Couples' Styles of Coping with Stresser Events; Testing the Buffering Hypothesis.

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Presented to the University of Manitoba

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in

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by

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A thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

MASTER OF ARTS

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ABSTRACT

A stratified random sample of Winnipeg Couples (N=115) was used to examine whether couple coping styles act as stress suppressors. Couple members separately completed a 209 item mail-out questionnaire about current environmental stresses, general coping styles, life satisfaction, personal well-being, marital quality and the demographic characteristics of their family.

Four measures of stress were used from the Family Inventory of Life Events (McCubbin, Patterson, & Wilson, 1981): Marital and Family Strains, Normative Transitions, Business Strain, and Illness and Losses. Coping styles were measured using the Family Coping and Evaluation Scales (Olson, McCubbin, Barnes, Larson, Muxen & Wilson, 1982): Reframing, Passive Appraisal, Social Support, Mobilizing Resources, and Spiritual Support. Adaptation was assessed using three criteria: psychological distress (General Health Questionnaire-12; Goldberg, 1972), marital quality (Quality of Marriage Index; Norton, 1983), and life satisfaction (Campbell, Converse & Rogers, 1976).

Hierarchical regression analyses found no support for the suppression hypothesis. Stress levels tended not to predict use of coping styles. Coping styles weakly predicted adaptation criteria. Results did suggest loss in confidence about the couple added to the negative impact of Marital and Family Strain.

Discussion focusses on methodological issues, and the need for a further clarification of couple coping as a construct. Also, it is suggested that future research include both coping styles, and the resources which might support and make effective those coping efforts. Use of a longitudinal, multiple baseline approach to further research is also suggested.

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CONTENTS

Couple's Styles of Coping with Stressor Events; Testing the Buffering Hypothesis.

How Do Couples Cope?

We hear often the comment that this is now a fast changing world. Change brings with it a challenge to respond and at least survive if not take advantage of opportunities presented by change. The married couple is a subsystem which is also challenged by change. Marital relationships undergo natural changes as husband and wife mature, as careers blossom and as children become part of the family. Traumatic events such as illnesses, economic losses, and relationship conflicts are changes which also challenge the marital relationship. All these events have the potential to induce hardship and disrupt a marriage. Sadly, some marriages do not adapt to the demands presented by change. These marriages decrease in quality and often end in divorce. But, other marriages endure hardships. For these successful marriages, events do not cause the same degree of hardship, and husbands and wives continue to regard their relationship positively. What makes the difference between those couples who cope with change and those who do not.? How do couples respond to the demands of the family, of the environment, and to the needs of each partner so that their relationship remains healthy?

Changes are Stressors

Family stress literature has generally accepted the notion that any change in the environment of the couple is a potential stressor (Burr, 1982; McCubbin & Patterson, 1982). Changes create demands that couples must respond to in some way. There has been consistent evidence that environmental changes disrupt family functioning and cause personal distress (Kanner, Coyne, Schaefer & Lazarus, 1981; Lavee, McCubbin & Olson, 1987; McCubbin, 1979; McCubbin et al., 1980; Olson, McCubbin, Barnes, Larson, Muxen, & Wilson, 1983; Thomson & Vaux, 1986). For example, Kanner et al. (1981) reported that the greater the number of events happening to a couple the more individual members experienced hassals and disruptions in their daily routines. Both the number of events and the number of hassals positively predicted the level of depression in family members. As a second example, Lavee et al. (1987) and Olson et al. (1983), using the same sample of United States couples, have reported that the amount of marital and family strain and the number of life events negatively predict a lower level of life satisfaction and marital satisfaction. And finally, Thomson and Vaux (1986) found that when couple members experienced stressful events outside of the family, other family members experienced additional hardships and emotional distress. These three studies are among many which have identified events as negative predictors of the quality of a couple relationship. They suggest: First that the couple relationship is disrupted by events experienced by any family member, and second that events challenge the couple to respond as a unit.

Events Do Not Always Cause Lower Marital Quality

Although all couples experience demands for change, some couples adapt to these changes and manage to maintain the quality of their relationship. Other couples fail to adapt to changes and their levels of well-being suffer. For example, Patterson (1985) described how among couples with children having cystic fibrosis, the type of response to stress employed by the mothers of these children predicted the success of a homecare program. If mothers responded to stress by socializing with friends, by using recreation or physical exercise, they tended not to fulfill a homecare program and their child's health suffered. If the mothers responded to stress by seeking information from the medical community or from other parents with CF children, the homecare protocol tended to be carried out, and the child tended to be healthier. In another study, Barbarin, Hughes and Chesler (1985) reported that parents of children with cancer tended to feel their marriages had been strengthened by their combined efforts to cope with the needs of their sick child. These marriages tended not to be threatened by the hardships of caring for a deathly ill child. Both examples suggest that some couples adapt to situational demands while others do not. Family life researchers have described this issue as central to current research (Antonovsky, 1984; Burr, 1982; McCubbin, Joy, Cauble, Comeau, Patterson, & Needle, 1980). Knowing more about what makes the difference between adaptation and loss of well-being will give direction to both family life educators and clinicions as they work to aid couples in maintaining healthy relationships.

Defining Coping

When researchers examine how couples respond to events they are generally asking about how couples cope. Couple coping is any set of behaviors which is initiated upon perception of stress, and which are designed to maintain the couple unit and/or further couple member growth. There are three components to this definition. First, events create demands for change. Second, couples respond to those demands by mobilizing available resources. Third, by mobilizing those resources, couples reduce the negative impact of events. Wheaton (1985) has identified this as the mediating suppressor hypothesis. The word 'mediating' refers to the fact the coping strategy changes the total impact of the stressor. The word 'suppressor' refers to the expectation that the coping strategy reduces or suppresses some of the impact of the stressor. The mediating hypothesis is diagrammed in Figure 1.

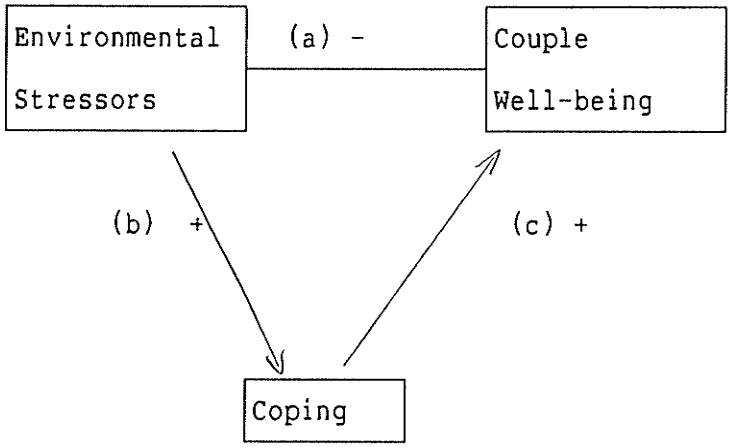

Figure 1: Coping by Suppressing the effects of Stressors

Legend; a = Direct Effects of Stressors on Well-being.
b = Direct Effects of Stressors on Coping Behavior
c = Direct Effects if Coping Behavior on Well-Being

Individual Versus Couple Coping

Larzelere and Klein (1987) have suggested that a key to valid research is being clear about the conceptual unit of interest; that is, the individual, the couple dyad, the nuclear family or larger system units. Stressors, coping styles, and well-being may be all conceptualized at various unit levels. Leaving aside for now the issue of how to conceptualize stressors, much of the stress and coping research is dominated by individual coping responses as predictors of individual well-being. This individual to individual level of analyses includes studies of how individual coping styles impact on individual well-being (e.g., Billings & Moos, 1982; Fleishman, 1984; Folkman & Lazarus, 1980, 1988; Holahan & Moos, 1987; Pearlin & Schooler, 1978). It also includes studies of how the individual behavior of one marital partner inpacts on the other (e.g, Burke & Weir, 1978; Cronkite & Moos, 1982; lin, Woelfel, & Light, 1985). Finally, it includes studies of how parents coping styles influence the well-being of other family members (e.g, McCubbin, McCubbin, Patterson, Cauble, Wilson, & Warwick, 1983; Patterson, 1985).

Research has focused primarily on how individuals respond to stress. This is natural, given that the traditional unit of analysis has been the individual. But, research suggests that individuals behave differently within a couple context (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). In a couple context, individuals respond not only to maintain their personal well-being, but also to protect and enhance their couple relationship, (McCubbin, 1979; Pearlin & Schooler, 1978). Also, the behavior of a marital partner has a

dramatic effect on how an individual copes and the amount of distress they experience (Burke & Weir, 1982; Cronkite & Moos, 1984). Thirdly, research has found both stress and distress to be transmitted within a couple relationship (Thomson & Vaux, 1986). These findings validate considering the couple subsystem as a unit which must cope with stress in order to survive.

The studies of coping in the couple or family context that have used an individual coping focus (Barbarin et al., 1985; Billings & Moos, 1981; Cronkite & Moos, 1984; Pearlin & Schooler, 1978). suggest that: (a) how each couple member responds to stress impacts on the well-being of the other (Burke & Weir, 1982; Cronkite & Moos, 1984), and (b) how each couple member responds to stress is influenced by whether or not issues directly involve their family or marriage (Fleishman, 1984; Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986; Pearlin & Schooler, 1978). But, these studies have not identified how the couple unit survives hardships.

Studies of how individuals respond to stress have identified their spouse's response as a factor influencing how well they survive stressful events. For example Burke and Wier (1982) identified the supportiveness of husbands and wives as a factor influencing how negatively effected their partner was by stresses. Husbands and wives were less depressed if they received more support from their spouse in responding to worries, job pressures and miscellaneous life events. In another study, Cronkite and Moos (1984) reported that the coping style of one spouse influenced the effects stressors and personal

coping styles had on their partner. For example, when wives used avoidance coping, the impact of husbands' avoidance coping as a contributor to husband's depression increased. Also, life events and the physical illness of a wife each had a greater negative impact on husband depression levels when both husband and wife were using avoidant coping than when only one of them was. These two studies suggest that the coping style of each couple member is either a stressor or a resource for their partner.

Couple members respond differently if stressors are within their family than without. Studies suggest stressors within the family elicit relationship building strategies and emotional expression of distress (Pearlin & Schooler, 1978). Events in the work place elicit problem solving and avoidant strategies (Folkman & Lazarus, 1980). Health related events elicit both problem solving and attempts to manage emotions surrounding illness (Billings & Moos, 1982a; Folkman & Lazarus, 1980). While these studies suggest that individuals respond differently to stresses within versus without the family, studies of individual coping have not identified how the couple responds as a unit.

In fact, Larzelere and Klein (1987) suggest that individual based studies have a blind spot, namely how the couple as a unit organizes itself, especially in relationship to systems outside the couple, so as to function effectively. They point out that the couple is a group, and as such is more than the sum of its parts. Research which uses the couple dyad as a conceptual unit includes studies of how individual behaviors impact on marital quality. For example, Barbarin

et al. (1985) identified how the ways in which couple members responded to the stress of having a child with cancer contributed to an increase in marital satisfaction. Dyadic studies also include those studies addressing how the couple impacts on the individual. For example, studies by Cronkite and Moos (1984) and Billings and Moos (1981) have identified the supportiveness of the family as a predictor of the well-being of married women. Finally, couple level analyses includes issues of how the couple unit reorganizes itself so as to maintain its own integrity. For example, Antonovsky and Sourani (1988) identified that a belief in the strength of the marriage predicted marital satisfaction. Use of the couple as the conceptual unit introduces methodological and analytical complexities which will be discussed later. When the issue addressed is how couples cope, the focus naturally shifts from the individual to the total effect of the couple.

Couple based coping is qualitatively different from individual coping and represented in the literature by fewer studies (Lavee et al., 1987; McCubbin & Patterson, 1982, 1983; Olson et al., 1983; Patterson, 1985; Patterson & McCubbin, 1984). Couple based coping must account for dimensions of individual coping, but also account for the needs of couple members to maintain their relationship, and the requirement that the couple unit interface with but remain separate from its social environment (Olson et al. 1983). Thus couple based coping involves interactions within the couple subsystem, and between that system and the social/physical/economic environment.

The Double ABCX Model of Stress and Coping

There has been some investigation of couple coping using the double abcx model (2ABCX) of family stress and coping (McCubbin, 1979; McCubbin & Patterson, 1982, 1983). The 2ABCX model is the product of pioneering studies by Reuben Hill (1949, 1958) on the ways in which families coped with wartime separation (Burr, 1982, McCubbin & Patterson 1982, Walker, 1985). As such, findings from these studies have described how wives coped with stressors surrounding husband absence or loss. Heavily represented among current literature using the 2ABCX model are studies of families responding to the needs of chronically ill children (e.g., Barbarin et al., 1985; McCubbin et al., 1983; Patterson, 1985; Pratt et al, 1985). Other research has focused on how military families cope (Lavee, McCubbin & Patterson, 1985) or how wives of prisoners cope (Lowenstein, 1984). The 2ABCX model identifies three components, stressors, perceptions of stressors, and resources, and describes coping as the process of applying resources either directly to stressors or to perceptions of the stressors. The stress suppression hypothesis fits within the framework of the 2ABCX model.

Stressors (aA) are considered to be all current demands for change in couple/family functioning, including both unresolved issues from the past and recent events (McCubbin et al., 1980) Burr (1982) has asserted that changes in boundaries, structure, goals, processes, roles, or values, are all stressful. McCubbin and colleagues have been quite clear that their conception of stressors includes those events which are unanticipated and provoke crises, and also, those

events which are normative and part of the family life cycle (McCubbin & Patterson, 1982, 1983). Other research has suggested that stressors be broadly classified as: (a) those involving marital relationship or parental strains, (b) those involving the normative life cycle, (c) those involving economic strain or job related changes, and (d) those involving illness and relationship loss (e.g., Lavee et al., 1987). These classifications appear to identify stressors which mobilize different types of coping responses.

