MARITAL SATISFACTION AND SELF-ESTEEM

by

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A Master's Research Project Submitted in Partial Fulfillment

of the Requirements for the Degree

Master of Arts

OTTAWA UNIVERSITY

January 1997

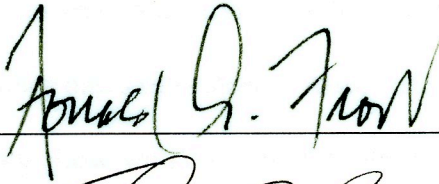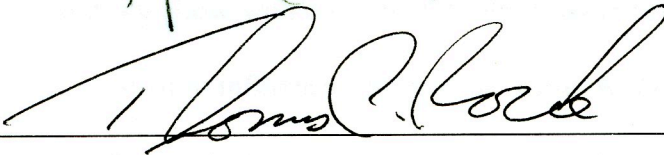# MARITAL SATISFACTION AND SELF-ESTEEM

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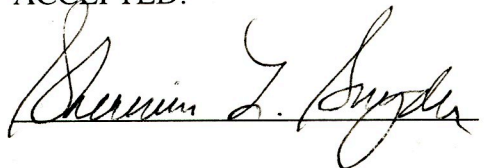
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ABSTRACT

The purpose of this study was to determine if a relationship exists between self-esteem and marital satisfaction. A sample of 34 married couples was asked to participate in the study by completing the Index of Self-Esteem and the Index of Marital Satisfaction. While no significant correlation was found between marital quality and self-esteem, the study did find that the presence of children in the home appears to have a negative effect on self-esteem, and marital satisfaction does not appear to be influenced by income or number of years married, as other studies have suggested. It appears that children have an important role in the quality of one's marriage and level of self-esteem. Respondents with children in this sample reported significantly lower levels of self-esteem and decreased marital quality. In addition, income seemed to play an important role in self-esteem. It seems that high and low incomes negatively influence one's self esteem. Also, unlike many studies in contemporary literature, this study did not show women to have overall lower self-esteem scores than men. And finally, age seemed to influence self-esteem. Those within the 25-32-year range and those within the 46-53 range appeared to have lower levels of self-esteem. All of these findings have implications for both clinicians and researchers in counseling.

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CHAPTER 1

THE PROBLEM

Introduction

The purpose of this research is to examine the relationship between self-esteem and marital satisfaction by exploring these two variables to determine if a relationship exists between them, and if so, which factors influence the context of this relationship. Although each of these areas has been popular among researchers, few, if any, studies have focused on whether a relationship exists. This study used existing scales to measure both self-esteem and marital satisfaction to assess the impact they have on one another.

Development of the Problem

Western mythology has revered the notion of "romantic love." This is evident in the themes of early fairly-tales. These stories shed light on the beliefs of primitive people and how they regarded marriage. Most of the well-known tales usually occur in one form or another in almost every culture and nationality, with the main theme often being the same: The hero attempts a brave endeavor, while the heroine finds herself in a distressful and impossible situation. Successful in passing through these trials, they receive their reward--the hand of their beloved. It is this legacy from early civilizations--when winning the bride by a deserving bridegroom was not an easy task--that helped to create the tales people cherish today: Cinderella, The White Cat, Beauty and the Beast, and The Sleeping Beauty in the

Wood. In a sense, in creating these beautiful and ageless stories, previous generations have helped to embody the notion that marriage should not be a hasty decision (Urlin, 1913).

The supernatural elements prevalent in these tales are born of the superstitions closely connected with marriage. These include the observance of a particular day and hour, the appropriate dress and usage of color, the ritual feast, the bridesmaids and groomsmen, the wedding ring, and the appropriate behavior of the bride and groom. In short, there is not a single point connected with marriage which is not shrouded in superstition (Urlin, 1913).

Over the last century, marriage has evolved into a more egalitarian relationship between a man and a woman. Some believe this began in the 1960s and 1970s, when the separation of sex from procreation made it possible for men and women to value erotic life for its own sake (Brown, 1995). The number of children decreased and this made it possible for men and women to devote more time to each other's emotional needs. With this change, divorce, once a luxury that only the wealthy could afford, became more commonplace.

Divorce, the dissolution of marriage, has created, in the eyes of some, a national crisis for men, women and children. Besides its devastating economic impact on women and children, research has shown that divorce is associated with many physical and mental-health problems in men and women (Brown, 1995). Statistical evidence shows that the proportion of people who were married by the age of fifty in Britain fell from 96% in 1971 to 83% in 1987. Nearly 50 percent of marriages now end in divorce and, in 1989, 36% of all marriages were re-marriages for at least one partner (Gittins, 1993). Nevertheless, marriage is more popular than ever and the ritual and symbolism surrounding weddings persist (Brown, 1995).

As one might imagine, the dynamics surrounding marriage have sparked the interest of researchers. Topics studied to gain a sense of why some marriages are more successful than others include communication patterns, sexual satisfaction and gender roles.. However, this researcher was unable to find a study examining only the intrinsic factor of self-esteem and its role in marital satisfaction.

This project examined more closely the relationship between marital quality and self-esteem. The implication is that these two variables are closely related and directly affect the entire family system. Approaches that consider marriage as a system have in common the assumption that spousal behavior is indicative of psychological health or dysfunction and can only be fully understood as a product of the marital system (Rugel, 1992). The role of self-esteem maintenance in marital systems has been described by Rugel (1992), as "devaluing closed" or "accepting open." He suggests that self-esteem continues to be maintained from four sources: The social context provided by the valuing and devaluing responses one receives from salient figures (parents and spouses); secondly, the behaviors, emotions and thoughts of an individual are continuously monitored in their relationship to valued ideals; thirdly, the selective attention process, which focuses attention on the self and the environment that enhances self-esteem. Finally, the defense mechanisms protecting the individual from a loss of self-esteem are considered (Rugel, 1992).

Rugel's (1992) research suggests that the social context of marriage becomes a regulator of the individual's self-esteem. As parents' caring and empathy was crucial to the child's developing self-esteem, spousal behavior then helps maintain it. Problems arise when

marital systems move from "accepting and open" to "devaluing and closed". Understanding this shift requires careful consideration of the nature of interpersonal conflict.

Kantor and Lehr (1975), provided a useful model to describe individuals within the family system pursuing their own goals in three different areas: attaining and expressing affection, obtaining personal control, and developing and expressing personal meaning. Clashes and conflict between spouses are inevitable since each pursues goals that will, at times, be incompatible with the other spouse's goals. During such clashes, the ingredients that contribute to the closing of the marital system are present.

Each spouse, unable to have his or her goals met, becomes frustrated and regresses to more egocentric forms of thinking (Rugel, 1992). In the egocentric state, the spouses experience the other as non-caring and depriving, and the self as unworthy and devalued. In this state, objectivity is lost and persons are unable to see the conflict as an inevitable breakdown between emotional goals.

While self-esteem is threatened by some individuals in closed marriages, others have unrealistic expectations regarding personal maintenance of self-esteem in marriage. Unarticulated wishes and fantasies, related to the individual's unmet needs for self-esteem, result in unrealistic expectations of his or her partner and the marital system's capacity to maintain his or her self-esteem (Rugel, 1992). Marital therapy often focuses on uncovering these expectations and unmet needs. Once detected, the husband or wife's intense yearning that the mate provide what was missed in earlier development can be examined. Relinquishing egocentric expectations, accepting the partner's independent existence and accepting the limitations of the marital system are often tremendous tasks, as such yearnings

are deep-seated and often intractable. Giving up these expectations can not be achieved until alternate source of self-esteem can be found (Rugel, 1992).

In Sullivan's (1953) interpersonal model, self-esteem maintenance is given a central role. According to him, self-esteem is originally derived from maternal experiences of love and approval. This results in the dual experience of the self as the "good me" and the perception of the significant other as the "good mother." Maternal disapproval or rejection results in the dual experience of the self as the "bad me", or devalued self, and the other as the rejecting or "bad mother." Once established human behavior is then motivated by maintaining good me experiences and avoiding bad me experiences (Sullivan, 1953). Furthermore, it suggested that bad mother perceptions set the stage for later parataxic distortions in the marital system.

Kohuts's (1971) model of the cohesive self is another useful theory about developing self-esteem. It highlights the notions of early egocentricity and grandiosity. He suggests that a child has grandiose-exhibitionist needs that must be met by a parent capable of empathetically mirroring the child's grandiosity. The child is then free to explore the parent egocentricity as an extension of self without an independent existence. With empathetic responses from the parent, the child is able to relinquish early grandiosity and develop normal self-esteem, assertiveness, and a cohesive self (Kohuts, 1971). Failure in empathetic mirroring results in difficulties in self-esteem maintenance and an enduring egocentric expectation that others will function as extensions of the self without an independent existence or agenda.

Both Sullivan (1953) and Kohuts (1971) model suggests that the child's early environment is crucial in establishing self-esteem. Failures in meeting the child's needs result in the child experiencing themselves as unlovable and the parents as rejecting. Moreover, the child continues to be egocentric and unable to experience others objectively, and as having independent needs. This becomes the basis for much marital difficulty in later adult life.

Marriage is not the only element in the family system affected by one's self perception. Harris (1991) noted that there is a strong association between paternal involvement and the wife's report of marital satisfaction. That is, if wives report high marital satisfaction, then husbands have high parental involvement scores (Harris, 1991). This piece of research clearly illustrates how the entire family system is affected by marital satisfaction, not only the partners in the marriage. For instance, one might imply from this knowledge that the children whose mothers have satisfying marriages may have a greater chance at experiencing a positive relationship with their father. Additionally, one could argue that good marital relations encourage shared family activities, which in turn increase family cohesion.

