-.048	-.295	-.009	1	-.026	.111	-.297	.351
	.871	.305	.975		.929	.706	.303	.218
	14	14	14	14	14	14	14	14
average household income	-.064	.420	-.092	-.026	1	-.095	-.356	.146
	.827	.135	.755	.929		.748	.209	.617
	14	14	14	14	14	14	14	14
college life stress inventory	.060	-.095	.061	.111	-.095	1	.214	-.186
	.838	.748	.836	.706	.748		.463	.524
	14	14	14	14	14	14	14	14
CESD	.221	-.356	.434	-.297	-.358	.214	1	-.373
	.449	.211	.121	.303	.209	.463		.190
	14	14	14	14	14	14	14	14
Marital satisfaction scale	-.040	-.114	.331	.351	.146	-.186	-.373	1
	.892	.698	.247	.218	.617	.524	.190	
	14	14	14	14	14	14	14	14

*. Correlation is significant at the 0.05 level (2-tailed).

➔ Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
age	14	20.00	52.00	29.6429	9.18701
number of credits per semester	14	11.00	17.00	13.3571	1.86495
number of work hours per week	14	.00	48.00	20.0714	16.20287
average household income	14	25000.00	110000.00	56642.86	26664.89234
number of children	14	.00	3.00	.5000	.94054
college life stress inventory	14	606.00	1576.00	1041.6429	318.09447
CESD	14	3.00	21.00	9.3571	5.52765
Marital satisfaction scale	14	-64.00	118.00	45.2143	49.79524
Valid N (listwise)	14				

→ Frequencies

Statistics

		gender	race	year in school
N	Valid	14	14	14
	Missing	0	0	0

Frequency Table

gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	4	28.6	28.6	28.6
	female	10	71.4	71.4	100.0
	Total	14	100.0	100.0	

race

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	cacausion	11	78.6	78.6	78.6
	african american	3	21.4	21.4	100.0
	Total	14	100.0	100.0	

year in school

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	sophomore	2	14.3	14.3	14.3
	junior	1	7.1	7.1	21.4
	senior	8	57.1	57.1	78.6
	graduate student	3	21.4	21.4	100.0
	Total	14	100.0	100.0	