The 2ABCX model describes coping as an active process in which the family adds to and draws on resources in responding to stressor demands. For example, two coping styles are identified in the model which primarily serve to manage perceptions of the stressor event (Olson et al., 1983). Reframing involves drawing on memories of successfully managing other issues, or on a belief that the world is ordered and problems are a natural occurance, in order to reduce negative implications from an experience, remain optimistic, and motivate continued efforts to problem solve. In contrast, Passive Appraisal involves drawing on beliefs that fate rather than personal efforts determine the outcome of events in order to reduce responsibility for misfortune and remove any impetus for action. Reframing is generally considered an adaptive strategy while Passive Appraisal is considered maladaptive (Olson et al., 1983).

The 2ABCX model describes three couple coping styles which involve using external relationships to either augment the available resources of the couple, or reduce the negative perceptions of the stressor. One coping style involves seeking information and emotional support

from informal social relationships. A second involves seeking the counsel of formal community resources such as doctors. The third, seeking spiritual support, describes coping by the use of faith and participation in religious activities. All of these resources have the potential to provide information, emotional support and tangible help in reponding to an issue.

The 2ABCX model suggests that a couple has successfully adapted when it is able to accomplish three things: foster individual growth, maintain perceptions of the couple relationship as being of high quality, and obtain a fit between the needs of family members, the couple, and society. Thus, the efficacy of any coping strategy cannot be indexed only by individual mental or physical health. It must include a continued perception of the marital relationship as being of high quality. It must also index the degree to which the individual's desires are met by their social and economic resources.

The 2abcx model is a useful conceptual framework within which to pursue couple coping research. The model anticipates that the couple subsystem is continually adjusting to the changes, including the positive and negative experiences of couple members. It identifies five ways in which couples might access resources to reduce demands for change emanating from issues which bear on their couple subsystem. Namely, these five are Reframing, Passive Appraisal, Seeking Social Support, Mobilizing Formal Resources, and Seeking Spiritual Support. The 2ABCX model describes the necessary criteria for evaluating the efficacy of coping styles. Criteria must extend beyond individual well-being, and include both a continued sense of having a quality

marriage, and a personal satisfaction that both the marriage and life in general is meeting individual personal needs.

Current State of The Literature

The 2abcx model is perhaps the most dominant model currently being applied to couple and family stress issues. It is also compatible with the stress suppression model of coping. But, support for the stress suppression model is very weak. This appears primarily due to two factors; couple research continues to focus on the behavior of individuals, and research has tended to focus on couples responding in special, unique circumstances.

First, couple research has tended to focus on the behavior of one partner rather than the joint or cumulative behavior of the couple. Among examples of this are studies of how individuals support their spouses in times of stress (Burke & Weir, 1982), how caregivers respond to the stress of dealing with an Alzheimer's victim (Pratt, Schmall, Wright & Cleland, 1985), or how parents separately contribute to the care for an ill child (McCubbin, McCubbin, Patterson, Cauble, Wilson, & Warwick, 1983).

Second, couple research has focused on responses to specific situations. A large portion of research using the 2ABCX model has been focused on special circumstances such as war-time separation and childhood illness. While findings from such research are suggestive, they may not generalize to the general population.

For these two reasons, namely a lack of couple based general population studies, the suppression model of couple coping with stress has not been adequately investigated in the literature. The present study is an attempt to address these issues.

Thesis Topic

Couples survive hardships by applying available resources in efforts to reduce the impact of stressors. Couple coping literature has not examined how the general population of couples mobilizes to manage the stresses common to couples. No general population survey has been applied to this issue. Research has instead focussed on how couples respond to unique stressful situations. Research applying the 2abcx model has tended to focus on circumstances which are difficult to generalize to the general population. The 2ABCX model has identified five areas of resources which are hypothesized to reduce the impact of stressors should couples apply them to situations. There is only weak evidence suggesting that these resources are part of the coping styles of couples in general, and that they facilitate adaptation to demands for change. Therefore, the purpose of this thesis is to identify whether couples use reframing, passive appraisal, informal social resources, formal resources and spiritual support as stress suppressors.

Dimensions of Couple Coping Styles

Perhaps the most common operationalization of couple coping styles within the 2ABCX model is the five dimensions included in the F-COPES scale (Lavee et al., 1987; Olson et al. 1983, 1985; Pratt et al., 1985). The dimensions of this scale are outlined in Table 1. The F-COPES measures: (a) two primarily perceptual dimensions; Reframing and Passive Appraisal, and (b) three indicators of the use of resources outside of the family; Acquiring Social Support, Mobilizing Family to Acquire and Accept Help, and Seeking Spiritual Support.

Table 1

The Family Coping and Evaluation Scale (F-COPES)[1]

Strategy	Description
Internal	The ways in which individual members deal with difficulties by using resources residing within their own family.
Reframing	The family's ability to redefine stressful experiences in a way that makes them more acceptable and manageable. Reframing assesses how families view change, with respect to their confidence in being able to handle problems.
Passive Appraisal	To balance the more active behaviors included in other factors, this scale focuses more on the less responsive approaches a family might employ when faced with stress. By adopting a more passive approach, responsibility and self-initiative are minimized for dealing with difficulties.
External	The behavior individual members employ to acquire resources outside their family.
Acquiring Social Support	The family's ability to engage actively in utilizing resources from relatives, friends, neighbours, and extended family.
Seeking Spiritual Support	The family's ability to acquire spiritual support.
Mobilizing Family to Acquire and Accept Help.	The family's ability to seek out community resources and accept help from others.

Notes. [1] Table taken verbatim from Olson, McCubbin, Barnes, Larson, Muxen and Wilson (1983) Families, what makes them work. p. 142.

Reframing

Olson et al. (1983) described reframing in very simple terms as a process of changing the way an event is experienced. Reframing involves placing events in a more manageable context where they are perceived as more resolvable, more understandable or natural, and having some positive value. Reframing encompasses: (a) Folkman & Lazarus' (1980) concept of cognitive appraisal of coping options, (b) Antonovsky's (1984) concept of coherence,[1] (c) and Oliveri and Reiss' (1981, 1982) concept of configuration. A quick look at these concepts emphasizes the breadth of reframing as a coping style.

Folkman & Lazarus (1980) described cognitive appraisal as part of the coping process, but different from actual coping behavior. According to them, appraisal of what can be done in a specific situation directly influences the choice of coping strategies. They have reported that in situations where an individual appraised that something could be done to resolve it, that individual was more likely to confront the situation, use problem solving, and reappraise the situation as having some positive value (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986).

Antonovsky (1984) has described coherence as a generalized way of looking at the world that includes: (a) comprehensiblity - perceiving the world as potentially understandable, (b) manageability - perceiving one's self or world as being competent and able to meet demands imposed by the environment, and (c) meaningfulness - the

[1] If one item describing direct problem solving is removed from the F-COPES Reframing scale, it becomes the coherence measure used by Lavee et al. (1987).

emotional sense that events are worthy of commitment. Coherence was described as a quality which determines how flexible one is in using coping behaviors to succeed.

Oliveri and Reiss (1981,1982) defined configuration as seeing the world as ordered and problems as solvable. High configuration families have been observed to be more likely to use novel solutions to problems, more willing to consider strangers as part of their family's frame of referance (Oliveri & Reiss, 1982). Members of high configuration families have also been reported to be more likely to have social networks which are separate from those of other family members (Oliveri & Reiss, 1981, 1982).

In summary, these research traditions all suggest that having confidence in the couple to resolve problems, seeing events as natural and understandable, and having an awareness of positive aspects to hardships, is an asset which may be mobilized to suppress stressor impact. Research has generally reported a positive association between reframing and three indicies of well-being: individual emotional health, marital quality, and life satisfaction. Positive links have been consistently made between reframing and individual well-being (Ben-Sira, 1985; Fleishman, 1984; Folkman & Lazarus, 1988; Patterson, 1985; Pratt et al., 1985). Reframing has also been linked positively to the quality of the couple relationship (Antonovsky & Sourani, 1988; Barbarin et al., 1985; Imig & Imig, 1985; Lavee et al., 1985; Olson et al., 1983). Finally, Reframing has been reported predictive of higher satisfaction with life (Ben-Sira, 1985; Lavee et al., 1987; Olson et al., 1983).

Evidence of reframing as a positive influence on well-being emerges from three types of studies: general population studies of individuals coping with stress, studies of couples responding to specific stressors, and general population couple studies. Two general population studies have identified personal self confidence and positive attitudes as predicting less distress due to events or chronic strain (Ben-Sira, 1985; Pearlin & Schooler, 1978). Ben-Sira (1985) reported that among a random sample of 1179 Israeli adults, potency (meaning both self-confidence and a perception that society is understandable and meaningful) was linked with absence of emotional distress, with presence of physical health, and with higher life satisfaction.

Pearlin and Schooler linked positive attitudes toward self with less emotional distress under conditions of chronic strain. Pearlin and Schooler (1978,1982,1983) examined the experience of chronic strain by 2300 Chicago adults in four life areas: marriage, parenting, household economy, and occupation. Of significance is the point that the coping behaviors reported were in the context of chronic strain (i.e., not easily resolvable issues), although no measure of the stability of the presence of these strains were taken. One would expect that coping responses which reduced distress rather than removed the stressor would be more effective given the assumed static nature of the strain. This was basically the case. Pearlin and Schooler (1978) reported that when the level of strain had been statistically controlled, individuals who had a positive attitude toward themselves were less likely to express emotional distress in

each of the four life areas. Under similar controls, three perceptual strategies linked to the reframing concept were significant predictors of reduced emotional distress: making positive comparisons, selective ignoring, and optimism. People who were able to make positive comparisons between their situation and that of others expressed less emotional distress in each of the life areas. Selectively ignoring the negative aspects and attending instead to the positive aspects of a situation was linked to lower distress in all but the occupational role area. Optimism about the future was a significant but weak predictor of reduced emotional distress due to household economic strain.

Support for a positive link between reframing and emotional well-being is also found in a study of how individuals responded to a series of stressful events. Folkman and Lazarus (1988) reported positive reappraisal improved the emotional state of middle aged adults. Folkman and Lazarus (1988) described positive reappraisal as identifying the positive implications of a situation (e.g., grew as a person.). In a sample of 150 middle aged men and women, they found that when these individuals reported using positive reappraisal in dealing with a stressful event, initial feelings of anger in response to the event were lower once the situation was resolved. Also, initial confidence and happiness increased at problem resolution when these individuals used positive reappraisal.

A strength in Folkman and Lazarus' (1988) study is that they were able to link use of coping strategies to an event. Average tendencies of individuals to respond to stressors were statistically controlled.

Thus use of positive reappraisal could only be attributed to the event. The coping response therefore qualifies as a mediator variable.

Taken together the studies by Ben-Sira (1985), Pearlin and Schooler (1978), and Folkman & Lazarus (1988) provide strong evidence that personal well-being is linked to the personal use of reframing of life issues. Studies of couples focussing on specific stressors have also indicated reframing promotes well-being.

Studies of couples attempting to manage chronic and deteriorating illnesses have linked reframing to physical health (McCubbin et al., 1983), emotional health (Pratt et al., 1985) and with continued efforts to improve the situation (Patterson, 1985). For example, Pratt et al. (1985), using the F-COPES scales, reported that reframing reduced the burden experienced by 240 care-givers to Alzheimer's patients. Pratt et al. (1985) suggested this indicated a need for care-givers to find meaning and a sense of hope in dealing with the situation. Reframing scores undoubtedly were influenced by the capacity of the partner to be an aid in the situation. Results likely reflect both the efficacy of reframing and the increased impact of the Alzheimer's patient being a close relative.

A second example of reframing aiding parents in responding to special needs of their children is a recent study by Patterson (1985). Patterson (1985) linked reframing concepts to coping with the chronic and deteriorating condition of having a child with CF. Patterson's (1985) findings were based on earlier work by McCubbin et al., (1983).

McCubbin et al. (1983) had examined the relationship between three coping patterns, family structure and the health of CF children in 100 families. All families had a minimum of one child with cystic fibrosis, median age nine years. Patterson (1985) presented an expanded analyses on 84 of these CF families. Patterson reported that the family coping strategies designed to maintain family integrity, cooperation and obtain optimistic definitions of the situation (CHIP Pattern 1) were factors linked to family compliance with home treatment activities.

The studies by Pearlin and Schooler (1978), Pratt et al. (1985), and Patterson (1985) all suggest that in situations where success is difficult or unlikely, remaining positive about the situation is linked with a continued application of efforts to solve situations and lower levels of personal distress.

Reframing has also consistently been linked to higher quality of marital and family life. Olson et al. (1983) has reported reframing to be one of four coping strategies which successfully discriminated between families with a low life satisfaction score and those with a high life satisfaction score. Among studies using combined couple measures, Lavee et al. (1987) have reported a link between coherence and the joint quality of life of couple members. Lavee et al. (1985) have reported that a joint measure of seeing life as meaningful, as fitting with their family life style, and as being predictable, was a positive predictor of how well United States Army families adapted to a move overseas. Antonovsky and Sourani (1988) reported that, among 60 Israeli couples, each couple member's level of perception of the

coherence of family life positively predicted their and their partner's satisfaction with the family and society. These studies have consistently found a link between reframing or parallel concepts and indices of personal and couple well-being.

While research has consistently identified reframing as a positive influence on adaptation, studies have been much less supportive of a positive link between experiencing environmental stress and an increase in reframing. Much of the research appears to describe reframing droping in couples where family functioning is disrupted. For example, Antonovsky (1984) and Lavee et al. (1987) have both reasoned changes in coherence should reflect the success or failure of coping efforts. In addition research by Imig (1981) and by Lavee et al. (1985) has linked the presence of stress with lower coherence. Lavee et al. (1985) reported coherence with army life dropped with higher levels of strain surrounding relocation over-seas. Imig (1981) reported that among 101 couples an increase in life stressors over a two year period was negatively correlated with husbands' views of their family as competent, cohesive and having positive relationships with the outside world. Wive's views of their family were unrelated to life stressor measures. Theses studies suggest that if events disrupt the marriage or family patterns, the confidence of the couple is shaken, and that it therefore has a lower capacity to reframe stressors.