The idea that marital turmoil is the cause of a variety of behavior problems in children is a widely held belief in both the public and professional domains. Minuchin (1975) and his colleagues proposed that one member of a family becomes the focus of larger family conflicts. In a sense, they take on the symptom for the family. Children do this to distract their parents from their own conflicts by developing a problem themselves and thus redirecting parental concerns (Minuchin, 1975).

As one might suspect, male and female children distract their parents differently. For example, boys usually become aggressive, noncompliant and disruptive, in an attempt to

distract parents from their own problems. On the other hand, girls may become anxious, withdrawn, or even very well behaved (Emery, 1982). Each of these sets of behaviors are sex role appropriate and help the child accomplish his subconscious goal.

Another systemic belief is that problems with children cause marital turmoil. It has been shown in research that marital satisfaction declines a) after the birth of the first child, b) as a result of having a handicapped child, c) when parents believe that their children are an added stress on their marriage. It is likely that a "problem child" would similarly strain a marriage (Emery, 1982).

Overall, it is probably best to view marital and child problems as interactive; to an extent, each causes and exacerbates the other. Research has shown that parents involved in conflict are poorer models, are more inconsistent with discipline, and place more stress on their children (Emery, 1992). Furthermore, some children probably serve to distract attention away from parental conflict, whereas others may aggravate the conflict.

Tornstan (1992) considered the phenomenon of loneliness in marriage in his study. He found that self-esteem is related to loneliness within the marital relationship. In short, individuals who report higher degrees of loneliness also score lower on the self-esteem scales.

With this emerging literature, this researcher will assume that loneliness and self-esteem are interrelated and indeed have a significant role on the family system.

Need for the Study

As indicated above, previous research has not examined the relationship between self-esteem and marital satisfaction. This information could be valuable to mental-health practitioners working directly with couples and families, as well as individuals involved in marital relationships. The data collected from this study may aid clinicians in choosing a forum from which to conduct therapeutic work.

The Purpose of the Study

The purpose of the study was to examine the relationship between self-esteem and marital satisfaction.

Research Question

What is the relationship between self-esteem and marital satisfaction?

Definition of Terms

Within this chapter the writer has used the terms self-esteem and marital satisfaction frequently. Self esteem is defined as the fact of having pride in oneself, or self respect. Yau (1991) expands on this definition by stating that the individual with high self-esteem is excited by new challenges, is not fearful of making choices, seeks meaningful relationships with others, uses his or her capabilities to the fullest extent, and has the hope of achieving happiness and meaning in life. Conversely, individuals who exhibit lower levels of self-esteem may be overwhelmed by fear and anxiety. Choices and decision-making are avoided and avoidance and escape from reality become a way of life (Yau, 1991).

Marital satisfaction is defined as the degree to which individuals in a marriage measure the quality of their union. Individuals with high levels of marital satisfaction generally feel

content in their relationship, while people with lower levels report more conflict and stress in their marriages.

Additionally, the writer has used the term "family system". This phrase emerged in the 1950s to describe the new view of the family as a living system, an organic whole (Nichols and Schwartz 1995). This thought originated when hospital psychiatrists noticed that often when a patient improved someone else in the family got worse. Despite good reasons for keeping family members isolated from an individual's therapy, there were also distinct disadvantages to this approach. First, individual treatment is predicated on relative stability in the patient's environment. Otherwise, attempting to modify individual behaviors but returning that person to the same destructive environment would not make sense (Nichols and Schwartz 1995). Finally, some patients' improvements, while their families were undergoing stress and conflict, made the family stress even greater. Hence it became a widely-accepted view that change in any one person changes the whole family system. Clinicians who practice under systemic theories believe that changing the family is the most effective and powerful way to change the individual.

<center>**CHAPTER 2**</center>

<center>**LITERATURE REVIEW**</center>

<u>Introduction</u>

The following chapter will examine existing literature on the subjects of self-esteem and marital satisfaction. In addition to providing an overview of the current research on self-esteem, the writer also will examine the role of attachment theory and self-esteem, current perspectives on self-esteem from the point of view of social scientists (including theoretical perspectives), and self concept and its relationship to self-esteem.

Marital satisfaction will also be explored in this chapter. The writer will look at contemporary research on marital satisfaction, as well as gender and role discrepancy in marriage, and depression in marriage.

<u>The Evolution of the Self</u>

The concept of self-esteem continues to evolve through history. This becomes evident when one looks at the differences in terms established by the pioneering figures in social psychology. For instance Maslow (1971) said, "the concept of creativeness and the concept of the healthy, self-actualizing, fully-human person seem to be coming closer and closer together, and may, perhaps, turn out to be the same thing" (191). He proposed six broad classes of needs which motivate human behavior. The clusters of needs were then arranged in ascending order. On top of the hierarchy were physiological needs (e.g. food, water and air). Safety and security followed. This included the need for structure, stability and a safe

environment. This was proceeded by a feeling of belonging and love needs, group affiliation and acceptance. This need is often met in work and family environments. Esteem needs then were included, followed by self-actualization needs. Finally, self-transcendence, or the need for community, rather than individual ascendancy, was included.

This, of course, was contrary to the term provided by John Powell, who wrote, "our lives are shaped by those who love us and those who refuse to love us" (1969, 37). Put simply, one's self evaluation is based on how one thinks the paramount people in her life feel about her. Finally, Nathaniel Branden (1969), defines high self-esteem "as the integrated sum of self-confidence and self respect; that is, positive self-esteem is the experience that a person is competent to live and worthy of happiness" (287).

The Role of Attachment Theory and Self-esteem

The evidence suggests that, while self-esteem continues to be a moldable component throughout the life cycle, an infant's early attachment to its primary care-taker is a powerful contributing factor (Pearce and Pezzot-Pearce, 1994). Attachment theory is rooted in developmental psychopathology and its implications for understanding human development. Developmental psychopathologists perceive development as consisting of a number of important age and stage-appropriate tasks which, upon emergence, remain critical to the child's continual adaptation. Secure attachment with the primary care-giver is a salient task for infants between the ages of six and twelve months (Pearce and Pezzot-Pearce, 1994). This means that these infants are capable of accepting comfort if distressed, greet their mothers positively after being separated, actively seek proximity and interaction, and display few, if any, negative behaviors towards the mother (Ainsworth, et al., 1978).

Feeny and Noller (1992) hypothesized in their study on attachment style as a predictor of adult romantic relationships that, "in accordance with the concept of secure attachment, secure subjects will have higher self-esteem than the two non-secure styles" (282). Furthermore, their findings did suggest significant attachment style differences in self-esteem. The secure subjects were generally separated from the other styles by their high levels of self-esteem. Secure subjects also scored relatively low on the self-conscious anxiety scale (Feeny and Noller, 1992).

Although early-infant attachment has been seen as an important factor for developing self-esteem according to some literature (Carmen, 1994), other researchers also have shown that it continues to be influenced throughout the life cycle. Lackovic, Dekovic, and Opacic (1994) studied the relationship between pubertal status, the quality of interactions with significant others, and the self-esteem of adolescent girls. The model which was tested assumed that pubertal status affects self-esteem through girls' interactions with parents and friends. The findings that pubertal maturation affects adolescent girls' self-esteem, and that girls who have just started to menstruate have the highest self-esteem, signifies the importance of menarche (Lackovic, Dekovic, and Opacic, 1994).

Additionally, research has looked at developing self-esteem in adults. Owens (1992) looked at the effect of post-high school social context on self-esteem. In this national longitudinal study the changes in positive self-esteem (self confidence) were assessed in males. This was immediately followed by work which depicted a slightly negative impact. Finally, those individuals attending college showed no impact in self-esteem levels (Owens, 1992).

As mentioned earlier, self-esteem appears to be a variable component throughout the life span. While early attachment is crucial to developing self-esteem, it is not the only element of consideration. The studies briefly outlined in the above text suggest that self-esteem is affected by various factors dependent on one's developmental talk. For instance, in adolescents, pubertal status has been shown to affect the self-esteem of adolescent girls (Lackovic, Dekovic, and Opacic, 1994), while in males social context affects self-esteem during late adolescence (Owens, 1992).

Current Perspectives on Self-esteem

The concept of self-esteem remains somewhat unclear despite its popularity in the research. Perhaps that is because it is an impure phenomenon. For example, what is the difference between self-esteem, self-respect, self-love, self-acceptance or self-efficacy? How does one differentiate between self-esteem and what is meant by self-image or self-concept? Finally, self-esteem is difficult to understand because there are so many angles to look at it from. For instance, Kitano (1989) writes:

> Self esteem is the result of a person's ethnic, social class, or gender group.... Another aspect of self-esteem is that self-esteem is in progress or in process. Individuals are perceived and judge themselves in relation to yet-to-be fulfilled goals and activities.... Self-esteem is also used as an independent variable -- that is, as the "cause" of behavior. An individual is said to behave in a particular manner because of a high or low level of self-esteem. Through knowledge of this variable, then, we can try to predict and understand behavior (318).

As one can see, putting the precise meaning of self-esteem into words is a difficult concept.

Self-concept and its Relationship to Self-esteem

Rentsch and Hefner (1992) define and discuss the importance of self-concept within their definition of self-esteem:

> Self Concept includes the self-related thoughts and feelings, social identities, dispositions and physical attributes (Rosenberg, 1979), organized into a coherent hierarchial structure (James, 1890). More important elements are considered to have greater psychological centrality to the individual than less important elements. The psychological centrality of self-concept elements determines the degree to which the elements might effect self-esteem (642).

In general these researchers have conveyed that self-esteem can be defined as an evaluation of one's self as a person, however, an individual's overall level of self-esteem is partly determined by the evaluation of the self-concept, as well (Rentsch and Heffner, 1992).

A study conducted by Whalen and Csikszentinihalyi (1989) measured the self image of talented teenagers in comparison with a normal adolescent population. Talented teenagers were deemed such by having unusual ability in five talent areas: Mathematics, science, art, music and athletics. Self-image or self concept (the terms are used interchangeably) was measured by the Offer Self Image Questionnaire (OSIQ), with the format spanning such areas as family relationships, sexual attitudes, moral sensibilities, and coping abilities. The researchers were surprised to find no significant correlation between talent and self-image. In fact, the outcomes suggest that young teenagers of superior ability who are schooled in a "normal" academic setting appear very similar in most respects to their less-gifted peers. The areas measured by the OSIQ were impulse control, emotional tone, social relationships, morals, and self-image (Whalen and Csikszentimihalyi, 1989).

This data contrasts Terman's (1938) ground breaking study of the psychosocial adjustment of gifted children. His research lent support to the view that the majority of gifted children evidence social, emotional and intellectual adjustment superior to that of more average peers (with possible exception of those scoring in the highest percentile of IQ). The implication that giftedness influenced psychological well-being -- including one's self esteem (Terman, 1938).

As mentioned earlier, the terms self concept and self image can be used interchangeably. An individual's self concept begins developing in adolescence. It may be the most important development task of adolescence (Ingersoll, 1982). A "concept" is a cluster of concrete and abstract attributes that allow a person to group a variety of events into a common category. In general, a self concept may be thought of as an itemized listing of those characteristics you perceive in yourself (Ingersoll, 1987).

In identifying one's self concept it must be assumed that this is the individual's perceived reality. Ingersoll (1982) writes:

> ...the anorexic girl who sees herself as fat, even though she is emaciated has, as an integrated part of her self concept, the perception that she is something less than desirable. Likewise, the boy who sees himself as stupid even though teachers see him as potentially bright has, as an integral part of his self-image, the feeling that he lacks competence. Both will interact with others in ways that reflect that feeling, rather than in ways that reflect external reality (112).

Hence, one can assert the importance of Rentsch and Heffner's (1992) definition of self-esteem in that it encompasses the component of the self concept and differentiates between

self-esteem and the self concept. From these definitions one can infer that the individual with high self-esteem is multi-faceted when examined within various areas of psychological study.

An Overview of Current Research and Self-esteem

Self-esteem seems to be measured in correlation to a variety of social and psychological situations. Previous research has sought to demonstrate relationships between self-esteem and measures of cognitive and psychological well-being.

A study by Midkiff and Burke (1991) sought to clarify the conflicting data existing between self-esteem constructs and achievement related behaviors. They used 300 university students who completed a measure of self-esteem and indicated their expected levels of success as well as minimal goal levels for the task. After completing the task, and receiving feedback about their performances, subjects completed attribution and self-esteem questionnaires.

The results of this experiment showed gender to be a significant factor. Self-esteem appears to influence male students' expectancies for success, although it did not influence the expectancies of female students (Midkiff and Burke, 1991). More importantly were individual's past performances in how they rated their expected outcome. Thus, it seems that individual self-esteem influences initial expectancy due to generalizations from previous experiences. Simply put, having a successful past history increases one's degree of self-esteem when completing current academic tasks. Moreover, the research showed that high levels of self-esteem remained constant regardless of the outcome of the task. It is suggested that this is due (in individuals with previously high self-esteem) to an ability to attribute poor performance to mood, an internal yet unstable source, therefore discounting the feedback and

not personalizing the experience. Also, some students may have viewed the task as discriminatory or narrow, thereby not allowing their performance to be a reflection of personal ability (Midkiff and Burke, 1991).

For decades clinicians have pondered the link between drug addiction and self-esteem. Therapeutic literature reveals a curiosity about this connection since the growing emergence of drug and alcohol treatment centers in the United States. Steffenhagen (1983), an Adlerian psychologist, has taken this curiosity a step further and developed a treatment theory for drug and alcohol abuse, with self-esteem therapy at its core. Steffenhagen (1983) asserts that all behavior is goal-oriented, with the ultimate goal to be the building of self-esteem. The achievement of lower goals is to help one tackle the higher goals they have set. Therefore, when one is without a goal, one stagnates. Conversely, when one sets unattainable goals, one's self-esteem becomes threatened. Hence, one must resort to compensatory behavior to protect the little self-esteem that remains and to escape feelings of anger, anxiety and depression. Steffenhagen (1983) proposes that alcohol helps to cover up these feelings and offers an excuse: "Were it not for the alcohol, I would have succeeded" (27).

Steffenhagen (1983) continues to clarify his theory by stating that alcohol or drug abuse does not occur in a vacuum; drinking does not cause alcoholism. However, drinking and low self-esteem provide a fertile environment for this to be nurtured. First, alcoholics often come from homes where alcoholism is a problem. This results in the socialization aspect of alcoholism. That is, role modeling plays a vital part in establishing a normality around drinking. Steffenhagen (1983) states that most theories for abuse fail at this point because they neglect to provide an explanation for use or exceptions to the role modeling

principle. If familiarity and role modeling are the culprits then the number of alcoholics would increase geometrically. This has led Steffenhagen (1983) to believe that self-esteem is the vital element lacking in addicts and that treatment for addiction should focus on building self-esteem rather than on the symptom of low self-esteem--alcoholism and drug abuse.

Another peak interest of researchers has been the relationship between deviance and self-esteem. Countless scholarly reviews were found measuring the presumed relationship between self-esteem and the occurrence of social problems. One of the most noted experts in this area is Timothy Owens. Owens (1994) conducted a comprehensive study on adolescent problems and positive and negative self worth, in addition to global self-esteem. He defines global self-esteem as the combination of both positive and negative evaluations. Historically, researchers have taken two views on this relationship. First, self-esteem is viewed as an inoculate against adolescent problems. The underlying assumption is that teens with high levels of self-esteem will act in more socially-acceptable ways than teens with low levels of self-esteem. It is also assumed that higher self-esteem promotes better socio-emotional well-being (Owens, 1992).

In the second view, low self-esteem is said to predispose youths to adolescent problems, the rationale being that teens with low self-esteem may seek status and recognition in non-normative pursuits that lead to dishonoring labels and secondary deviance (Owens, 1992). Additionally, persons with low self-esteem are thought to perform more poorly in school and be at higher risk for social and psychological problems. This is attributed to a heightened sense of vulnerability and negative influences (Owens, 1992).

In this recent study, Owens aims to fill the gap in understanding the causal role that self-esteem plays in adolescent problems. His results yielded a positive correlation between self-worth and grades in school. High self-regard produced a significant gain in grade point average (GPA), while grades, in turn, had a positive effect on adolescent self-worth. In addition, there was a positive correlation between self-deprecation and depression. The more depressed an adolescent was, the greater her feelings of self-deprecation (Owens, 1992). Concordantly, self-deprecation itself induced depression.

The third hypothesis Owens tested was the relationship between delinquency and levels of self-deprecation. His findings show very little reciprocative data between global self-esteem levels and delinquency. However, a small yet significant relationship exists between negative attributions and delinquency. Overall, Owens's findings support and clarify the extensive research existing in this area of adolescent psychology. Furthermore, it depicts the importance self-esteem has on the daily functioning of an individual. This is not limited to adolescents, but is relative to every person throughout the entire life cycle.

Descriptive Analysis of Self-Esteem

Yau (1991) provides a descriptive analysis of self-esteem using two primary components: motivation of behavior, and attitude or mental state. The following table depicts her findings on contrasting motivation of behavior.

Table 1
Yau's Motivation of Behavior

-positive self-esteem	-negative self-esteem
-mental health	-neurosis
-rationality	-self-doubt
-self-confidence	-fear
-trust	-irrationality
-desire to achieve happiness	-desire to minimize pain
-sees life as a series of challenges	-fear that one is inadequate
-confidence and openness	-desire to escape one's own consciousness
-love of self and existence	-sees strategies to withdraw from life
-coping, reaching out and inviting life's challenges	-defense mechanisms; repression

(Yau, 1991, 158)

In addition to motivation, the difference in opposing attitudes also is examined by Yau.

Table 2
Yau's Opposing Attitudes

-positive self-esteem	-negative self-esteem
-psychological maturity	-arrested or stunted development
-independent thinking based on deliberate thought processes	-passive, uncritical acceptance of others' ideas
-personal choices that lead to integration of personality and personal health	-personal choices that lead to disintegration of personality
-perception of reality based on clarity, indelibleness, and understanding	-perception of reality based on confusion, unintelligibility and bewilderment
-a state of control in one' life, and a life that has direction and purpose	-a state of helplessness

(Yau, 1991, 157).

Yau believes that it is one's self-perception that influences behavior. People behave

in ways that make the most sense to them in a particular situation (Yau, 1991). As a result,

all human behavior is maintenance and protection of one's perceived self image. If this

statement is indeed accurate. This research should reveal compelling data between the connection of self-esteem and marital satisfaction.