Two studies have identified reframing as a stress mediator (Folkman & Lazarus, 1988; Lavee et al., 1987). Folkman and Lazarus (1988) reported that when emotions initially generated by an event were

statistically controlled for, coping by positive reappraisal significantly predicted lower emotional distress among middle aged adults, and similar but only suggestive effects on elderly adults. However, Folkman and Lazarus (1988) do not report the degree to which passive reappraisal was generated by the initial response to the stressor. In addition, while all stressors had been measured when the situations had been resolved, Folkman and Lazarus (1988) did not control for the satisfactory nature of the outcome. Given that all reporting was retrospective, a bias in reporting their emotional levels and coping styles may have been introduced. These limitations are acknowledged by Folkman & Lazarus (1988).

In a second study, the impact of the event was controlled, and the degree to which events mobilized reframing was statistically measured. Lavee et al. (1987) reported that when the impact of marital and family strain on marital resources was controlled statistically, marital and family strain predicted an increase in reframing. Lavee et al. reanalyzed data gathered by Olson et al. (1983) and reported that an accumulation of stressful events and of normative transitions caused an increase in intra-family strain, but the impact of strain on life satisfaction was suppressed by increased confidence in the family.

Lavee et al. (1987) reported intra-family strain simultaneously drained available couple resources and increased the couple's sense of coherence. Coherence, in turn, supported the quality of life of the couple. To explain appearance of a suppression effect, Lavee et al. compared initial pearson correlations with first order correlations

with marital adjustment controlled. The pearson correlations between strain and coherence were negative and not significant. However, when the relation of marital adjustment to strain and coherence was controlled, the partial correlation between strain and coherence was positive and significant ($r_{12.3}$ = +.19). That is, when levels of marital adjustment were held constant, coherence was positively influenced by intra-family strain. Lavee et al. (1987) offered the interpretation that

> the experience of overcoming strain - implied in its not affecting marital adjustment - may bolster a sense that the family has the capability and resources to overcome its difficulties (p.870).

Lavee et al. went on to suggest that if levels of strain became very high, coherence should drop. Because their sample consisted of higher functioning couples, they could only speculate about the existence of such a threshold. A study using a sample with an equal distribution of high and low functioning couples would further clarify the stress suppressing role of coherence.

In summary, reframing is positively predictive of couple marital satisfaction and quality of life. But reframing requires resources which may be diminished by events themselves, it is uncertain whether couples increase their reframing in response to stress. Research seeking to identify reframing as coping response should therefore simultaneously but separately measure environmental stressors, and the level of strain induced by disruption to marital and family patterns.

Passive Appraisal

Olson et al. (1983) have described passive appraisal as an avoidance response to problems. Respondents who score high on passive appraisal, as operationalized by Olson et al., believe that luck and not their personal efforts determine the outcome of events. Passive appraisal has been consistently reported as adding to rather than decreasing the impact of stress on the couple.

There has been little direct application of this dimension in the literature. Perhaps that is because of the very low tendency of couples to ascribe to this perception (Olson et al., 1983). The one study to apply the scale did report that greater passive appraisal was linked to a greater sense of emotional burden in caring for Alzheimer's victims (Pratt et al., 1985).

Consideration of an alternative but likely parallel scale, suggests passive appraisal is generally linked to lower well-being. If passive appraisal is the global perception that personal efforts play no part in life's successes, then the avoidant coping scale (Billings & Moos, 1981) may tap the manifestation of that belief in behavior. Avoidant coping has been operationalized by listing the tendency to do passive activities such as smoking, drinking and eating in response to events (Billings & Moos, 1981). This scale has been consistently linked to lower well-being and higher distress. This measure has been linked positively to depression (Billings & Moos, 1981; Cronkite & Moos, 1984) anxiety and lower physical health (Billings & Moos, 1981), and drinking (among women)(Cronkite & Moos, 1984). Holahan & Moos, (1986)

have reported avoidant coping to predict increases in depression scores among men and women over a one year period. In sum, these reports consistently portray avoidant coping as destructive.

Evidence also exists that avoidant coping increases under stressful circumstances. Avoidant coping has been reported to be higher among those experiencing more environmental stress (Cronkite & Moos, 1984; Holahan & Moos, 1987).

Taken together, passive appraisal has been consistently identified as present in higher amounts in situations of higher stress, and not constructive to resolving issues. Thus, it is reasonable to anticipate Passive Appraisal to be a mediating variable that increases the impact of stressors rather than suppresses it.

Seeking Social Support

Olson et al. (1983) use the term "social support" to encompass the informal network of kin and non-kin relationships that might be used to aid in resolving issues, primarily through the giving of advice or information. Studies have not been unanimous in linking seeking social support with well-being. Reviews of the social support literature have generally concluded that stressful situations do tend to mobilize efforts to contact friends and relatives for help, but the success and impact of that help is less predictable (Cohen & Wills, 1985; Sandler & Barrera, 1984; Sarason, Shearin, Pearce & Sarason, 1987). Couple studies have generally identified seeking of social support with higher levels of personal health and couple satisfaction.

But some individual studies have linked seeking of social support to greater experiences of distress. Information on how readily couples use social support is sparse, but tends to support a stress suppression model.

Studies of specialized situations where spousal support is physically impossible (McCubbin, 1979; Patterson & McCubbin, 1984), or where spousal relations are not supportive (Syrotuik & D'Arcy, 1984) have highlighted the importance of extra-familial contacts. In an integrative review of three earlier studies, McCubbin (1979) concluded that women enduring long term or periodic separation from their husbands were better able to meet low level stress if they built and maintained supportive relationships with the community. Women who did use this coping style were also able to maintain their personal levels of self-esteem. Syrotuik & D'Arcy (1984) found that the buffering effect of social support disappeared when spousal support was high, but in cases of low spousal support there was a compensatory increase in presence and importance of social support. While these two studies serve to highlight the potential for social support, given the special circumstance of a lack of a supportive partner, it is difficult to put their findings in a generalizeable context.

When couples have been studied, findings have in fact been more consistent in describing the impact of couple seeking social support as positive. Olson et al. (1983) has reported families with higher life satisfaction to be successfully discriminated from low satisfaction families by their greater seeking of social support. Pratt et al. (1985) found care-givers of Alzheimer's patients to feel

less burdened if they reported higher seeking of social supports. McCubbin et al. (1983) described coping by social activity and recreation as positively linked to the health of the couple's CF child. In contrast, Patterson (1985) reported use of that same style by mothers in the same sample (i.e., McCubbin et al., 1983) predicted less compliance with a home based treatment program. The latter may reflect the incompatibility between special needs of a child and the needs of parents. Such special circumstances may not be generalizeable to the general population.

Individual based studies have portrayed the link between seeking social support and well-being as of uncertain benefit. For example, Pearlin and Schooler (1978) reported that when individuals chose to seek social support rather than rely on themselves they reported greater emotional distress in their marital and parental role areas. Folkman, Lazarus, Gruen and DeLongis (1986) reported that seeking social support was associated with higher levels of symptoms of psychological distress. Further, in analyzing the same sample, Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) reported seeking social support did not discriminate between those identifying satisfactory or unsatisfactory outcomes to their personal coping efforts. Findings of these studies are difficult to integrate. It is possible that seeking of social support is a response to feelings of distress and of needing help, but is not necessarily helpful.

There is support for identifying social support as a frequent but not necessarily helpful response to distress. For example, Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) reported that

seeking social support was more likely if the respondent felt they needed more information before they could address an issue and if that issue threatened their self esteem, finances or physical health. Also, Fleishman (1984) in reanalyzing the Pearlin & Schooler (1978) data, reported that advice seeking was predicted by strain in the marital relationship and by strain associated with parenting. Given that advice seeking was linked with higher emotional distress, the findings suggest that seeking social support may be initiated upon a perceived inability to manage issues with the resources already at hand.

Cohen and Wills (1985) suggested that specific needs require specific supports. If there is not a match between needs and types of support then efforts will neither be satisfactory nor maintain well-being. This is congruent with the observations of McCubbin (1979) that the fit between the solutions provided by the social network on the army base, and the needs of wives of POW's, was critical to those wive's finding workable solutions to issues attached to estrangement from their husbands. In reviewing the literature, Cohen & Wills (1985) reasoned that needs for maintaining self-esteem and emotional health were likely common to most stressful situations.

Information on how readily couples jointly seek social support is sparse. One couple study has examined the mobilization of social support resources. Hymovich and Baker (1985) asked 116 parents with CF children how they changed their behavior when they had concerns, when problems came up, or when they were upset with their spouses. More than one third reported talking with someone (38%), and one fifth

reported asking others for help. This study did not report the helpfulness of these social contacts. Therefore the efficacy of these couples seeking of social supports remains unknown.

In summary, there would seem to be solid support for a link between environmental stress and use of social support. However, the success of that support in maintaining well-being might be expected, but has been less well documented.

Mobilizing Formal Resources

Olson et al. (1983) have described this dimension as the seeking of help from community agencies and professionals. They described this strategy as a temporary response to situation specific needs. In their sample, couples were unlikely to mobilize formal resources and considered them less useful than informal supports. Olson et al. also reported that use of this strategy was largely determined by the presence of the type of formal resource needed. Interestingly, they found that families highly satisfied with their quality of life were more likely to use the formal resources at their disposal. Given the way they present their data, it is difficult to interpret whether this finding means: (a) use of formal resources is effective, (b) only highly satisfied families use formal resources, or (c) families highly satisfied with their quality of life live in neighbourhoods which have these resources available to them.

Olson et al. (1983) considered use of formal resources as more likely when informal resources are exhausted or couples have special

needs. There is support for this. For example, seeking support from medical services and from other parents of children with cystic fibrosis has been linked to compliance with a home care program (McCubbin et al., 1983; Patterson, 1985). Research suggests that, given the specialized applications for which this type of coping might be applied, use of formal resources would emerge only with specific stressors, or with very high levels of a pile-up of environmental stressors. Given that these resources are usually focused on a treatment goal (e.g., medical condition, parenting issue), their impact on well-being might be more specific and less visible in a general population survey.

Seeking Spiritual Support

Olson et al. (1983) conceptualized spiritual support to be a combination of spirituality (having faith) and participation in religious activities. As such, the process of seeking spiritual support is one of gaining spiritual meaning and social support. Spiritual coping has been reported to be frequently used and effective in: (a) reducing distress, (b) increasing abilities to endure difficult chronic strain, and (c) providing norms for problem solving.

Studies have reported spiritual coping as a frequently used coping response. For example, and not surprisingly given that all couples in the study were part of a religious study group, Olson et al. (1983) described seeking spiritual support as the most used of the five F-COPES styles. Similarly, Hymovich & Baker (1985) also found praying to be the most frequently reported response to stress made by parents

of children with cystic fibrosis. Thus spiritual activity appears to be a prominent coping style.

Spiritual coping has been consistently linked with well-being (Bahr & Chadwick, 1985; Filsinger & Wilson, 1984; Olson et al., 1983; Patterson, 1985; Pratt et al., 1985). For example, Bahr and Chadwick (1985) reported that among 638 respondents to a series of 1978 surveys of 'Middletown', those who attended church at least monthly were more maritally satisfied than those attending church less often.

There is a consensus associating spiritual based coping with increased ability to endure a difficult but unchangeable situation (McCubbin 1979; McCubbin et al., 1983; Pratt et al., 1985). Spiritual coping has been linked with better health for CF children (McCubbin et al., 1983), and decreased feelings of burden among care-givers of Alzheimer's victims (Pratt et al. 1985). McCubbin (1979) reported that under conditions of severe stress, spiritual coping aided wives of POWs in maintaining family relationships and their own levels of self-esteem. Religion was also described as providing a set of norms for these women as they sought solutions to the issues surrounding their forced estrangement from their husbands.

Filsinger and Wilson (1984) have also highlighted this process. They reported that among 208 marital dyads selected from church congregations in southwestern United States, religiosity was a much stronger predictor of marital adjustment, than socio-economic status, income, number of children and length of marriage. Filsinger and Wilson (1984) argued that religiosity tended to compensate for a lack

of satisfaction in other areas, and to provide a set of 'norms' or rules to live by.

Taken together, findings suggest that spiritual support is a frequently used strategy which becomes more helpful to couples as their level of environmental stress increases. Thus, as with use of formal resources, a suppressing effect of spiritual support is more likely to be observed in studies including highly stressed couples.

Coping Styles as Suppressors of Effects of Stress

To summarize; the five coping styles identified by Olson et al. (1983) involve the application of resources so as to resolve issues or to reduce the perceived threat from an event. Four of the five styles potentially mediate stress by suppressing its impact on well-being. Reframing can be expected to reduce the distress attached to environmental stressors, and encourage ongoing efforts to resolve situations. By seeking social support, couples may obtain the emotional support, self-affirmation and information and instrumental help needed both to resolve situations and to make them more understandable. Formal resources are likely to be helpful in responding to specialized issues. By seeking spiritual support, couples are likely aided in gaining meanings which make stressful circumstances more tolerable, in obtaining a moral code to guide problem solving, and in obtaining further social support. Finally the fifth coping style, passive appraisal, is the one coping style discussed which research suggests is a mediator adding to the negative impact of stress. Passive appraisal has been associated with not

directly responding to needs thus letting them pile-up, and to using unhealthy escape behaviors such as drinking and smoking. Thus, one would expect passive appraisal to increase with levels of stress and to predict lower levels of well-being.