Theoretical Perspective on Self-esteem Model

Based on the systemic context of this research, it is imperative look at how the early pioneers in systems therapy were concerned about an individual's level of self-esteem. Literature reveals that most of these clinicians were so focused on the families they were working with that an individual member's self-esteem level was frequently overlooked.

Virginia Satir's idea of family therapy was, however, very different. Satirr stressed the role of smothering feeling and believed that at the root of dishonest communication was low self-esteem (Nicholas and Schwartz, 1995). The following excerpt summarizes her theory:

> In contrast to the MRI model's view of people as cybernetic black boxes, Jay Haley's view of people as power-game players, and Salvador Minuchin's view of people as context reactors, Satir saw people as motivated for the need of self-esteem, that is to feel good about themselves and get close to others. 'The critical factor in what happens both inside and between people is the picture of individual worth that each person carries around with him', according to Satir. Her interest in promoting the self-esteem of each family member led her to maintain a focus on the humanity of individuals at a time when her contemporaries were actively ignoring individual feelings in their struggles to understand families (99).

Hence it is apparent to the reader that Virginia Satir was somewhat of a renegade during the emerging period of systems therapy. Unlike others in the field, she saw the power of individual self-esteem and focused therapy on nurturing rather than feedback loops and control (Nichols and Schwartz, 1995).

The Context of Self-esteem in This Research

Yau's thoughtful explanation of self-esteem was adopted for the context on this research. The individual with high self-esteem is excited by new challenges, is not fearful of making choices, seeks meaningful relationships with others, uses her capabilities and potential to the fullest extent, and has the hope of achieving happiness and meaning in life. Conversely, individuals who exhibit lower levels of self-esteem may be overwhelmed by fear and anxiety. Choices and decision-making are avoided and avoidance and escape from reality become a way of life (Yau, 1991). Self-esteem may also be said to play an integral part in one's cognitive, psychological and social functioning.

An Overview of Marital Satisfaction

Marital satisfaction has a long history as a unit of study. With the side effects of social structural changes on the individual and the family there continues to be new dimensions to examine within marital dyads. For example, prior to vast numbers of women entering the work force in the late sixties and early seventies, studies on the impact of women's roles outside of the home were not conducted. In 1988 the proportion of women in the paid work force was double what it was two decades earlier, and the majority of American homes were comprised of dual-earner couples (Blair, 1993). As of 1988, 56.8 percent of married women were employed outside the home (Blair, 1993). It is the opinion of this writer that this trend of women in the workforce has drastically altered family life and brought about changes in marriage for both men and women. In addition to gender roles, other areas discussed in the text include income status, decision-making power and the role of spousal affect.

Contemporary Research on Marital Satisfaction

Evidence that an individual's immunological functioning is moderated by perceived marital satisfaction or by the loss of a significant other has been discussed in the literature of Griffin (1993). Additionally, in the presence of an existing disease, symptom expression appears to modulate with reported marital satisfaction. This phenomenon has been shown in chronic illnesses such as rheumatoid arthritis, Parkinson's disease, and chronic pain (Griffin 1993). The specific mechanism generating the dynamic between illness and disease and marital satisfaction is not known. Yet researches have identified one common element in these situations--the presence of negativity; referring to the general domain of negative verbal and nonverbal behaviors and affect (Griffin, 1993).

First, distressed couples tend to exhibit disproportionately more negative affect and negative affect reciprocity during interactions (Griffin, 1993). Husbands and wives react to negative affect differently and portray different patterns of output where negative affect is concerned. For example, Gottsman and Levenson (1986) concluded that wives, in general, are more negative, more willing to engage in conflict and better able to manage conflict than their husbands (1988). On the other hand, men are less negative, seek to reduce conflict, and are less adept at managing conflict (Griffin, 1993). The general pattern seems to be wives engaging and maintaining a negative state (especially wives who are distressed in the marriage), while husbands attempt to withdraw from conflict. Gottsman and Levenson also hypothesized that the husbands' more passive style is compensatory for the males biological predisposition to remain physiologically aroused after periods of provocation, whereas women are able to return quickly to a neutral state. Moreover, the husbands' propensity to remain aroused may have long-term health consequences.

Griffin's (1993) study on negative affect during marital interaction produced supplementary information on this subject. Like Gottsman and Levenson (1986), he found that wives' negative affect was maintained longer than their spouses'. However, in contrast to existing data, he found that wives had fewer episodes of negative affect (Griffin, 1993). For women, education and communication values also influenced affect. Simply stated, wives who devalue the role of communication in the relationship stayed longer in the negative affect, as did wives with higher levels of education (Griffin, 1993). Finally, the level of marital quality reported affected one's rating of affect. Again, wives in distressed marriages tended to have higher negative interactions and remain in a negative state longer than wives in non-distressed marriages (Griffin, 1993).

The widest discrepancy between husbands and wives was in the area of education. Husbands with higher educations were quicker to leave negative affect (Griffin, 1993). Additionally, neither marital satisfaction or communication influenced the husbands' "Hazar rate", or time spent in a state of negative affect (Griffin, 1993).

Beach and Tesser (1993) examined the way in which married couples divide decision-making power in their marital relationships. They used a sample of 90 married couples to test the effect of decision-making power on marital satisfaction. Within the sample dissatisfied versus satisfied couples were contrasted with regard to the division of decision-making powers.

Gender differences in decision making were observed in the following areas for men: Where to live, how much time to spend with spouse, large purchases, when to go on vacation, when to have sex, and how to have sex. Women were believed to exercise more decision-

making power in areas of child/family planning, child rearing, when to have social contact with friends, and small purchases (Beach and Tesser, 1993). However, this research found only a slight correlation between power imbalance and marital quality. Apparently, one is more likely to make decisions which are agreed upon by both spouses, or one agrees with decisions make by his partner (Beach and Tesser, 1993). As a result of this dynamic, one's self-evaluation is heightened, as is her evaluation of her partner (Beach and Tesser, 1993).

However, when decision making powers threaten self or partner/self-evaluations, as measured by Tesser's self evaluation model, agreement becomes less likely (Beach and Tesser, 1993). This corresponds to evidence that suggests couples' tendency to maximize their joint outcomes in terms of self evaluation maintenance benefits. However, more satisfied couples will maximize joint self evaluation maintenance than dissatisfied couples. In jaded marriages, decision making becomes more challenging (Beach and Tesser, 1993).

Income is another area thought to play a critical role in marital quality, as well as quality of life. Berry and Williams (1987) looked at this phenomenon using a random sample of married persons. As with most marital studies, they found discrepancies related to gender. For wives, the only factors directly influencing disagreements over family financial expenditures were communicated and perceived financial security. The higher levels of communication over financial issues yielded less disagreements and lowered the intensity of disagreements. Also, as future security increased, arguments over money became less stable (Berry and Williams, 1987).

For men, the number of years married and their wives' employment status were significant factors. Years married was the major variable affecting discord, as the number of

years married increased, the intensity of disagreements declined. Secondly, husbands whose wives were employed part-time showed greater distress over financial matters than husbands whose wives were not employed outside of the home (Berry and Williams, 1987).

Finally, the hypothesis that as income increases so does marital satisfaction was valid for women only. For men, the most important predictor of satisfaction with spouse was disagreement over finances directly. No link was found between income satisfaction and marital satisfaction (Berry and Williams, 1987). Therefore, as discord over income/financial matters decreased, husbands' marital quality rose.

Quality of life predictors also were gender specific. For women, the most important factor for quality of life was satisfaction with spouse. Secondly was income complacency. For husbands, satisfaction with income was the most important feature for overall quality of life, while satisfaction with spouse was second (Berry and Williams, 1987). Previous evidence suggested that marital satisfaction rose with income, and that income plays a pertinent role in quality of life. The above data shows that this information is gender specific.

Gender and Role Discrepancy in Marriage

Perhaps gender was the greatest discriminatory feature in the literature on marital satisfaction. In fact, the issue of gender and roles had become a widespread area in research in social sciences. Among the large body of literature on marital quality, it frequently was reported that the predictors of marital satisfaction are different for females than for males. One example of this is role discrepancy, which refers to the discrepancy between role expectations and enactments (Burr, 1971). Presumably the greater marital satisfaction occurred when role expectations were met without an extreme role discrepancy. Individuals

have expectations as to their own role behavior and their partner's role behavior; the greater the extent to which these expectations are met, the less the role discrepancy, and it is presumed the greater the marital satisfaction. However, as in many studies, this hypothesis was only proven true for females, and not males. For instance, Crago and Tharp (1968) found that in distressed marriages role discrepancy was experienced more often by women than men. Females' perceived role discrepancy was related to their level of marital quality, yet this evidence was not duplicated in male subjects. Therefore it appeared that the concept of role discrepancy had more utility in predicting females' marital satisfaction.

Another area where gender may vary results is in role competence, which refers to the judged quality of role performance (Leigh, 1989). However, it should be noted that the quality of a partner's performance in the emotional supportive role is related to the marital satisfaction of both partners. It is when traditional or sex-typed roles are believed incompetent that gender difference becomes apparent. For instance, females are more satisfied with their marriages if they perceive that their partners perform their provider roles competently (Blood and Wolfe, 1960). By contrast, males' marital satisfaction appears to be related to their partners' competency in all roles, both sex-typed and opposite-sex-typed (Brinley, 1975).

Terry and Scott (1987) hypothesized that if a husband and wife have similar levels of commitment to their work and to their marriage, then there would not be any gender differences in the correlates of marital satisfaction. As predicted, they found that there was a greater negative relationship between role discrepancy and marital satisfaction for females in traditional couples. Also as predicted, the role discrepancy related similarly to both

husbands and wives' levels of marital satisfaction in dual-career couples. In addition, the researchers found that job satisfaction correlates positively to marital satisfaction in dual-career couples and, in traditional marriages, job satisfaction and marital satisfaction have a positive correlation for males (Terry and Scott, 1987).

Terry and Scott (1987) also looked at the role of self-esteem in traditional and dual-career married couples. They hypothesized that the correlation between the two variables , marital satisfaction and self-esteem, would be higher for females in traditional marriages, while in dual-career marriages the correlation would be similar. They did not find a relationship between self-esteem and marital quality in traditional versus dual-career couples. Rather, their results showed similar levels of marital satisfaction and self-esteem for males and females in traditional and two-career marriages. They suggest that self-esteem may be more dependent on one's personal achievements outside the marriage than on variables within the marital dyad, such as role discrepancy (Terry and Scott, 1987).

With the emergence of women in the workplace, the role of men in the family continues to become less lucid for society. Jenkins and Crouter (1990) examined the role of men as they have begun to relinquish their provider role. Their research sought to determine whether men's attitudes about the provider role help to explain why some husbands continue to do less work in the home and their wives continue to "pick up the slack" (Jenkins and Crouter, 1990, 141). Previous research has suggested that the extent to which husbands' values and behaviors converge around family role responsibility may be directly related to marital satisfaction (Hood, 1986). Therefore, these researchers also sought to explore how

the relationship between a man's view of work and family roles are related to marital satisfaction.

This analysis revealed that men's attitudes about the provider role, particularly regarding financial issues, are clearly linked to the ways roles are enacted in the family (Hood, 1983). Their deep-seated attitudes about household tasks play a part in how much responsibility they assume when their wives are employed outside the home (Jenkins and Crouter, 1990). Support also was found for the premise that congruence of role beliefs and the enactment of role behaviors are related to higher reports of marital satisfaction where main or secondary family providers performed few household tasks, and had wives who performed the majority of household duties.

Only a long-term research program where the levels of marital satisfaction may be measured more than once would establish a causal relationship between masculinity, femininity and marital satisfaction (Langis and Lussier, 1994). Studies of this nature would assess whether sex roles truly represent an etiological factor in marital discord.

Depression and Marriage

Due to the apparent link between depression and low levels of self-esteem (Crowther, 1985), it is important to examine the role of depression in marriage. Research by Crowther (1985) and others over the past decade has strongly suggested a connection between depression and marital maladjustment. However, it is still unclear which variable precedes the other. For example, Henry and Overall found that maladjusted marital relationships may precede the onset of depression (1975). This finding was validated by Paykel, et al, who found that marital difficulty was the most commonly reported event occurring in the six

months prior to the onset of depression in women and the most frequent problem present by depressed women in treatment (1969). However, other researchers have speculated that marital dissatisfaction may be a manifestation of a broader depressive disorder (Overall, et al, 1974). In an experiment consisting of persons hospitalized for depression, Crowther found depression and marital maladjustment to be related in a cyclical fashion (1985). Depression causes marital discord, which then exacerbates the depression (Crowther, 1985).

Crowther attempted to measure the relationship between marital maladjustment and depression using a sample of persons hospitalized in an inpatient unit for depression and their spouses (1985). Participants were assessed based on the Beck Depression Inventory, Locke and Wallace Marital-Adjustment Test, an areas of change questionnaire, and their therapists' ratings of their depression and marital satisfaction. Within the results, patients self-reports of their depression and marital maladjustment corresponded accurately to the assessments provided by the therapists.

Patients in the depressed group were significantly more depressed and reported significantly more marital discord than their spouses in the non-depressed group (Crowther, 1985). This supports the existence of a relationship between marital conflict and depression in an inpatient population. This relationship has previously been demonstrated in outpatient population as well (Crowther, 1985).

Past research on gender differences and the prevalence of psychopathology has revealed that women have higher rates of depression (Bernard, 1979). However, sex differences in the severity of depression has not been thoroughly investigated (Crowther, 1985). Crowther's study, however, lends useful evidence to the notion that women may

become more severely depressed than their male counterparts. Once can imply this based on women's higher rates of depression and the fact that this sample was already hospitalized, meaning they were suicidal at the time of assessment. Another significant gender difference was the fact that depressed women rated their marriages as more maladjusted than depressed men. Crowther suggests that perhaps societal expectations for women to be "good wives and mothers" is one explanation for this finding (1985). Another reason for this discrepancy may be the importance of women's identity and self-esteem in regard to the marital dyad (Crowther, 1985).

Researchers interested in social role theory have also looked at depression and women, with particular interest in the increased rates of depression for females. These researchers assert that as the traditional female role as homemaker becomes more undervalued, undemanding and frustrating, women who have only one source of support, their family, are at high risk for developing depression (Whisman and Jacobson, 1989). This study further examined sex roles and found differences in couples in which the wife was depressed when compared with the sex roles of couples where women were not depressed. The results were most striking in the marital role of decision making. Both husbands and wives in couples where the wife was depressed reported less sharing of decision making and greater dissatisfaction over how decisions were made than non-clinical husbands and wives (Whisman and Jacobson, 1989). When assessing personality traits, the researchers found that depressed women were less masculine than non-depressed women. These results support past findings that masculinity acts as a buffer against depression. This may be attributed to

the masculine tendency to believe in one's own ability to deal with and control their environmental (Whisman and Jacobson, 1989).

The variables of self-esteem and marital satisfaction were looked at systematically; therefore, it is important to also include a systems perspective on depression. Coyne (1987) has articulated one of the most frequently cited presentations of the systemic views of depression. He maintains that the depressed person's behavior is maintained or increased in part by their social environment. It is suggested that a depressed person demands attention through complaints about the depression. A sympathetic spouse may initially react with concern about the other person. However, with time, the depressed person begins to "wear down" his support system and is eventually viewed as a complainer (Beach, Sanden and O'Leary, 1989):

> If the depressed person's symptomatic behavior continues, ...others with whom they interact begin to feel hostile, frustrated, depressed or anxious; feelings that are communicated subtly to the depressed person. When the depressed person observes these negative messages, they become increasingly symptomatic in an attempt to regain the initial support (46).

Couple-based intervention for depression has been proposed by systematically orientated therapists. Coyne (1987) suggests a structured, goal-oriented, brief intervention that includes homework, awareness of depressive symptoms, improved communication and intimacy in the marital dyad.

Summary

In conclusion, this chapter has highlighted contemporary research on the variables of self-esteem and marital satisfaction. Each of these areas has been of popular interest among

researchers in the social sciences arena. Additionally, depression and marriage was reviewed due to the apparent link between depression and low levels of self-esteem. Although it is unclear whether depression fosters poor marital quality or whether poor marriages spur depression, it is evident that a relationship exists. Hence, clinicians are actively treating depression as part of marital therapy.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of this research was to determine whether a relationship exists between self-esteem and marital satisfaction.

Research Design

The research method used for this project was descriptive in nature. Since the central focus of descriptive research is to examine facts about people, their opinions and attitudes (Merrion and Simpson, 1995), it was an appropriate model for measurement for the proposed question: does a relationship exist between self -esteem and marital satisfaction.

Instrumentation

The research design for this project included the use of the Clinical Measurement package designed by Hudson (1991). This package included scales ranging from the generalized contentment scale to more specific areas, like parental attitudes. The scales were designed as a tool for monitoring, guiding and evaluating clinical treatment. Although the scales were designed primarily for use in clinical practice, they also are useful in conducting basic research and in training programs (Hudson, 1991).

The scales within the package that were utilized in this study are the index of self-esteem (ISE) and the index of marital satisfaction (IMS). The ISE measures the degree of magnitude of a problem a client has with the evaluative component of self concept (Hudson

and Proctor, 1979). Some of the questions contained in the index include: (a) I feel that people would not like me if they knew me well, (b) I feel that others get along much better than I do, c) I feel that I am a beautiful person. The IMS measures the degree or magnitude of satisfaction that an individual may have in his or her relationship with his or her spouse or partner (Glisson, 1987). A sample from this index includes: (a) I feel that my partner is affectionate enough, (b) I feel that my partner treats me badly, c) I feel that my partner really cares for me. The ISE and IMS are structured as a multi-item summated category partition scale (Hudson, 1982). Each scale has 25 items with response ranges from 1 to 5. All of the items in the scales are randomly ordered within the 25 questions. These items include positively-worded statements and negatively-worded descriptions.

The scales were designed to measure the degree or magnitude of a personal or social problem. Each scale is scored so that higher scores represent more severe problems, while lower scores indicate the relative absence of such problems. The first step in scoring was to reverse score each of the positively-worded items. For example, in a scale with five response items, 5 becomes 1, 4 becomes 2, 2 becomes 4, and 1 becomes 5, while 3 remains unchanged. Once the positively-worded descriptions are reversed, the numbers are added together, subtracted by the number of items (25), multiplied by 100, and then divided by 150. The number produced is then interpreted to indicate a clinical or non-clinical outcome.

Any tool used to measure psychometric characteristics must be valid and reliable. Thus far all of the scales within the Clinical Measurement Package have proven to be .90 or better in regard to reliability, and they appear to have good content, discriminate, factorial and construct validity (Hudson, 1982). The ISE has a reliability of .9210, a standard error of

3.5110 and a validity coefficient of .5190. Secondly, the IMS has a reliability of .9540, a standard error of 4.3510, and a validity coefficient of .8250.