Research indicates that these five coping styles are not equally likely to be mobilized under stressful circumstances. Reframing may increase under low stress circumstances but high stress and consistently negative experiences may cause a drop in reframing. Seeking of social support appears to be an early response to stress. Formal resources are likely selectively mobilized, depending on a match between the needs of the couple and the type of resource available. More stressed couples are likely to have greater needs for specialized resources and therefore likely to use more formal resources. Spiritual coping has been described as especially important to those under high levels of stress. Finding meaning might be the tonic needed to endure difficult situations.

In a community of couples with varied resources and a full range of levels of stress it is reasonable to expect each of these four coping styles to suppress the impact of stress on well-being. Biased sampling, either toward highly stressed or highly functioning couples, would change the relationships expected. While not all of the five coping styles are equally likely to be used in any one situation, across situations it is reasonable to expect all five coping styles to be mobilized and four of the five coping styles to be effective as stress suppressors. Therefore, in a general population survey, it is important to capture the full range of stressors couples are responding to at any one time.

Conceptualizing the Pile-Up of Environmental Stress

Couple coping is a response to the simultaneous demands for change emanating from varied sources within or without the couple relationship. Regardless of the source of the stressor, the 2ABCX model considers it valid to identify the couple as being stressed. But, the source of the stressor has been observed to influence both the type of coping style a stressed couple subsystem applies, and the efficacy of that coping style.

The 2ABCX model presumes it is valid to refer to the couple subsystem as being under stress. The idea that the couple subsystem can experience stress is based on observations that: (a) events happening to either couple member impact on the well-being of their partner, and (b) that stressful events outside the couple disrupt the couple relationship and induce additional hardships within the couple subsystem.

A study by Thomson and Vaux (1986) has provided a clear demonstration of these associations. Thomson and Vaux (1986) sampled 113 family triads (father, mother and adolescent) recruited from a college research subject pool. The sample was predominately of highly educated parents, with a high family income. Thomson and Vaux (1986) reported that the number of life events from outside the family experienced by each parent was positively correlated with the number of life events experienced by all family members. The associations were similar but stronger among everyday demands than among dramatic life events. The level of everyday demands and disruptions

experienced outside the home solely by mothers or by fathers correlated strongly with the disruptions and demands experienced by all family members. Thomson and Vaux (1986) interpreted these findings as describing the transportation of stressors into the family unit. Results suggested that dramatic events experienced by each couple member were associated with the family jointly experiencing dramatic events. In a similar but stronger fashion, disruptions to the daily routine of one parent disrupts the whole family.

Thomson & Vaux (1986) also connected the stress experienced by one family member with the well-being of others. The number of life events unique to father or adolescent significantly predicted with higher depression and negative mood among mothers. Similarly, the mood of fathers was reported to be negatively associated with the number of stressful events uniquely experienced by their partner, and by both the stressful events and everyday demands unique to their adolescent offspring. Thomson & Vaux (1986) interpreted these correlations as consistent with the transmission of stress from one family member to another. Given that events occurring to one couple member are associated with both hardship and distress experienced by the other, it is valid to refer to the couple subsystem as being stressed.

Multi-Dimensional Nature of Stressors

While some studies have obtained a single index of the degree to which the couple is under stress (e.g., Olson et al., 1983; Cronkite & Moos, 1984), the source of the stressor has been found to influence

the type of coping mobilized and the efficacy of those coping efforts. Olson et al. (1983) conceptualized the type of coping style mobilized to be a function of both the couple and the demands of the situation. Research supports the separate consideration of stressors emanating from different life areas: normative transitions, economic and job strains, illness or relationship losses, and marital or family strains.

There are several examples of division of stressors in the literature. Most of them have divided stressors according to their presumed impact on well-being. For example, lists of positive versus negative events have been used to demonstrate the demoralizing effects of negative experience and the uplifting impact of positive events (Block & Zautra, 1981; Mitchel & Moos, 1984; Reich & Zautra, 1983; Zautra, Guarnaccia, & Dohrenwend, 1986). Similarly, chronic versus acute stressors have been compared and the primacy of acute stressors as predictors of depression and anxiety have been reported (Wheaton, 1983). When the choice of stressor categories is based on which stressors might be influenced by similar coping styles, a different type of categorical system emerges. Research suggests that stresses be divided into intra-familial stresses and strains, normative transitions, employment and economic strains, and the stresses surrounding illnesses and deaths in the family.

Normative Transitions

Normative transitions associated with the family life cycle involve losses and reorganization of both resources and relationships (Aldous, 1978; Breunlin, 1983; Menaghan, 1982; Nock, 1979; Olson et al., 1983; Walsh, 1983). For example, Belsky, Lang, and Rovine (1985) reported a drop in couple maintenance behavior, marital satisfaction, romance, and friendship in the first nine months following birth of the first child. Other studies have also linked the tasks of parenting or of having children with decreased marital satisfaction and lower quality of life (Abbott & Brody, 1985; Anderson, Russell & Schaum, 1983; Menaghan, 1983; Nock, 1979). Finally, indexing transitions or difficulties associated with specific family life cycle changes has been linked with marital strain (e.g., money for children's education)(Lavee et al., 1987; Olson et al., 1983).

Normative transitions are of such a heterogeneous nature that generalizing the coping styles that are more likely or more effective with each transition is of little use. Consider the diversity of three normative transitions; retirement, the youngest child leaving home, and childbirth. Transitions, such as those of retirement, and the last child leaving home, have been associated with an increased focus both on the couple relationship and on the informal social relationships of each couple member (Olson et al., 1983). Parents now seem to re-examine the quality of their couple relationship and seek self-affirming relationships and activities.

Perhaps the most universal experience among couples is the birth of a child. Studies of families with newborns suggest that such experiences are associated with an increased involvement by kin at the time of birth (Belsky & Rovine, 1984). Within the months after the birth, the involvement of kin has been observed to decline and the frequency of contact with friends increase. It would seem the first year of rearing a child is associated with increased seeking of informal social supports (Belsky & Rovine, 1984).

These examples, retirement, the youngest child leaving home, and child-birth, give dissimilar descriptions of the typical coping style. The transitions are, however normative, and to the extent that difficulties arise in making those transitions, social contacts are likely to be of instrumental assistance.

Business and Economic Strains

Economic hardships and job related difficulties have been linked with personal distress (e.g., Lin, Dean, & Ensel, 1981; Ross & Huber, 1985), lower marital quality (Pittman & Lloyd, 1988; Renne, 1974), and even with strain in parenting (Pittman & Lloyd, 1988). Economic hardships have been found to evoke passive appraisal, despondency, and reliance on informal social supports (Fleishman, 1984; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen; Voydanoff, 1982). Descriptions of effective coping styles suggest, that if the couple is able to remain optimistic about the situation, and maintain their social support network, then the impact of financial strain, job loss and work related stress can be reduced.

Research on economic stressors has described reframing as an important factor in reducing associated hardships (Voydanoff, 1982). For example, to the extent the couple is able to redefine the situation as not a personal failure on the part of the unemployed, the couple and marriage will be less disrupted by job loss (Voydanoff, 1982). Similarly, Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) reported that individuals responded to events jeopardizing their financial situation by decreasing confrontative coping. Fleishman (1984) reported chronic economic strain predicted greater use of selective ignoring, rumination, and less use of positive comparison in financial matters. Together, they portray economic hardship as evoking passive appraisal, and despondency (lower reframing).

These same studies describe a reliance on social support. Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) reported seeking social support to be higher for events which threatened a family's financial situation. Likewise, Voydanoff (1982) reported social supports to be important in supplying instrumental and emotional support. But, the couple's capacity to reciprocate that support is constrained by economic hardship, and so maintaining that helpful network is difficult.

Work-related difficulties which are not job loss, or do not threaten the couple financially, may be associated with controlling emotions (self-control) and problem-solving (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Folkman and Lazarus (1980) have suggested two factors which modify this situation. Active

problem-solving is more likely; if the individual sees the issue as one they can change (chronic versus acute stress), and if the individual is in a power position and can influence change.

Collectively, these studies suggest that economic and job related stresses challenge the couple's image of itself, making reframing less likely, and passive appraisal more likely. Reframing has, however, been asserted as an important variable in determining how well couples adapt to economic hardship. Seeking social supports has been reported as a natural and helpful response to economic and work related strains.

Illness and Relationship Losses

Studies consistently refer to these strains as challenging the couple to remain optimistic and to identify useful formal and informal social supports. Studies do identify the use of formal and informal social supports in response to illness. For example, Folkman, Lazarus, Dunkel-Schetter, Gruen and Longis (1986) reported that when issues of health were at stake, individuals were more likely to seek social support and to use escape-avoidance strategies.

While studies suggest couples and individuals seek the support of others when responding to needs of illness, three studies also suggest formal and informal supports have different roles to play. In one study Patterson (1985) reported that successful adaptation to the requirements of chronic care for a child to be a function of parents making formal contacts with medical staff and with other parents in

similar situations. From these sources, they receive the information that guides their home-care of the child, reduces anxiety, and provides hope. In another study Barbarin et al. (1985) has similarly described effective coping styles of caring for a chronically ill child. Seeking information from professionals was described as a helpful strategy. However, informal social supports were described as generally not helpful in this unique situation. In a third study, and in contrast, Pratt et al. (1985) described both formal and informal social supports as helpful in reducing the burden in dealing with a chronically ill adult (spouse, parent or other relative). It may be that informal supports are able to provide emotional support, and even relief from 24 hour care-giving responsibilities. The information and specialized instrumental help needed in caring for the ill may only be available from professional or special self-help groups and not from friends and relatives.

The research has also consistently emphasized the role of the couple maintaining hope, and finding meaning in the circumstance of chronic and degenerative illness as factors promoting continued health care efforts in hopeless situations (Barbarin et al., 1985; Patterson & McCubbin, 1982; Patterson, 1985; Pratt et al., 1985). Among the most prominent tools used to obtain meaning and hope is religion. Praying (Hymovich & Baker, 1985), use of religion (Barbarin et al., 1985), and seeking spiritual support (Pratt et al., 1985) have been reported as highly used and useful coping resources.

In summary, illnesses tend to mobilize informal and formal social supports, and to increase use of spiritual supports. Couples tend to

require information, emotional support and a meaningful context within which to understand illnesses or deaths.

Family and Marital Strain

The grouping of stresses in this area could include the stresses of parenting, marital conflict, and disagreements among family members. Of all the stress measures, this one has been consistently presented as a predictor of lower quality of life, lower marital satisfaction, and personal distress (Billings & Moos, 1982a; Cronkite & Moos, 1984; Imig & Imig, 1985; Paykel, 1974; Pittman & Lloyd, 1988). For example, Billings and Moos (1982a) and Cronkite and Moos (1984) have found more conflicted, less cohesive marriages to be associated with higher levels of depression among both men and women. In a third study, Lavee et al. (1987) has reported that marital and family strain negatively influenced the joint quality of life of couple members. Thus marital and family strain is linked to psychological distress in couple members and to a combined lower quality of life.

Given the observed sensitivity of couple well-being to disruptions in marital or family relationships, it is important to note the consistent evidence that the impact of other types of stressors on couple members is largely through a disruption of family patterns and relationships (Kanner et al., 1981; Lavee et al., 1987; Mitchel & Moos, 1984; Thomson & Vaux, 1986). For example, Lavee et al. (1987) found intra-family strains were significantly but weakly predicted by normative life events and non-normative life events. The obtained LISREL model suggested that the negative impact of normative and

non-normative events on couple quality of life was solely due to an increase in intra-family strain. Similarly Mitchel and Moos (1984) have linked chronic strain with increases in family strain, but found no relation between acute events and changes in family strain. Thomson and Vaux's (1986) findings of a connection between stressors that individuals experienced outside the family, and stressors experienced by all family members, as previously discussed, is congruent with this idea. Thus, whatever the impact of stresses in other roles, it is likely to include an increase in family and marital strain.

Evidence suggests that marital and family strain causes couple members to loose confidence in their couple relationship, and to become more passive in appraising issues as beyond their control (Fleishman, 1984; Imig & Imig, 1984). Fleishman (1984) reported marital strain predicted increased use of passive acceptance, increased emotional discharge, and decreased positive comparison as individual coping styles. Imig and Imig (1984) reported that decreases in perceived capacity of the couple to manage issues predicted lower couple cohesion. Lavee et al. (1987) reported marital adjustment dropped with increased marital and family strain. Marital adjustment was identified as a support for reframing. Thus, under conditions of marital strain, use of reframing did not increase. It would seem that marital conflict challenges the couple's capacity to reframe and increases it's likelihood of passively appraising events.

Seeking of informal social supports does not appear to play a central role in resolving marital or family conflict. For example,

Renne (1974) has associated poor marital adjustment with social isolation, suggesting that maintaining social supports outside the couple relationship is important but difficult. Interestingly, Pearlin and Schooler (1978) found seeking social support increased distress associated with a strained marital relationship. However, in a third study, Fleishman (1984) reported seeking advice from others increased under conditions of strain in parental roles. Taken together, these studies suggest the function of seeking social support in a context of marital and family stress is ambiguous.

Challenges to Change Being Stressful

The concept of change itself being a stressor has not gone unchallenged. Studies have identified objectively negative events (Lin et al., 1985; Thomson & Vaux, 1986), undesirable events (Gersten, Langer, Eisenberg, & Orzek, 1974; Reich & Zautra, 1983), events perceived as being beyond a person's control (McFarlane, Norman, Streiner & Roy, 1983), and events involving resource loss (Kanner et al., 1981; Walker, 1985) have all been presented as having a greater negative impact on well-being. Clearly some events are more disruptive than others, and place greater demands on the couple system to radically reorganize. However, the issue has been taken that much further by those arguing that positive events may represent higher functioning (Schroeder & Costa, 1984; Maddi et al., 1987). Achievements such as promotions, graduations, and successful passages in the life cycle are argued to be events which may not be stressors. At a personal level, it may not be as valid to refer to these as

stressors. But, at a couple level, the achievements of one spouse may require a reorganization of the couple. On that basis, positive events qualify as stressors.