Population and Sample

The participants were individuals who were in a marital relationship for a minimum of one year. Participants were heterosexuals chosen from three large cities, all in the Southwestern United States. Respondents were given a brief description of the research topic and asked to openly and honestly evaluate their marital satisfaction and self-esteem levels using the Hudson indexes. To avoid corroboration between couples and diminish the possibility of false response, only one partner in the couple was invited to participate. The final sample was reduced to 34 individuals for a response rate of 68 percent. The characteristics of age, gender, ethnicity, number of children, and socio-economic status on a demographic questionnaire. Additionally, participants were solicited from a local assisted-living residence (non-clinical) for the elderly. Hence there is a wide range of ages in the sample, with the majority of the sample in the 25 - 32 year range, and in the over 60 range.

In order to gather a more representative sample, other couples with whom this researcher was involved with personally or professionally were recruited for their participation. Prospective participants were asked for their participation through verbal communication, either in person or over the telephone by this researcher.

Procedure

This researcher mailed surveys to 50 individuals involved in a marital relationship for at least one year. Individuals who agreed to complete the CMP scales received a copy of the scales with a letter describing the goal of the research and thanking them for their

involvement. Also enclosed was a self-addressed, stamped envelope, which ensured anonymity of the subjects and reduced researcher bias.

Assumptions and Limitations

None of the scales in the Clinical Measurement Package, CMP, was developed for use as diagnostic tools to place individuals into nosological categories. Simply put, each scale measures the degree or the severity of the client's problems on a scale range from 0 to 100. The scales do not provide information about the source, cause, or origin of the client's problem. The principle utility of the CMP scales arises from their ability to measure intensity, degree, or magnitude of the problem; information about the source or cause of the problem must be found elsewhere (Hudson, 1982).

Another limitation of this design is the composition of the sample. The sample consisted of persons conveniently available to this researcher: clients, colleagues, friends, acquaintances, and relatives. Due to this non-random sample, the degree of respondents' honesty may be decreased. As with any survey or interview format for data collection, accuracy and honesty in participants always must be a consideration. Additionally, these surveys required participants to have a fairly high awareness of themselves as individuals, in order to honestly complete the self-esteem index. Also, respondents needed to be mindful of their relationship with their spouses and cognizant of their feelings about the marriage.

This researcher's assumption was that there would be a correlation between one's level of marital satisfaction and self-esteem scores. Presumably, one with higher self-esteem would also report higher levels of marital satisfaction, while people with lower self-esteem would have less quality in their marriages.

<u>Method of Analysis</u>

First, each of the variables obtained from the demographic questionnaire were analyzed to compute the frequency and percentage of response. The variables included gender, age, spouses age, ethnicity, differences in ethnicity, number of years married, yearly household income, whether children were in the household, how many children were in the household, self-esteem score and marital satisfaction score. T-tests and ANOVA were used to examine relationships among the different variables.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

<u>Demographic Description</u>

The demographics of the sample are presented in table 3. Gender was fairly well distributed throughout the sample with 15 males and 19 females, or 44.12 percent male and 55.88 percent female. The age of the respondents ranged from 18 to over 60 years old. The majority of respondents in the sample fell between 25-32 years of age and those over 60. Ninety-two percent of individuals in this sample were Caucasian, with 3% Hispanic and 5% Asian. Eighty-five percent of spouses were of the same ethnicity as their partner, with 15% of spouses having a different background from their spouse. The range in number of years married was 1 to 56 years. Twenty-six percent of the respondents fell in an income range of $86,000 annually or more category. Most of the respondents, 66%, were living without children in their home, while 32% still had children at home. Of those with children at home, most families had between one and three children.

Table 3

Demographic Data

Gender

	N	%
Male	15	44
Female	19	46

Age

	N	%
18-25	4	12
26-32	12	35
33-40	4	12
41-45	0	0
46-53	2	6
54-59	0	0
Over 60	12	35

Spouses Age

	N	%
18-25	1	3
26-32	11	32
33-40	8	24
41-45	1	3
46-53	1	3
54-59	0	0
Over 60	12	35

Ethnicity

	N	%
Caucasian	31	91
Asian	2	6
Hispanic	1	3

Table 3 Continued

Difference in Ethnicity Between Self and Spouse

	N	%
Yes	5	15
No	29	85

Number of Years Married

1-3 years	16	48
4-7 years	6	18
8-15 years	2	6
21-30 years	2	6
31-40 years	3	9
41-50 years	6	18
51 or more years	1	3

Family Income

0-15 k/yr	4	12
16-31 k/yr	4	12
32-47 k/yr	3	9
48-60 k/yr	5	15
61-65 k/yr	9	26
Over 86 k/yr	9	26

Number of Children Living in the Home

	N	%
1-3	7	21
3-5	2	6
5 or more	2	6

Self-Esteem

The variable of self-esteem was measured by the index of self-esteem (ISE). The ISE produces scores that range from 1 to 100. The scores can be regarded as true ratio scale values. Hence, a score of 0 indicates the person has none of the attributes, and a score of 100 indicates that the person is in the highest possible distress level. Moreover, the scale has two clinical cutting scales. The first score is 30. Individuals who score below 30 are presumed free of any clinically-significant problem with self-esteem. The second cutting score is 70. Persons scoring in this range are thought to be in severe distress.

Table 4 indicates that the majority of respondents in this sample (82%) scored below 30 on the ISE, indicating no problem in this area. In the clinical range, 14% scored above the cutting score of 30 and 3% scored above the cutting score of 70. The mean for males for the ISE is 23.62 and for females it is 21.25, while for the sample as a whole it was 22.57. The standard deviation for males was 20.02 and for females it was 11.85, while for the sample as a whole it was 16.42.

Unlike most of the studies discussed in the literature review, this research did not show women to have overall lower self-esteem scores than men. Although not significant (P>.05), a t-test showed that the males in this study displayed more distress in this area.

Children seemed to play an important role in the marital satisfaction and self-esteem levels of the respondents. In relation to self-esteem, those respondents with children had a mean score of 35 (within the clinically-significant range), while those without children in the home had a mean score of 16. The t-test results showed that this difference was statistically significant (P=.02).

Age seemed to influence self-esteem. Those in the 25-32 range and those in the 46-53 range appeared to have lower levels of self-esteem than the mean for the sample as a whole. An analysis of variance showed a significant difference in the mean ISE score when broken down by age category.

Also, income seemed to play an important role in self-esteem. An analysis of variance showed a significant (P=.001) difference in the mean ISE score when broken down by income category.

Table 4
Index of Self-Esteem
Clinical Scores

	N	%
Normal	28	82
30+	5	15
70+	1	3

Marital Satisfaction

The index of marital satisfaction (IMS) was designed to measure the degree, severity or magnitude of a problem a spouse has in a partner relationship (Hudson, 1982).

This scale also produces scores that range from 0 - 100. As with the ISE, scores can be regarded as true ratio scale values (Hudson, 1982). This scale has two clinical cutting scores. The first is a score of 30. Persons scoring below 30 can be presumed free of clinically-significant marital distress, while those over 30 exhibit a clinically-significant problem in this area. The second cutting score is 70. Individuals scoring at or above this range are thought to be experiencing severe distress in their marriages.

The majority of respondents were not within the clinically significant range for marital distress (73%). However, 24% of individuals did score above the first cutting score of 30, while 3% scored 70 or higher (see table 4). The mean for males for the IMS was 22.13 and for females it was 21.72, while for the sample as a whole it was 21.95. The standard deviation for males was 21.61 and for females it was 18.12, while for the sample as a whole it was 20.07.

Although not significant, a t-test indicated that there was a slight difference in satisfaction levels between males and females. Disconcordant with most research, women scored higher on marital satisfaction than did men.

With marital satisfaction and age, there seems to be a disproportionately-high level of marital distress in the age bracket of 46-53. Individuals in this range had a mean cutting score of 71 on the IMS, while the mean for the rest of the sample was 16.75.

Furthermore, it seemed that those with higher incomes reported greater marital distress (mean score of 39) when compared with those in other income brackets.

Also, marital satisfaction appears to diminish slightly in this population when children were in the home. Although a t-test showed that the difference was not significant, those with children in the home had a mean IMS score of 24, while those without children in the home showed a mean IMS score of 20.

Table 5
Index of Marital Satisfaction (IMS)
Clinical Scores

	N	%
Normal	25	73
30+	8	24
70+	1	3

The Relationship Between Self-esteem and Marital Satisfaction

The Pearson coefficient of correlation was used to determine whether a relationship exists between self-esteem and marital satisfaction. The correlation between the mean scores on the ISE and the IMS were not significant (P>.05) when computed for the sample as a whole and for males and females separately.

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to examine the relationship between self-esteem and marital satisfaction. The researcher examined the variables of self-esteem and marital satisfaction, and how they have been defined, interpreted and researched over time.

The issue of marital satisfaction has sparked the interest of many researchers, and several studies on the issue exists. As the dynamic of marriage has changed in society (due to the change in women's roles, divorce rates and other societal explanations), so have the premise of these studies. It seems that theorists in the nineties are interested in gender roles, attribution styles and communication patterns.

In addition, self-esteem and its implication on the individual and marriage were examined. It is thought that self-esteem begins to form as early as six months of age. An infant's early attachment to his primary care-taker is a powerful force (Pearce and Pezzot-Pearce, 1994). Researchers have coined the term, "securely attached" to describe infants who are capable of accepting comfort if distressed, greet their mothers positively after being separated, actively seek proximity and interaction, and display limited, if any, negative behaviors towards their mother (Ainsworth, et al, 1978). It is believed that securely attached infants have better chances of becoming secure adults -- that is, adults who do not display problems with self-esteem.

Nonetheless, self-esteem is thought to be a malleable component throughout the life cycle. Rugel has suggested that self-esteem continues to be maintained or depressed in marital systems (1992). This phenomenon is dependent upon whether one's marriage is "accepting open" or "devaluing closed" (Rugel, 1992). Accepting open marriages are marriages where spouses show value to each other through open communication, mutual respect and affection. These marriages enhance one's sense of self-esteem and self worth. Conversely, devaluing closed marriages are damaging to one's self-worth. They are defined by negative attributions, poor communication and manipulation.

Due to the apparent link between depression and low self-esteem, the researcher looked at literature examining depression in marriage. Research over the last 10 years has suggested a correlation between depression and marital maladjustment. If one factor directly precedes or influences the other, it seems to remain debatable in the research. However, it is known that women have higher rates of depression (Bernard, 1979). Researchers believe this may be due to traditional female roles and personality traits. For instance, as the role of homemaker becomes more undervalued, undemanding and frustrating, women in this role are at a higher risk for depression (Whisman and Jacobson, 1989). This is because they have only one source of support -- their family. In addition, the degree of how one rates her personality as "masculine" seems to correlate with depression rates. More masculine personalities tend to have a higher locus of control. That is, a tendency to believe in one's own ability to manage and control her environment (Whisman and Jacobson, 1989). This degree of locus of control seems to act as an inoculant against depression.

In order to measure the relationship between self-esteem and marital satisfaction, this study surveyed a sample of 34 married people. These individuals lived in large metropolitan areas in the Southwestern United States. Participants ranged in age from 18 to over 60; length of time married ranged from 1 to 56 years; most were Caucasian, however 3% were Hispanic and 5% Asian. Thirty-two percent of individuals had children in the home, while 66% did not. The income bracket of this sample was disproportionately high, with most respondents making $70,000 or more per year.

While no significant correlation was found between marital quality and self-esteem, the study did find that the presence of children in the home appears to have a negative effect on self-esteem, and marital satisfaction does not appear to be influenced by income or number of years married, as other studies have suggested. It appears that children have an important role in the quality of one's marriage and level of self-esteem. Respondents with children in this sample reported significantly lower levels of self-esteem and decreased marital quality.

Conclusions

Although this study did not find a significant correlation between marital satisfaction and self-esteem, conclusions may be drawn from the findings which emerged.

First, gender differences were evident in this study. Unlike many of the studies in chapter 2, this researcher did not find the women sampled to have lower levels of marital satisfaction or self esteem. Conversely, the males sampled showed lower marital satisfaction and self-esteem. The difference in these findings may be due to the following: First, if self-esteem is directly affected by depression, the men in this study may have been more depressed than the women. Due to the limitations of this study, depression was not measured. This

might have further implications when one takes into account the age of many men in the study over 60 years old. These men who are in retirement have altered roles. No longer are they in the provider role, working full-time, the primary breadwinner, and fathering children. These men have surpassed this phase of life and entered into the phase of late adulthood.

Late adulthood may be considered a period of transition for men and women. Erik Erikson described the psychological tasks of late adulthood to be integrity versus despair. With this, older people are confronting a need to accept their lives -- how they lived -- in order to accept their approaching death. They struggle to achieve a sense of integrity, rather than give way to despair over inability to relive their lives differently (Erikson, Erikson and Kivnick, 1986). People who succeed with this final task gain a sense of order and meaning in their lives and are free to face death (Erikson, 1985).

A plausible explanation for the lower levels of self-esteem found in men in this study may be the disproportionate number of older men who participated

Similarly, men may have displayed lower marital satisfaction also due to age. The success of a marriage in late life may depend on the couple's ability to adjust to the personality changes of middle age (40 - 50), which often lead women and men in opposite directions (Zube, 1982). As the husband becomes less involved with work and more interested in intimacy, the wife may be more interested in self-expression and personal growth. In this role change, arguments may arise over discrepancies in household responsibilities and personal needs. If this is not reconciled, then stress often becomes exacerbated over time, and marriages are often severely tested by a spouse's ill health. People

forced to care for disabled spouses may feel isolated, angry and frustrated, especially if they're in poor health (Gilford, 1979).

Hence, this researcher feels the lower self-esteem and marital satisfaction levels in men might be attributed to the age of most of the male participants who were over 60. These men are faced with their own mortality, new identities and role adjustments as result of retirement and the possibility of caring for an ill spouse. Of course, women in this age category are faced with similar concerns, though their sample was more representative of women in various age brackets.

Another surprising outcome was the fact that women's marital satisfaction scores were higher than men's. Again, it would have been interesting to see if this was related to a depression score, but this data was unavailable. One reason for this finding may have been the predominance of most women in the sample having non-traditional female roles. Women in dual-career marriages show levels of marital satisfaction that correlate directly to their level of job satisfaction (Terry and Scott, 1987). This could suggest that the women respondents were highly satisfied in their careers, and this contentment was carried over in their marriages.

The factor of children living inside the home seemed to have a notable effect on respondents' self-esteem. In fact, those respondents with children had a mean score of 34 on the ISE, well within the clinically-significant range. On the contrary, respondents without children in the home scored a mean of 16 on the ISE, showing significantly higher levels of self-esteem.

A possible explanation for this is the uncertainty parents feel about their roles as parents, adeptness as parents and maintenance of other roles (i.e. spousal and occupational). First, both women and men often feel ambivalent about becoming parents. Along with excitement, they usually feel some anxiety about the responsibility of caring for a child and about the permanence that a pregnancy seems to impose on a marriage.

Secondly, the personality of a child is thought to have a major influence on how the parent will feel about himself or herself and the child. It makes sense that parents' treatment of their children affects the children's feelings about themselves, and thus this relationship appears to be reciprocal. Maccoby (1980) found that children who are self-confident, cooperative, and competent are easier children to bring up and have a positive effect on their parents' projected feelings of self worth. Accordingly, difficult children, who are more demanding and less cooperative, produce greater stress for parents and are an influencing factor in their lower, self-reported levels of self-esteem (Maccoby, 1980). While not as significant, marital satisfaction diminished with the presence of children in the home. This finding correlates with other research that traces the phenomenon of marital satisfaction over the life cycle. One research team, Belsky and Rovine (1990), followed 128 middle and working-class couples from the time of pregnancy until the child's third birthday. Although some marriages improved, many suffered overall, especially for women. Many spouses loved each other less, became more ambivalent about their relationships, argued more, and communicated less. This was true no matter what the sex of the baby or whether or not the couple had a second child by the time the first child was three years old.

However, a number of different factors seemed to influence whether the marriages deteriorated or improved. In deteriorating marriages, spouses tended to be younger, less educated, married for fewer years, and earn less money. Also, one or both partners tended to have low self esteem, and husbands were likely to be less sensitive to their wives (Belsky and Raine, 15). The mothers who had the most difficult time were those with babies who had irregular temperaments and were, therefore, harder to care for. Hence, babies influence their environments and directly affect the parents' feelings of competence and self-worth.

Conversely, marriages that improved in the presence of a child were defined as more egalitarian (shared responsibilities between spouses), spouses were better educated and financial stability was greater.

Income was discussed in chapter 2 in relation to the Berry and Williams study (1987). This research first measured income in relation to self-esteem. High and low income levels seemed to adversely affect self-esteem. The literature by Berry and Williams suggests how lower income levels can adversely affect self-esteem (1987). They found that for married men, satisfaction with income was the most important predictor of satisfaction with the overall quality his life. Similarly, for wives the most important predictor of quality of life was satisfaction with spouse, followed secondly by satisfaction with income.

The Berry and Williams research, however, does not explain how or why higher income earners also score lower on self esteem measures. This researcher hypothesized that those with higher socio-economic status (and thus individuals with higher incomes) may have a tendency to be more introspective, less self protective and more critical of themselves or

others. Hence, although their earnings reflect financial success, emotional well-being may still be sought after.

Finally, when the number of years married and self-esteem and marital satisfaction were calculated, a consequential relationship was not demonstrated. This finding supports the original research question: is there a relationship between marital satisfaction and self-esteem. It appears that self-esteem is more dependent on one's personal achievements outside the marriage than on variables that pertain to the marital relationship, such as number of years married. Likewise, marital satisfaction does not appear to be affected by years married. Although literature has suggested that patterns of marital satisfaction are curvilinear with satisfaction at its lowest point when the children in the family are adolescents (13 - 17 years) or school-aged (Burr, 1970), and then rising again once children leave the home. Steinberg and Silierberg found that the reason satisfaction declines during this period is due to the degree of distance in the parent-adolescent relationship, and the wives' level of concern about midlife identity issues (1987). Hence marital satisfaction is a more complex issue that can not be measured only in relation to the family's development. Rather it is the dynamics that arise in response to family development that affect marital quality. Therefore, it seems reasonable that marital satisfaction does not automatically increase with years married (once children leave the home), but continues to be influenced by dynamics in the family.

Recommendations

Based on the findings in this study, the researcher recommends future research to examine how different developmental phases in the life cycle affect marital quality. That is, what are the major stresses in marriages of older, retired persons? What are the strengths and limitations in these marriages, and how can marital therapy with these people be most affective.