Stress suppression is based on the idea that a response reduces the impact of the stressor. But, Reich and Zautra (1983) presented evidence that, for positive events, experiencing the event was sufficient to impact positively on individual well-being. In contrast, negative events had to be successfully dealt with before their negative impact on well-being was ameliorated. Thus successful coping may be more important when the stakes are higher.

Four Sources of Demands for Change

In summary, different coping styles seem to be more critical than others in different areas of life. Accounting for all the likely stressor to coping links is beyond the scope of the present study, and far in advance of the current status of the literature. However, the just concluded discussion has suggested a need for accounting for stressors present in different life areas. Single scores may conceal the more salient of the life stressors. Family strain, normative changes associated with the family life cycle, business and economic stressors, and events of illness or loss of a relationship appear to be natural, though not exclusive, groupings of stressors.

While stressor events will not have an equal impact on the couple, both positive and negative events require the couple make some adjustments. These adjustments may not be perceived as stress

responses, but, if the couple were to fail to adjust, the 2ABCX theory suggests other negative stressors would emerge.

Adaptation

> Coping ... becomes a process of achieving a balance in the family system which facilitates organization and unity and promotes individual growth and development (McCubbin et al., 1980, p. 865).

McCubbin and Patterson (1982,1983) defined successful adaptation within the double abcx model as the satisfaction of individual, family and environmental demands. This criterion requires that couple adaptation be assessed using measures tapping three system levels; well-being of individual members, perceptions of the couple system as being of high quality, and satisfaction of the fit between the individual, couple and environment. Focusing on only one area would give an incomplete picture of the couple's adaptation.

A second issue, is that adaptation is different from resources, coping styles, and stress. The criteria for adaptation is that demands of the individual, couple and society are being met. Therefore, resources, such as high income or a large social network, do not index adaptation. Similarly, the presence of large amounts of environmental stressors is not an index of adaptation. Some couples are well-adapted to a high-pressure lifestyle (e.g., the two income couple, university couples) while others might find a low-stress environment too understimulating.

The stress and health literature has highlighted the issue of criterion confounding (Cronkite & Moos, 1984; Lavee et al., 1987;

Maddi, Bartone, & Puccetti, 1987; Pearlin & Schooler, 1978; Schroeder & Costa, 1984). Primary among the concerns of this literature is that physical illness and "neurotic" functioning not be used as both stress and well-being measures (Maddi et al., 1987; Schroeder & Costa, 1984). The 2ABCX definition of adaptation avoids that circularity by focussing on satisfaction of needs as a criteria. Thus, an individual can adapt or not adapt to their own physical illnesses. Similarly, an individual with irrational beliefs may fit with some environments and not with others. Thus, the issue of a fit of needs with resources successfully addresses the criteria that measures of ongoing successful adaptation must be different than measures of the stressors, resources, and coping styles used to predict them.

In summary, adaptation requires attention to three subsystems, the couple member, the couple relationship, and the fit between the individual, the couple and the environment. Adaptation refers to the 'fit' or mutual meeting of needs between systems that would be indexed by either life satisfaction or a continuing sense of quality about relationships.

Personal Well-Being

Studies have traditionally used specific measures of individual distress in assessing the impact of coping efforts. Individual oriented studies have used anxiety (Billings & Moos, 1981; Wheaton, 1983) schizophrenic symptoms (Wheaton, 1983), depression (Billings & Moos, 1981; Cronkite & Moos, 1984; Lin & Ensel, 1984; Lin et al., 1985; McFarlane et al., 1983; Thomson & Vaux, 1986), negative affect

(Burke & Weir, 1982), emotional distress (Fleishman, 1984; Pearlin & Schooler, 1978) and drinking of alcohol (Cronkite & Moos, 1984) as indicators of psychological well-being. Other studies have focused on physical health (Cronkite & Moos, 1984; Maddi et al., 1985; McFarlane et al., 1983; Schroeder & Costa, 1984). However, measures of physical health are too highly embedded in environmental stress to be easily extracted as a criteria of functioning (Schroeder & Costa, 1984; Maddi et al., 1987; Thoits, 1982).

These specialized measures of personal well-being have shown an uneven sensitivity to the type of stressor being measured. For example, anxiety has been linked to both the number and negative nature of life events (Billings & Moos, 1981; Wheaton, 1983). In contrast, depression has been linked to chronic resource deprivation (Wheaton, 1983) and to the demoralizing effects of negative life events (Lin et al., 1985; McFarlane et al., 1983). Examination of specific symptoms would seem warranted only under conditions where stressors having some of the above listed specific qualities are being tested. This is not the purpose of the current study.

The heterogeneous nature of stressors and coping styles outlined in this study requires a measure which would screen for any type of psychological distress. Measures such as the General Health Questionnaire (GHQ) fit this prescription (Goldberg, 1976). The GHQ is an instrument for screening psychiatric disturbance. Items reflect the individual's perceptions that they are being more effected by the stresses of life.

Marital Quality

McCubbin and Patterson (1982) asserted that:

> Successful adaptation also requires coping efforts directed at system maintenance, i.e., integration, morale and member self-esteem. As the family works to restructure and consolidate, it needs to know there is something, i.e., the family itself, worth making all these changes for. (pp. 23-24)

Successful coping would then be logically indexed by a continuing assessment of the marriage as being of high quality. Researchers have found marital commitment and marital quality to be predictive of higher quality coping (Friedrich & Friedrich, 1981; Swensen & Tahaug, 1985).

Studies which have used the quality of marital interactions as a criterion have confounded this with coping styles (Menaghan, 1983; Trost, 1983; Norton, 1983). Two approaches to measuring marital quality are represented in the literature: (a) objective assessment or subjective satisfaction with various areas of marital functioning, and (b) subjective report on the global quality of the marriage. For example, the ENRICH (Olson et al., 1982), the Index of Marital Satisfaction, (Renne 1970, 1974), and the Dyadic Adjustment Scale (Spanier 1976) have combined indices of levels of satisfaction with several components of a marriage such as affectional expression, conflict, satisfaction with marital roles. Similarly, Cronkite & Moos (1984) used the Family Relations Index (FRI) to assess the quality of marriage. Higher FRI scores indicate higher supportiveness, expressiveness and lower conflict in the couple relationship. These marital adjustment measures are confounded with couple coping styles

(e.g., supportiveness) and with strain in the couple relationship (e.g., conflict)(Fincham & Bradbury, 1987; Menaghan 1983; Norton, 1983; Trost, 1983).

An alternative to assessment of marital adjustment, is to assess perceived marital quality. Norton (1983) and Fincham and Bradbury (1987) have recommended using a global index of satisfaction with marriage (e.g., Quality Marriage Index (QMI), Norton, 1983). Perceived quality of the marriage can be distinguished from those characteristics of marital functioning which might influence that perception (Fincham & Bradbury, 1987; Nock, 1983).

Quality of Life

General quality of life measures have been identified as indicators of global fit between the needs of the individual and participation in marital, occupational and social meso-systems (Lavee et al., 1987). The quality of life measure has been more heterogeneous in content, overlapping with physical and emotional health and marital qualities (Olson et al., 1983). Strong associations between satisfaction with self, marriage, socio-economic status and occupation have served as justification for this global index (Campbell et al., 1976; Billings & Moos, 1981; Gaesser & Whitbourne, 1985; Olson et al., 1983; Renne, 1970). Campbell et al. (1976) considered satisfaction in the several domains of life to reflect a matching between the objective circumstance and the aspirations of the respondent. For example, they reported better educated women were more likely to be highly satisfied with their life and their marriage if they were also employed, but less likely to be satisfied if they were only homemakers.

While life domains can be separately considered, Campbell et al. (1976) reported satisfaction in one life domain tended to predict satisfaction in others. Respondents indicated that their overall life satisfaction was based first on positiveness of their marriage, second on their family, and thirdly on their health. A regression analysis predicting overall life satisfaction, found family, marriage, and finances to be the three primary 'empirical' predictors. Andrews and Withey (1976) reported similarly that the strongest predictors of life satisfaction were lack of concern over self-efficacy (personal adjustment and how well they were coping), family, and money.

In summary, adaptation must address the systems of: (a) the individual, (b) the individual within a couple relationship, and (c) the individual participating in both a marital relationship and in contact with the outside world. To the extent that the individual finds a fit between their needs and the demands of these systems they have adapted to the environment. If the couple relationship continues to be valued, and to be an aid to individual personal adjustment and growth, then the couple system has successfully adapted to meet the needs of husband and wife.

Operationalizing Couple Stress, Coping and Well-being

The literature reviewed here-in was presented to demonstrate a need explore whether the couple coping styles of Reframing, Passive Appraisal, Seeking Social Support, Mobilizing Resources, and Seeking Spiritual Support perform stress mediating roles for couples in the general population. In designing such a study, three methodological

issues must be addressed. First, Is it valid to use the couple as a unit of investigation. Second, if it is valid to suggest that couple subsystems respond to stress, how should the couple unit be measured? Finally, much of the literature has applied stress and coping models to specific situations or special populations. What type of sample will provide findings of stress suppression which can be applied to the general population?

Validity of the Couple Coping Concept

Prior to any investigation into how couples cope, it is important to review arguments as to the validity of the couple coping concept. Evidence in support of the validity of couple coping is primarily conceptual (Boss, 1988; McCubbin et al. 1979; McCubbin & Patterson, 1982; Olson et al., 1982, 1983, 1985). It is based on observations that family members respond to stress in more complex ways than do unattached individuals. Namely, couple members respond not only to their personal concerns but also to protect their family, and when they respond they do so in context with what their spouse is also doing. Evidence challenging the validity of the couple coping concept is primarily empirical. This evidence suggests that couple members do not share a common perception of their coping behavior (e.g., Monroe, Bokemeir, Kotchen, & McKean, 1985) and that there are gender differences in sensitivity to stress and in coping responses. The evidence from these two camps is contradictory, and the issue unresolved.

The concept of couple coping. Take, for example, arguments on the usefulness of considering the couple as a coping unit. McCubbin (1979) and colleagues (Boss, 1988; McCubbin & Patterson, 1982, 1983) have described coping as a process in which the couple uses resources within and without the family in responding to stress. Boss (1988) suggests that, in studying this process, both couple unit and individual member behavior should be considered. They form, according to Boss, a natural dialectic, in which individual behavior and needs include a context of the couple subsystem, and so are not separate from the combined response of both couple members. The argument appears to be that the couple unit must be considered as a coping response because it is a subsystem with needs which are part of any coping context. This was clearly presented by Olson et al. (1983) in introducing the five couple coping styles of the F-COPES scale. However, all subsystems alter the behavior of individual members; most specifically in ways which have to do with maintaining the functionality of the subsystem. It is the unique behavior of individuals within a couple relationship which define it as a couple. For example, couple members use each other for romantic stimulation, often for nurturance, and rely on each other more exclusively for some daily subsistence needs. These behaviors help define the couple system. They do not demonstrate that the couple unit responds to threats to its survival in a way which is unique to that more macro level of analyses.

One argument, more empirically based than that of a couple having a unique set of coping tasks, is that the couple has a shared perception

of the world and how best to respond to it. For example Boss (1988) pointed to the work of Reiss (Oliveri & Reiss, 1981, 1982; Reiss & Oliveri, 1984) as demonstrating that families have a shared paradigm of the world. The dimension of configuration has been previously discussed with reference to reframing. Oliveri and Reiss (1981) identify a second dimension, coordination, as the belief that family members experience the world similarly. Highly coordinated families respond to problems as a unit. This suggests that the level to which couple members jointly view their environment and the degree to which they jointly participate in resolving issues is a characteristic of the couple, and not solely a measurement issue for the researcher.

Oliveri and Reiss (1981) have linked the dimensions of configuration and coordination, and a third dimension identified as closure, to the problem solving styles of families in the laboratory. For example, families who see the world as potentially understandable tend to include more information and delay final decisions on laboratory problems, often obtaining more creative solutions. Highly coordinated families tend to find a common solution to problems. Families high on the closure dimension tend to believe that past experience is sufficient basis for finding a solution, and so tend to produce quick stereotypic solutions rather than delaying resolution and finding novel solutions. Oliveri and Reiss (1981) have been able to identify shared family behaviors, that do not depend on the individual behavior of any one member, but do anticipate the qualities of problem solutions families will achieve. Such research is strong evidence of the validity of the couple as a coping unit.

Oliveri & Reiss' (1981, 1982) work is empirically based. Other theorists, present their arguments without such evidence. Antonovsky (1980) is one among these. He considers that couples have a joint sense of coherence, as defined previously in this review. McCubbin's data provides descriptions of individuals using strategies so as to maintain the integrity of the family (McCubbin, 1979; McCubbin & Patterson, 1982). For example, he describes how church attendance aided wives of military men in maintaining a belief in the value of their marriage to a man long missing in action. However, such examples are not of couple unit analyses.

It has been suggested that, because the couple unit is value laden and exists over time, a shared perception and coping response repertoire would develop over time (Larzelere & Klein, 1987; Oliveri & Reiss, 1980). No studies have reported such a trend toward greater agreement with greater length of marriage. Studies have, however identified associations between the amount of husband and wife disagreement about the nature of their relationship and the overall quality of their marriage (Antonovsky & Sourani, 1988; Imig & Imig, 1985; Olson et al., 1983). In a reversed logic manner these findings support the couple unit concept. Namely, if couples are successful in developing a strong relationship they also develop a shared set of values, a perceptual consensus, and a coordinated coping response repertoire. Couples not succeeding in developing these attributes may not survive.

Larzelere and Klein (1987) suggest that validity of the couple unit analyses is supported if couples agree more on emergent measures than

on individual measures. They consider emergent measures to be those which cannot be decomposed beyond the couple unit level; for example marital quality, couple reframing, and marital strain. Following this logic, couple agreement on personal mental health measures should be significantly lower than their joint reports of marital quality. To date, the literature has not reported such comparisons.