Based on the direct outcomes in this research, it seems that research on self-esteem and parenting is warranted. The respondents in this study showed notable differences in self-esteem based on whether or not children were in the home. That is, the presence of children in the home significantly decreased self-esteem scores. A comprehensive study examining personality traits, parenting styles and self-esteem may be useful for clinicians working with young couples and families.

REFERENCE LIST

Ainsworth, Mary (1993). Attachment as related to mother-infant interaction. Advances in Infancy Research, 81, 50.

Beach, Steven, Sanden, Evelyn and O'Leary, Daniel. (1990). Depression in marriage. New York: The Guilford Press.

Beach, Steven and Tesser, Abraham. (1993). Decision making power and marital satisfaction: A self-evaluation maintenance perspective. Journal of Science and Clinical Psychology, 12 (4), 471-494.

Belsky, J. and Rovine, M.J. (1990). Patterns of marital change across the transition to parenthood: pregnancy to three years post-mortem. Journal of Marriage and the Family, 52, 5-19.

Bernard, T. (1979). The paradox of the happy marriage. In Gornick, K.V. (Eds.), Women in a Sexist Society. New York: Basic Books.

Berry, R. and Williams, F. (1987). Assessing the relationship between quality of life and marital and income satisfaction: A path analytic approach. Journal of Marriage and the Family, 49, 107-116.

Blair, Sampson. (1993). Employment, family, and perceptions of marital quality among husbands and wives. Journal of Family Issues, 14 (2), 136-156.

Blood, R.O., Jr., and Wolfe, D.M. (1960). Husbands and Wives: The Dynamics of Married Living. Glencoe, IL: Free Press.

Branden, N. (1969). Psychology of Self-Esteem. Los Angeles: Nash Publishing Corp.

Brinley, D. (1975). Role competence and marital satisfaction. Dissertation Abstracts International,. 36, 7672A.

Brown, C. (1995). Custody evaluations: Presenting the data to court. Family and Conciliation Courts Review, 33 (4) , 446-461.

Burr, W.R. (1971). An expansion and test of the role theory of marital satisfaction. Journal of Marriage and the Family, 33, 368-372.

Burr, W.R. (1970). Satisfaction with various aspects of marriage over the life cycle. Journal of Marriage and the Family, 32, 24-37.

Carmen, Benedito (1994). Psychological factors in childhood asthma. Behavioral and Cognitive Psychotherapy, 27 (2), 153-161.

Coyne, L.C. (1987). Depression. In Lucous, T. (Ed.), Family Interaction and Psychopathology. New York: Peragomon Press.

Crago, M. and Tharp, R.G. (1968). Psychopathology and marital role disturbance: a test of the Tharp-Otis descriptive hypothesis. Journal of Consulting and Clinical Psychology, 82, 338-341.

Crowther, T.H. (1985). The relationship between depression and marital adjustment: A descriptive study. The Journal of Nervous and Mental Disease, 173, 227-231.

Emery, Robert E. (1982). Interparental conflict and the children of discord and divorce. Psychological Bulletin, 92 (2), 310-330.

Feeney, Judith and Noller, Patricia. (1992). Attachment style as a predictor of adult romantic relationships. Journal of Psychological Reviews, 13 (1), 281-289.

Ferman, L.M. (1925). Mental and Physical Traits of a Thousand Gifted Children. Stanford, CA: Stanford University Press.

Gilford, R. (1979). Measuring marital satisfaction in three generations. Positive and negative dimensions. Journal of Marriage and the Family, 41 (2), 387-398.

Gittens, D. (1993). Women and families: An oral history. Sociology, 29 (4), 768-770.

Glisson, C. (1987). Correcting misuse is the best defense of statistical tests of significance. Social Service Review, 61 (1), 107-172.

Gottsman, T. and Levensen, R. (1986). Assessing the role of emotion in marriage. Behavior Assessment, 8, 31-48.

Griffin, William. (1993). Transitions from negative affect during marital interaction: Husband and wife differences. Journal of Family Psychology, 6 (3), 230-244.

Harris, K. and Morgan, P. (1991). Fathers, sons and daughters: Differential paternal involvement in parenting. Journal of Marriage and the Family, 53 (3), 531-544.

Henry, B.W. and Overall, T.E. (1975). Epidemiology of marital problems in a psychiatric population. Social Psychology, 14, 139-144.

Hood, L.C. (1983). Becoming a Two Job Family. New York, Praeger.

Hudson, Walter W. (1982). Methodoligical observations on applied behavioral science. The Journal of Applied Behavioral Sciences, 18 (2), 229-238.

Hudson, Walter W. and Proctor, Enola, K. (1979). Assessment of depressive affect in clinical practice. Journal of Consulting and Clinical Psychology, 45 (6), 1206-1209.

Ingersoll, Gary M. (1982). Adolescents. Lexington, MA; D.C. Heath and Company.

Jenkins, M. and Crouter, A. (1990). Men's provider-role attitudes. Journal of Family Issues, 2 (2), 136-156.

Kantor, D. and Lehr, W. (1975). Inside the Family. San Francisco: Zossey Bass.

Kitano, Margie K. (1989). Intellectual abilities and psychological intensities on young children: Implications for the gifted. Roeper Review, 13 (1), 5-10.

Kohut, H. (1971). The Analysis of Self. New York; International University Press.

Lackovic, Dekovic and Opacic, G. (1994). Pubertal status, interaction with significant others, and self-esteem of adolescent girls. Adolescents, 29 (115), 689-698.

Langis, J. and Lussier, Y. (1994). Masculinity, femininity and marital satisfaction: An evaluation of theoretical models. Journal of Personality, 62 (3), 400-411.

Leigh, B.C. (1989). Reasons for having and avoiding sex: Gender sexual orientation and relationship sexual behavior. Journal of Sex Research, 26 (2), 194-209.

Levenson, R. and Gottsman, T. (1988). Physiological and affective predictors of change in relationship satisfaction. Journal of Personality and Social Psychology, 49, 85-94.

Maccoby, E. (1980). Social Development. New York: Hartcourt Bruce Jovanovich.

Maslow, A.H. (1971). The Farther Reaches of Human Nature. Middlesex, England: Penguin Books, Ltd.

Merriam and Simpson. (1995). A Guide to Research for Educators and Trainers of Adults. Priger Publishing Company: Maluba, Florida.

Midkiff, Robert and Burke, Patricia Joy. (1991). An empirical examination of the integration of causal attributions and social learning theories on achievement situations. Social Behavior and Personality, 19 (3), 177-194.

Minuchin, S. (1975). A conceptual model of psychosemtic illness in children: Family organization and family therapy. Archives of General Psychiatry, 32/8, 1031-1038.

Nichols, Michael P and Schwartz, Richard C. (1995). Family Therapy. Allyn and Bacon: Boston, MA.

Owens, Timothy. (1992). The effect of post-high school social context on self-esteem. The Sociological Quarterly, 33 (4), 553-578.

Owens, Timothy. (1994). Two dimensions of self-esteem: Reciprocal effects of positive self-worth and self-deprecation on adolescent problems. American Sociological Review, 59, 391-407.

Paykel, E.S., Myers, T.K., Dienelt, M., et al. (1969). Life events and depression: A controlled study. Psychiatry, 21, 753-760.

Pearce, John and Pezzot-Pearce, T (1994). Attachment theory and its implications for psychotherapy with maltreated children. Child Abuse and Neglect, 18 (5), 425-438.

Powell, B. (1977). The Empty nest, employment and psychiatric symptoms in college-educated women. Psychology of Women Quarterly, 2, 35-43.

Rentsch, Joan and Heffner, Tonia. (1992). Measuring self-esteem: Validation of a new scoring technique for "Who Am I?" responses. Educational and Psychological Measurement, Inc, 41 (16), 641-650.

Rugel, Robert. (1992). Self-esteem maintenance in "accepting open" and "devaluing-closed" marital systems. The American Journal of Family Therapy, 20 (1), 36-48.

Steffanhagen, R.A. (1983). Hypnosis in the treatment of alcoholism: A theoretical perspective. Journal of Alcohol and Drug Education, 28 (3), 13-23.

Sullivan, H.S. (1953). Conceptions of Modern Psychiatry. New York: Norton Publishing.

Terman, L.M. (1938). Psychological Factors in Gifted Children. New York: McGraw-Hill.

Terry, Deborah and Scott, William A. (1987). Gender differences in correlates of marital satisfaction. Australian Journal of Psychology, 39 (2), 207-221.

Tornstam, Lars. (1992). Loneliness in marriage. Journal of Social and Personal Relations, 9 (2), 197-217.

Urlin, Ethel. (1913). A Short History of Marriage; Marriage Rights, Customs, and Folklore in Many Countries and all Ages. London: W. Rider Limited.

Whalen, Samuel and Csikszentimihalyi, Mahaly. (1989). A comparison of the self-image of talented teenagers with a normal adolescent population. Journal of Youth and Adolesence, 18 (2), 131-146.

Whisman, Mark A. and Jacobson, Neil S. (1989). Depression, marital satisfaction and marital and personality measures of sex roles. Journal of Marital and Family Therapy, 15 (2), 177-186.

Yau, Cecilia. (1991). An essential interraltionship: healthy self-esteem and productive creativity. Journal of Creative Behavior, 25 (2), 154-161.

Zube, M. (1982). Changing behavior and outlook of aging men and women: Implications for marriage in the middle and later years. Family Relations, 31 (1), 147-156.

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