The evidence that the couple unit has a shared perception of the world is weak. Much stronger is the empirical evidence that couple members share stressful experiences, and share the distress events might induce. The strong supportive evidence provided by Thomson and Vaux (1986) has been previously reviewed. Correlations between husband and wife reports on number of stressful events have been moderate (e.g., $\underline{r}$ = .42, Olson et al., 1983) to strong (e.g., $\underline{r}$ = .62, Cronkite & Moos, 1984). This suggests a significant joint awareness of the stressors facing the couple.

Taken as a whole, the validity of the couple as a unit of coping rests primarily on conceptual arguments. There is evidence that couples do have joint beliefs about the world, and those beliefs seem to influence how they cooperatively resolve laboratory problems. There is also evidence that couples have a joint awareness of the events which are influencing their lives. It remains unknown how these common perceptions might impact on everyday stress responses.

Challenges to the couple coping unit. Challenges to consideration of the couple as a coping unit are based primarily on two factors; One, a low association of couple member reports of coping, and Two,

observations of gender specific stress responses. These two factors combine to seriously question the predictive and construct validity of the concept of couple coping.

Research has found couple member's descriptions of couple behavior to be only moderately associated (Cronkite & Moos, 1984; Monroe et al., 1985; Olson et al., 1983). Cronkite and Moos (1984) reported correlations of r = .37 and r = .22 respectively between individual approach and avoidance coping styles used by husbands and wives. These then set a benchmark. When partners report their joint coping styles, because of the domain overlap, they should at minimum exceed these levels. This has not been the case. Olson et al., (1985) have reported weaker correlations among the F-COPES subscales (Reframing r = .16, Passive Appraisal r = .26, Seeking Social Support r = .26, Mobilizing Resources r = .25, and Seeking Spiritual Support r = .31). Thus, it is uncertain whether couple members are able to differentiate their personal responses from their cumulative couple styles. Alternatively, males and females may have such disparate experiences of their relationship that these low correlations are valid measures of their experience of how their 'couple' copes. Whatever the reason, such low associations have made the combining of scores problematic.

Monroe et al., (1985) examined the extent to which responses from one spouse were interchangeable with responses from the other (termed response consistency) on the subjects of decision making and task allocation. Paired t Tests on responses from 845 Kentucky couples identified significant differences on all indicies of decision making and task allocation. Couple measures of couple behavior obscure the

perceptual difference which members might have about their relationship. These differences have been observed to be greater among less maritally satisfied couples (Monroe et al., 1984; Olson et al., 1983). Monroe et al. (1984) found no link between couple joint perceptions of their relationship and joint activity or joint role participation.

The lack of association between husband and wife reports on the couple behavior clearly challenges the validity of couple coping. This lack of association may be due to personal differences in couple members. That is, husbands and wives are reporting their personal experiences and not adjusting their frame of reference to the couple level. Alternatively, the differences may reflect the tendency of men and women to experience married life differently.

Consistent reports of gender-based differences in participation in life role areas (Folkman & Lazarus, 1980; Gore & Mangione, 1983), vulnerability to types of stressors (Billings & Moos, 1982a; Cronkite & Moos, 1984; Gore & Mangione, 1983; Kandel, Davies & Raveis, 1985), and preferences for coping styles (Billings & Moos, 1982a; Fleishman, 1984; Pearlin & Schooler, 1978) require that couple member data be also examined. Women tend to be more aware of within family stresses and strains (Billings & Moos, 1981; Gore & Mangione, 1983). Women tend to average higher depression scores but these have been linked to women being house-bound (Gore & Mangione, 1983; Kandel et al., 1985). Women tend to be more sensitive to the supportive environment in their home (Cronkite & Moos, 1984). Women, in general, tend to regard the marital and family roles as their most important (Kandel et al.,

1985). Working women tend to report more frequent occupation role stressors than marital and household stressors, but still the latter two sources of stress seem to have a more profound effect when they do occur (Gore & Mangione, 1983). This consistent evidence of gender differences in awareness of stress and vulnerability to the impact of those stressors, suggests male and female reports contribute differently to the joint couple measures.

Gender differences in individual coping strategies have been identified (Billings & Moos, 1982; Pearlin & Schooler, 1978). Pearlin & Schooler (1978) reported women were more likely to use selective ignoring, emotional expression and advice seeking responses. However, in other studies, when differences in types of stressors experienced have been controlled, these gender differences in coping styles have not appeared (Folkman & Lazarus, 1980). Thus it remains unclear whether the observed differences in coping styles are gender based or are a function of the different roles in which men and women participate. Combining evidence of gender differences in sensitivity to stressors and possible differences in coping styles, one would expect that women would report more family related stresses, and would describe the family's coping styles in context of how they, as part of a couple, responded to those stresses.

Measuring the couple subsystem. When the couple subsystem is the unit of research interest, there exists a dilemma not present when studying individual behavior. The issue is, how does one aggregate the information from couple members so as to most validly represent the couple subsystem? One person's report cannot reliably represent couple status.

Average couple scores do not include couple disagreements about how they view their relationship. However, there is evidence that average scores predict those disagreements. For example, Antonovsky and Sourani (1988) reported both couple agreement about family coherence and the couple average coherence score positively predicted each member's satisfaction with family life. The averaged scores had a stronger predictive relationship and so Antonovsky and Sourani concluded that it was valid to refer to the couple subsystem as having a joint perception family coherence. Imig and Imig (1985) reported that joint perceptions of a drop in the competence of family management practices, and disagreement about whether competence had increased versus decreased, both equally and strongly predicted drops in couple cohesion. These two studies raise the issue of whether knowing how much couple members disagree in their perceptions of their relationship adds to what can already be interpreted from couple averaged scores. In spite of its limitations, averages of husband and wife measures appear to be the most parsimonious method of measuring couple behavior.

In summary, the literature provides some serious challenges to the concept of couple coping. Husbands and wives appear to experience family life differently. They tend to poorly agree on how they as a family cope, although their tendency to agree appears to fluctuate positively with marital quality. Couples do appear to jointly experience stress. They may share a joint perception about some qualities of the world which influence their style of problem solving. There is also suggestive evidence that couples include in their stress

response, efforts designed to maintain the quality of their couple relationship. This makes investigation of the couple unit a compelling project, even though the construct validity of couple coping is suspect. The literature argues for a simultaneous monitoring of individual data from husbands and wives for evidence of gender based differences in perceptions of how the couple is stressed, how it copes and the success of its coping efforts.

Homogenous Versus Heterogeneous Samples

A second research issue is identifying an appropriate sample for couple stress and coping research. Much of the research discussed herein has been based on selective samples (e.g., high education, high socio-economic status, same religious denomination, university students, and couples in the military) or selective stressors (e.g., illness in a child, spousal separation). These samples are far more homogenous than couples found in the community. The homogeneity of samples has been raised as an issue that limits both the generalizeability of studies and their power to detect suppression effects (Hiller & Philliber, 1985; Kanner, et al., 1981; Maddi et al., 1987; Olson, 1986). Where samples are homogenous because of methodological factors, the impact of those factors in limiting the range of variation of variables is a valid concern. Several studies in the literature sampled general populations but obtained non-representative, higher SES samples, e.g., Cronkite & Moos, 1984; Kanner et al., 1981; Schroeder & Costa, 1984). For example, both Cronkite and Moos (1984) and Schroeder and Costa (1984) used physical illness as a criterion and found few, if any, significant

associations. It is unknown if sampling problems attenuated the distribution on these variables, or caused predictive associations to disappear.

Samples which have used members of clubs (Olson et al., 1983) or populations connected with religious or military organizations (e.g., Lavee et al., 1985; Patterson & McCubbin, 1984) were not representative of the general population. Findings and models proposed from these findings may be criticized as reflecting higher functioning and higher SES couples. This sort of bias becomes serious given evidence that couples of higher income and social status have different coping strategies (Billings & Moos, 1981; Olson et al., 1983), and may be less vulnerable to stressful events (Ross & Huber, 1985).

A bias toward sampling either a higher or less stressed group of couples may influence findings about which coping styles are mobilized to suppress stress. In samples of high stress, mobilizing formal resources and seeking spiritual support have been described as being needed (McCubbin, 1979). As well, it has been speculated that couples' capacities to reframe might be low in situations of high stress (Lavee et al., 1987). In low stress conditions, seeking informal support and reframing are mobilized (Olson et al., 1983). Thus a broad and balanced sampling of couples with various levels of stress is required before findings of stress suppression can be reliably identified.

Studies have had varied success in obtaining samples which represent the full spectrum of age cohorts, couple functioning, and individual functioning (Hiller & Philliber, 1985). Hiller and Philliber (1985) have asserted that the response rate from cross-sectional probability sampling has been too low to allow valid statistical inference to the total population. Mailout surveys have reported return rates ranging from 38% (Olson et al., 1983) to 86% (Lavee et al., 1985). Hiller & Philliber (1985) reported a mean response rate of 62% over 60 studies between 1970 and 1979. Investigations of bias inherent in poor response rate led Hiller and Philliber (1985) to report nonrespondents to be of lower socio-economic status, older, less educated, poorer, but no less satisfied with their marriage. Non-respondents most frequently reported lack of time and a desire for privacy as the reasons for refusing to participate (Hiller & Philliber, 1985). Hiller and Philliber (1985) suggested biased returns are inevitable, but also suggested comparing obtained samples with benchmark samples such as census data.

There is another sampling factor which biases reports of couple coping. That is, the focus on couples coping with the same crises event. The 2ABCX model, for example, is supported primarily by research on how similar types of families responded to the same type of crises event. Examples of this include studies of: (a) husband absence due to military duty (McCubbin, 1979; McCubbin & Patterson, 1982; Patterson & McCubbin, 1984), (b) military transfer over-seas (Lavee et al., 1985), and (c) chronic illness in children (Barbarin et

al., 1985; Hymovich & Baker, 1985; McCubbin et al., 1984; Patterson 1985). These studies have contributed to our understanding of how families might make the best of these difficult situations. It is difficult to establish how much of their findings can be generalized to couples in the community. First, some of these events occur in environments which other couples are unlikely to experience (e.g., being the wife of a long term prisoner of war in Vietnam, while living on an airbase with many other wives of POWs). Second, some of these situations eliminate the possibility of large groups of coping styles. For example, wives of POWs are unable to respond jointly with their spouse, or use him as a supportive resource in coping. Thus, findings which emphasize the importance of the wife's capacity to act independently and develop alternative supportive relationships are to be expected (McCubbin, 1979; McCubbin & Patterson, 1982). A third difficulty in generalizing findings from these studies is the contradictions in their results about the appropriateness of specific coping styles. For example, McCubbin (1979) reported that establishing independence and developing relationships outside the family were important to wives managing the stress of separation from their husbands. In contrast, Patterson (1985) reported wives who coped by socializing and self development outside the home were not adjusting to the homecare needs of their cystic-fibrosis (CF) child.

A more balanced picture of how couples use coping styles to endure hardships is available from general population studies. However, few of these exist, and none have explicitly used the double-abcx model. One general population survey has explored how United States couples

coped with combinations of dissimilar stressor events common to every-day life (Olson et al., 1983). Data from this survey has been presented in a textbook on how families cope (Olson et al. 1983) and has been used in a prominent study of coping as a stress mediator (Lavee et al., 1987). However, all couples in this study belonged to the same religious fraternity (Lutheran), had higher income and higher education levels than what could be expected from the average American. Not surprisingly, seeking spiritual support was the most prominent coping style reported in that study (Olson et al., 1983). Research has demonstrated that couples with higher levels of personal and economic resources experience fewer stressors. The sample may therefore be composed of highly functional, less needy couples. Thus the relative prevalence of use of some resources, and their relative importance in meeting stressor demands may not represent the general population.

Studying a broad range of couples across social and economic levels is most desirable. No Canadian study has examined the coping styles of couples with different resources as they deal with the multiple stressors of daily life. Clearly, studies which use a heterogeneous sample of couples, and which examine the combined effects of all the stressors currently impacting on the couple are needed at this time.

Obtaining a heterogeneous sample

Research suggests that while obtaining a heterogeneous sample is important, actually being successful in doing so is a second matter. In fact, the validity of several studies has been challenged because

of the truncated range of functioning sampled. Hiller and Phillibar (1985) have suggested using census data as a benchmark to evaluate the representativeness of obtained samples. For studies of Winnipeg couples, the Winnipeg Area Study of 1983 (WAS-83) (Currie & Segall, 1983) provides a demographic comparison group and a comparison on measures of social integration, and satisfaction with quality of life. The WAS-83 contains 524 responses from randomly interviewed householders to items addressing medical health practices, social integration, subjective quality of life and demographic information. The WAS-83 reported a response rate of 75% (Segall & Currie, 1983). The WAS-83 was reasonably congruent with the 1981 Census of Canada information for Winnipeg, but married persons,[2] and the 35-44 age group were slightly over represented compared with the census data. Examination of selective response rates associated with social integration, and quality of life measures, is possible using the WAS-83 as a comparison base line.

Purpose and Research Hypotheses

The purpose of this research is to test whether couple coping styles suppress the impact of stressors on couple well-being. Stressors have been identified as demands for change emerging from four sources; marital and family strains, normative transitions, economic and business related strains, and illnesses and relationship losses. Review of the literature has highlighted the importance of five couple coping styles as potential stress mediators, namely

[2] Likely because the WAS-83 excluded those under 18. The Census did not.

reframing, passive appraisal, seeking social support, mobilizing formal resources, and seeking spiritual support. Three criteria have been identified as indices of the success of coping efforts; perceptions of marital quality, a fit between personal, couple and environmental needs, and the absence of personal distress. Finally, research has also demonstrated a present need to study these coping styles using a general population sample of couples which is as heterogeneous as possible. Therefore, in generating hypotheses to serve the purposes of this study, the first hypothesis tests for the adequacy of sampling procedures.

Testing for a sampling bias.

1. The quality of life scores from the sample of couples obtained will not be higher than those reported in the 1983 Winnipeg Area Study, when the influence of age, income, education and number of children on quality of life scores has been controlled.

Examining the suppression effects of coping styles. The suppression hypothesis specifies three relationships: a) stressors negatively influence couple well-being, b) stressors mobilize coping efforts, and c) coping responses positively influence well-being (see Figure 1). A suppressor relationship also means that the direct impact of stressors on well-being is evident only when the influence of potential stressors is controlled (Wheaton, 1985). Similarly, evidence that coping styles enhance well-being should be more clear when the impact of stressors on well-being has been controlled.

Finally, if the effects of stressors are suppressed by coping styles, then the estimates of the impact of stressors when coping is controlled should be greater than when they are not.

Given the above reasoning, the following hypotheses were generated.

2. The amount of environmental stress due to life events over the past year will significantly and negatively predict estimates of couple and individual adjustment when the influence of coping styles which might suppress evidence of that relationship are controlled.
3. The couple's reported use of four coping styles (i.e., reframing, seeking social support, seeking spiritual support, and mobilizing resources) in handling difficulties in general will significantly and positively predict levels of couple adjustment and adjustment of couple members, when the influence of environmental stress on adjustment have been also taken into account. Reported use of passive coping will significantly predict reduced minimal levels of couple adjustment, when estimates of environmental stress have been controlled.
4. Environmental stress will more strongly predict reports of couple adjustment when the relationship of couple coping styles with couple adjustment are taken into account, than when they are not.
5. The couple's reported use of each coping style to handle difficulties in general (reframing, passive, coping, seeking spiritual support, seeking social support, and acquiring social resources) will be significantly and positively predicted by the amount of environmental stress reported over the past year.

Hypotheses Two, Three and Five represent the three suppression relationships. Hypothesis Four compares the direct effects of the influence of stressors on well-being, with the total (i.e. direct minus suppressed) effects.

METHOD

Sample Selection

A stratified random sampling process was used to identify 720 eligible couples for the Couple Coping and Well-being (CCW) study. Eligible couples were those married or living as married, and whose members could both read English.

Sample stratification. A stratified random sampling process was used to enhance the likelihood of equal representation of high and low income, and young and mature couples in the study. Information obtained from the Winnipeg Characterization Study[3] was used to categorize Winnipeg neighborhoods. The Winnipeg Characterization Study was based on 1981 data, and used extrapolations to project neighbourhood populations over five year segments. Extrapolations to 1986 were used as the basis for stratification. Some areas of recent radical population growth were not represented in the data. Areas where the population was too small to represent by age groups were also not included.[4] Listings from the Henderson's Metropolitan Winnipeg Directory (1987) were used to select a mail-out list. A detailed description of how Winnipeg couples were stratified prior to sampling is provided in Appendix A. In addition, the demographics of

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[3] Courtesy of Dr. Raymond Currie Department of Sociology, University of Manitoba.

[4] Age was grouped in five year periods. Information on cells with an $n \leq 50$ was suppressed.

the stratified population is described in Appendix B.

Neighbourhoods having higher proportions of elderly couples, very low or very high income couples, or children between the ages of 10 and 20 years were more heavily sampled. Only two levels of stratification had been originally planned; income and proportion of elderly. However, exploration of the Neighborhood Characterization study data demonstrated that these two criteria were not sufficient to provide equal sampling of couples across the family life cycle stages. The third level, ratio of teen-aged children was therefore added. Initial attempts to stratify the sample more severely by using 1/4 or 2/3 split on ratio of elderly and adolescent groups resulted in cross-tabulated empty cells. The more moderate 45/55 split was therefore used. The three criteria created a 12 cell stratification. Couples were randomly chosen, 60 from each cell, using the process detailed in Appendix C.

Sampling process. Each household received two copies of an introductory letter, a refusal postcard and a questionnaire. Two return envelopes were included, allowing couple members to return their own questionnaire in confidence. Individual couple members used the postcard to either indicate their refusal to participate or their ineligibility. See Appendices F through J, for samples of the mailed out material.

The survey envelope was addressed to 'Winnipeg Family' and mailed to the selected sample. If no refusal card had been received one week following the initial mail-out, a reminder postcard was sent to each

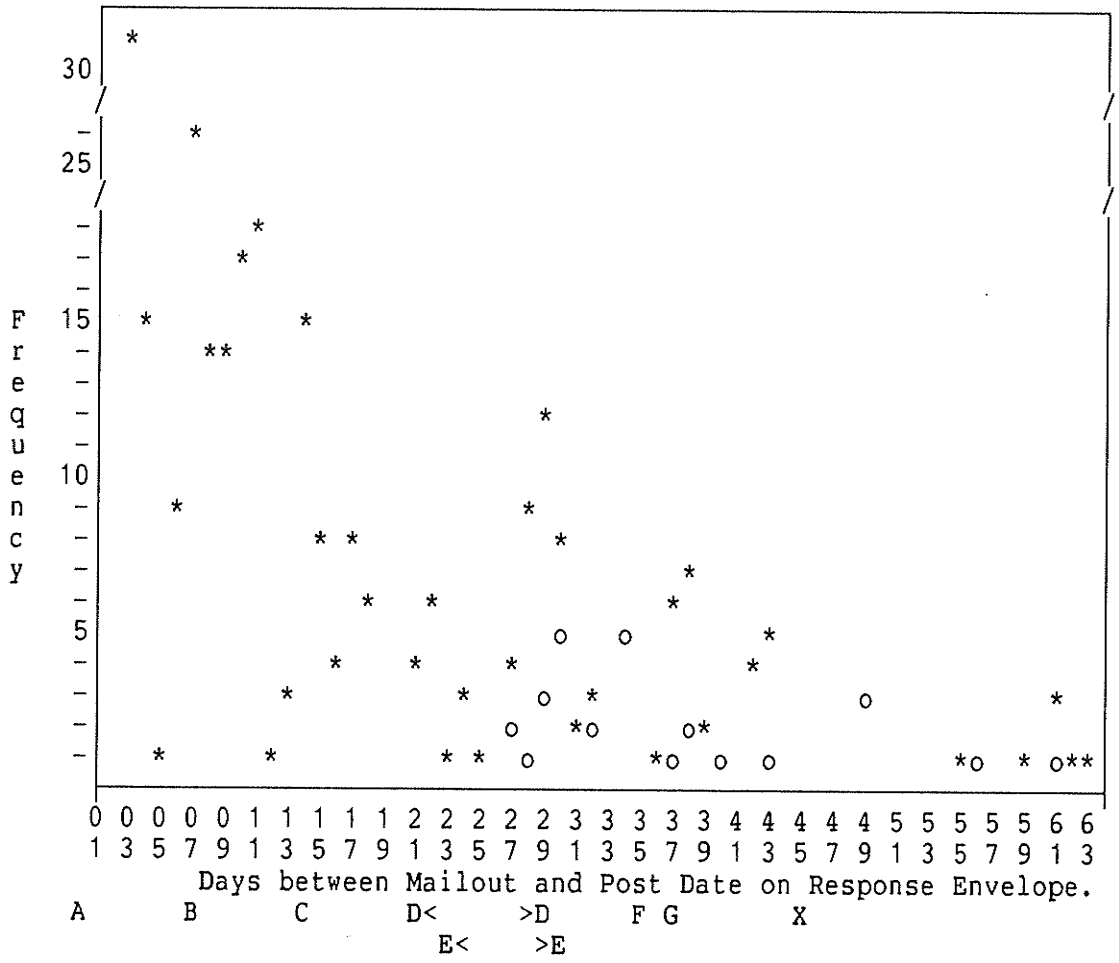

Figure 2: Survey Response over Time.

Legend; A = Date of First Mail-out November 9, 1987.
B = Date first Reminder Post Card, and of Remailing 27 with errors or undeliverable, 16.11.87.
C = Date of Reminder Post Card to the 27 remailed, 23.11.87.
D< >D = Period of telephone follow-ups, 30.11.87 - 08.12.87.
E< >E = Time period for mailing second questionnaires upon request, 02.12.87 - 09.12.87.
F = Reminder Post Card Sent to those giving positive response to Telephone Follow-ups, 14.12.87.
G = Reminder Post Card to second questionnaires, 16.12.87.
X = Christmas Day.
*** = All Responses.
ooo = Responses to Second Mailing of Questionnaire.

household. The sampling process and return profile are diagrammed in Figure 2. A second mail-out of the complete package, planned for the fourth week since mail-out was not carried out due to the prohibitive cost of doing so. The cost increased when the number of households from which no contact had been heard far exceeded expectations.

Instead of mailing out a second questionnaire package, University of Manitoba Research Ltd. was contracted to make a telephone contact with the 464 households which were considered unknowns. This sampling took place between the 21st and 29th days since initial mail-out. Three attempts were made to contact each household, each attempt at a different time of day. Telephone numbers were gathered from the Henderson's Metropolitan Winnipeg Directory (1987).

Research Assistants were able to contact 337 addresses. They found 55 couples ineligible for the survey. Ten households refused to talk to the researchers. One hundred and six couples together, one male and one female separately informed the callers of their refusal to participate. After the telephone interview, 16 couples, five males and two females remained undecided.

One hundred and five couples, five men and six women changed their minds during the telephone call and said they would do the survey. This included 73 couples needing a replacement questionnaire because they had either lost or tossed out the first one. A reminder postcard was sent six days after the telephone survey was completed to households who had said they would now complete the questionnaire. The 73 homes which requested a second questionnaire were sent a

reminder postcard seven days following the last remailing. A detailed description of the sampling returns is displayed in Appendix D.

Obtained sample. Response to the survey was lower than initially projected. Of the 732 couples sampled, 68 were known to be ineligible. Envelopes could not be delivered to a further 20 couples. Thus, 88.3% or 644 of the addresses selected were potential respondents. The overall response rates are recorded in Table 2. Completed responses were obtained from 128 men and 154 women. These responses represented 167 households or 25.9% of the eligible sample. Responses were received from both couple members in 115 cases. This amounted to an overall couple response rate of 17.6% .

Response rates varied dramatically according to stratification. Lower response rates occured among low income and more elderly neighbourhoods. But, response rates did not vary according to the probability of teen aged children. Descriptions of these response variations are displayed in Appendix E. Differences in response ratios were examined by a test for independence of return ratios.

Tests for the independence of return ratio and sample stratification indicated significant differences in response ratios across levels of income, X^2 (3, N=646) = .18.07, $p \leq .001$. Only 9.1% of the low income couples responded with complete questionnaires. Within the high income group, 24% of eligible couples responded with complete data.

Tests for independence indicated responses were more likely from neighbourhoods with a lower proportion of elderly (23.4%) than from

Table 2

Response Statistics.

		Couples	Males	Females
Completed Forms		115	128	154
Explicit Refusals		181	15	11
Ineligibles	Not a Couple	33		
	Language/Reading Pblm.	35		
Undeliverable				
	Address Problems	18		
	Homeowner Absent	2		
Homes Sampled		732		
Response rate [1]		.176	.199	.239

Note. [1] Ratio of responses to eligible homes having received the questionnaire.

neighbourhoods with a high proportion of elderly (12.3%) $\underline{X^2}$ (1, N=646) = 13.49, $\underline{p} \leq .001$.

Examination of demographic information from all households from which one or more questionnaire was received supports the conclusion of a sample response bias. The Winnipeg population, when stratified according to income, or proportion of teen aged children, or proportion of adults between ages 55 and 65, was significantly different in number of teenagers, number of infants, proportion of adults between ages 55 and 65, and income (see Appendix B). Few of these differences were found among the households actually responding to the survey. No differences in mean ages, length of marriage, or number of children in different age groups were found when households were compared by elder couple and teen age stratifications, (see Appendix E). The proportional representation of households according to family life-cycle stage did not differ according to any stratification criteria.

Responding households from different income strata did differ significantly according to mean SEI scores for both couple members, and in their income levels. Thus, while a lower response rate was associated with the lower income group, those who did respond from that group reflected the lower SES of that strata. Therefore it is likely that variables other than job status and income influenced the return rates.

Two factors may underly the difference in responses according to income; education and age. Education may have been a factor in people

responding to a complex questionnaire. Age may have been a factor, as some of the elderly reported themselves to be either too ill or not qualified to respond.

Evidence of the influence of education on response rates is ambiguous. Education levels of both male and female respondents did differ according to income strata (for men[5] K-W[6] $\underline{X}^2$ (2, N=128) = 11.3, $\underline{p} \leq .004$, and for women K-W $\underline{X}^2$ (2, N=153) = 6.39, $\underline{p} \leq .04$). Education differences were not found when men and women were classified according to proportion of elderly (for men, K-W $\underline{X}^2$ (1, N=128) = 1.1, $\underline{p} \leq .3$, and for women $\underline{X}^2$ (1, N=153) = .26, $\underline{p} \leq .6$) or according to number of teen aged children per couple (for men K-W $\underline{X}^2$ (1, N=128) = .5, $\underline{p} \leq .5$, and for women K-W $\underline{X}^2$ (1, N=153) = .7, $\underline{p} \leq .4$). Although the lack of difference in education across the categories stratified by proportion of elder couple members would suggest some biasing of likelihood of responding according to education level, the significant differences according to income strata contradict this. No information on population differences in education according to the stratification schemes used was available to use as a base line. The questionnaire was long, and some of the questions complex. Education must be seriously considered as a factor influencing sample response rates.

The tendency for lower response rates among older Winnipeg neighbourhoods is congruent with many of the reasons respondents gave for explicitly refusing to participate. The frequency of these

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[5] Education was gathered only on the respondent, and therefore data on both couple members is not available for all responding households.

[6] Kruskal-Wallis one way analyses of ranked data corrected for ties.

Table 3

Relative Prevalence of Reasons Given For Refusal.

Reason	During Phone Calls	On Post Card
Doubts Confidentiality	4	3
Can't Understand Questions	2	3
Too Many Questions	3	4
Self or Partner in Bad Health	13	9
Too Old	16	17
I(We) have no problems	3	4
Topic is too personal or private	13	11
Too threatening	1	3
Object to surveys in general	11	6
Doubts usefulness or purpose	-	11
Partner forbids	1	1
No payment or reward	-	1
No children, doesn't apply	1	1
Going on Holidays	5	-

Note. Each couple member may have given more than one reason. In some cases one member spoke for both, and in others, both stated their not necessarily identical concerns. Therefore, frequency does not reflect number of couples or number of persons with that concern.

reasons is listed in Table 3. Most frequently cited reasons for refusal were age, personal nature of the topic, and either partner being in too poor of health to complete the project. Several refusals indicated that they or their spouse were physically incapable of responding. Others indicated that, because of the burden of looking after a disabled partner, or the time spent with a partner currently in hospital, they had no time to reply to this survey. Another age related response was the tendency of the elderly to consider themselves too old. Those indicating they were too old suggested that the survey no longer applied to them because their children were living outside the home, or because they were retired. It may be that the elderly couples tended to consider themselves retired from active family life, and therefore no longer part of this survey target group.

In summary; while deliberate attempts were made to obtain a broad sample of Winnipeg couples, striking differences in the response rates from some neighbourhoods have biased the sample, and resulted in an overall low response rate. Responses were least likely from the elderly and those in low income neighbourhoods. Factors operating to produce this response bias may include education, poor health, and a perception by the elderly that questions about family and couple life no longer applied to them. The result of the low response ratio (17.8%), is that analyses were applied to a sample one half of the designed size for this study.

Demographic characteristics of the obtained sample. Demographics of the sample are discussed in terms of the 115 men and women who formed complete couples. Data on these, and on all men and all women

are displayed in Tables 4, 5 and 6. There were no observable differences in demographics between each gender group and the subset of that gender which formed a complete couple unit within the sample.

The obtained sample of couples do not reflect the general population. They can instead be characterized as predominately middle aged couples in long term relationships, with moderately larger than normal families, and predominately having at least one teen age child. These couples appear to have high socio-economic resources and predominately are dual career couples. As such, the sample is biased toward higher functioning couples. Male couple members ranged in age from 21 to 73 years in age, and averaged 42 years in age, see Table 4. Female couple members ranged in age from 19 to 72, with a mean of 40 years of age. Couples had been married between one and 47 years, with an average of 17.5 years. Couples averaged having two children, with an average 1.43 children currently in the home, see Table 5. Seven percent of the couples had children but none currently at home. Almost 40% of the couples had two children at home.

Consistent with demographic descriptions of the couple as middle aged, is the finding that most families were involved in the life cycle stage of preparing their teen aged children to leave home. The family life cycle stage of each couple was computed using the protocol set by Olson et al. (1983). Thirteen percent of the couples were defined as childless. The eldest child of 14% of the couples was a pre-schooler. Twenty percent of the couples had an eldest child in school, but younger than 10 years. One quarter of the couples had a teen aged eldest child. Only four percent of the couples had no

Table 4

Ages of Male, Female and Couple Samples.

	Males		Females		Couples	
(N)	(128)		(154)		(115)	
	%	M	%	M	%	M
Ages						
Men		43.15		43.14		42.42
18 to 30 yrs.	14.8		16.2		16.5	
31 to 40 yrs.	32.1		29.9		31.3	
41 to 50 yrs.	25.0		27.3		27.0	
51 to 60 yrs.	18.7		18.3		18.2	
61 or more yrs.	9.4		8.4		7.0	
Women		41.42		40.82		40.54
18 to 30 yrs.	19.5		22.1		20.9	
31 to 40 yrs.	28.9		26.6		28.7	
41 to 50 yrs.	29.7		29.9		32.1	
51 to 60 yrs.	13.2		17.7		12.2	
61 or more yrs.	8.6		5.8		5.2	

Table 5

Demographics of Male, Female and Couple Samples.

	Males		Females		Couples	
(N)	(128)		(154)		(115)	
	%	M	%	M	%	M
Length of Marriage		18.3		17.2		17.5
0 to 5 yrs.	11.0		16.3		12.3	
6 to 10 yrs.	17.3		17.0		17.5	
11 to 15 yrs.	20.5		17.0		20.2	
16 to 20 yrs.	11.8		9.8		11.4	
21 to 25 yrs.	14.2		17.0		15.8	
26 to 30 yrs.	13.0		13.7		12.3	
more than 30 yrs.	14.2		9.2		10.5	
Number of Children		2.14		2.17		2.11
None	12.5		14.3		13.9	
One	14.1		11.7		13.0	
Two	38.3		39.0		39.1	
Three	22.7		22.1		21.7	
Four or more.	12.5		12.2		13.0	
Number Children at Home		1.43		1.38		1.43
None	28.1		27.9		20.8	
One	19.5		23.4		20.9	
Two	37.5		35.4		38.3	
Three	8.7		9.4		9.7	
Four or more.	4.7		3.2		4.4	
missing	.8		-		.9	
Family Life Cycle						
Couples w/o Children	12.5		14.3		13.0	
Families w Preschool	14.1		13.6		13.9	
Families w School Age	17.2		18.2		19.1	
Families w Adolescent	13.3		9.7		12.2	
Launching Families	25.0		30.5		27.0	
Empty Nest Families	10.2		10.4		11.3	
Couples in Retirement	5.5		3.2		3.5	
missing	3.5		-		-	

children at home and were in retirement. Thus the sample consisted of well established stable couples most of whom had at least one school aged child.

The sample tended to be more highly represented by higher income brackets, see Table 6. Median family income for the sample fell somewhere between 40 and 50 thousand dollars per year. Less than 10% of the sample obtained less than 18 thousand dollars per year. More than 10% obtained greater than 70 thousand dollars per year.

The high income levels are congruent with the fact that one third of responding couples were both employed full time. In 60% of the couples the male member was employed full time, while the female member was employed full or part time. In only 29% of the couples was the male member the sole "bread-winner".

Higher educated couples were over-represented in the sample. Over 70% of the men and approximately 60% of the women had some post-secondary education. One third of the men and one fifth of the women were university graduates.

In summary; the obtained sample is of proportionally higher educated and higher income couples. They tend to have two children, the eldest of whom is a teen ager. They themselves are approximately forty years of age and have been married, on average, 17 years.

Table 6

Social Economic and Education Assets of Obtained Sample.

	Males	Females	Couples
(N)	(128)	(154)	(115)
	(%)	(%)	(%)
Income Classifications			
Zero to $11,999	2.4	3.2	2.6
$12,000 to $17,999	3.9	5.2	3.5
$18,000 to $23,999	6.3	5.8	7.0
$24,000 to $29,999	7.0	8.4	7.0
$30,000 to $35,999	7.8	5.8	7.8
$36,000 to $39,999	7.0	9.7	7.8
$40,000 to $49,999	25.0	26.6	27.0
$50,000 to $59,999	14.1	11.7	12.2
$60,000 to $69,999	10.9	9.1	11.3
$70,000 or more	12.5	11.0	12.2
missing	3.1	3.2	1.7
Couple Employment Status			
Dual Full-Time Employed	35.9	31.8	36.5
Male Full, Female Part.	22.7	27.3	23.5
Male Full, Female Other.	26.6	27.9	28.7
Female Full, Male Other.	3.9	3.2	3.5
Retired Couples.	6.3	4.5	5.2
Unemployed Couples.	2.3	.6	1.7
Other.	2.4	4.4	.9
Education			
Men			
Grade 6 or less	2.3		1.7
Grade 7 to Grade 9	6.3		6.1
Grade 10 to Grade 12	22.7		21.7
Technical Training	22.7		23.5
College or Univ. Course	13.3		13.0
University Graduate	32.8		33.9
missing	-	100. ‡	-
Women			
Grade 6 or less		.6	.9
Grade 7 to Grade 9		5.8	6.1
Grade 10 to Grade 12		32.5	35.7
Technical Training		16.9	15.7
College or Univ. Course		23.4	20.9
University Graduate		20.1	20.0
missing	100. ‡	.6	.9

Note; ‡ Respondents reported only their own education.

Measures

Stressors

Family Inventory of Life Events and Changes (FILE). Life change scores were obtained by using the total weighted scores of the FILE (McCubbin, Patterson, & Wilson, 1981). The FILE is a 71 item self report measure covering normative and non-normative life events in two time periods, the past 12 months and prior to 12 months ago. Respondents were to indicate 'Yes' if they were aware of the event happening to any family member. The FILE measures two constructs, events which might force family members to make adjustments in either their behaviors or relationships, and the strains and conflicts which might be repercussions of these and previous events. The FILE covers areas of intra-family strains, marital strains, pregnancy and child-bearing strains, finance and business, work-family transitions, illness, losses, transitions in and out of the home, and legal issues.

McCubbin, Patterson, Cauble, Larson, Comeau and Skinner (1981) presented data supporting the construct validity of the FILE total score and intra-family strain subscale as measures of stress pile-up in the family. The FILE total score was found to correlate negatively with FES subscales of cohesion, independence and organization, and positively with family conflict. The intra-family strain FILE subscale also significantly correlated in the same manner with the Family Environment Scale (FES) (Moos & Moos, 1976) subscales. In addition, high levels of intra-family strain were associated with decreased expressiveness and increased emphasis on control within the family. The FES conflict subscale and the FILE intra-family strain

subscale correlated $\underline{r}$ = +.42. This is somewhat less than would be desired as a test of convergent validity, given that the involved FILE items almost exclusively focus on conflict. Not withstanding this concern, high FILE scores would seem to be associated with less supportive, less organized families with higher levels of conflict, less expressiveness and valuing of less autonomous behavior. The total score and intra-family strains subscore have all been found to correlate negatively with indices of family functioning.

Inter-item reliabilities are uninterpretable. Strong associations between event list items are not to be expected. Associations between event and strain items do not indicate a similar underlying construct because the former may be causing the latter. McCubbin et al. (1981) reported test-retest subscale correlations ranged from a low of $\underline{r}$= +.64 to a high of $\underline{r}$= +.83 over a five week period using 125 undergraduate university students. This suggests a moderate degree of stability in responding.

McCubbin et al. (1981) used information from 75 couples to obtain relative weightings for each event or strain item. These weights or 'life change scores' are assumed to indicate the degree of social readjustment an average family would have to make in its life patterns. No information on the incremental validity of this weighted score over that of a simple counting is available. Validation tests of other life event scales have reported correlations of weighted and unweighted scores ranging between $\underline{r}$ = +.60 and $\underline{r}$ = + .99 (Kale & Stenmark, 1983). This would suggest low incremental validity. The weighted scores do more closely follow the concepts underlying a life

event list, and also have statistical properties of providing a more normally distributed scale.

Rather than using a single FILE total 'life change score' from each respondent, four weighted 'life change scores' were obtained from the FILE, and used as predictor variables: Marital and Family Strain, Normative Transitions, Business Strain, and Illness & Loss. Marital and Family Strain was computed by summing the weights for the 17 intra-family strain items and the four marital strain items. Normative Transitions was computed by summing the four transition "in" and "out" items and four pregnancy and child-bearing strain items. Business Strain was computed by summing the weights for the 11 Finance and Business Strain items and 10 Work-Family Transitions and Strains items. Illness & Loss was computed summing the weighted scores for the eight illness and family "care" strain items and the six losses items. The five FILE items detailing family legal violations were not included in any of these four scales. The four life change scales were only weakly correlated within gender. Highest associations, for both men and women were between the Marital and Family Strain scale and the Business Strain scales, see Table 7. These low correlations between subscales support, in post-hoc fashion, the division of life change scores according to these sectors of living.

Family FILE scores reported by McCubbin et al. (1981) in their validation studies were compiled by having husband and wife together complete the inventory. This procedure was not used here because it introduces several couple relationship variables as possible confounds to the FILE score. Olson et al. (1983) reported couple member FILE

Table 7

Pearson Correlations of Life Change Scores. [1]

	Normative Transition	Business Strain	Illness & Loss.
Female Sample (N = 154)			
Marital and Family Strain.	.12	.45 **	.19 ‡
Normative Transitions		.26 **	- .05
Business Strain			.11
Male Sample			
Marital and Family Strain.	.08	.33 **	.04 ‡
Normative Transitions		.19 ‡	- .08
Business Strain			.22 ‡

Note. ‡ $p \leq .05$, ** $p < .001$

[1] Marital and Family Strain, and Business Strain scales transformed using x^{-2} function, to correct for skew. Normative Transition and Illness & Loss scales transformed using natural log function to correct for skew.

scores to correlate only moderately, r = +.61. Relationships of male and female life change scale scores support our contention that one couple member's report was not viewed in this study as a sufficient indicator of the current demands for change impacting on the couple, see Table 8. Correlations between couple members on the same life change scale were no higher than .65 .

Demographic measures of resources. Demographic measures were designed such that the sample could compared with the Winnipeg Area Study 1983 (Currie & Segall, 1983). Measures include age, age of partner, length of relationship, number of children in the home and socio-economic status.

Table 8

Pearson Correlations among Couple Life Change Scales. [1]

	Males			
	Marital and Family S.	Normative Transitions	Business Strain	Illness & Loss
Females				
Marital and Family Strain.	.60 **	.04	.29 *	.16
Normative Transitions	.04	.65 **	.08	- .04
Business Strain	.18	.23 ‡	.55 **	.07
Illness & Loss	.08	- .08	.10	.57 **

Note. ‡ $p \leq .05$, * $p < .01$ ** $p < .001$.

[1] Marital and Family Strain, and Business Strain scales transformed using x^{-2} function, to correct for skew. Normative Transition and Illness & Loss scales transformed using natural log function to correct for skew.

Measures of Couple Coping Style

Coping with life in general. Couple coping was measured using the F-COPES (Olson et al., 1982). Couple coping subscales Reframing, Passive Appraisal, Seeking Social Support, Mobilizing Resources, and Spiritual Support, are included in the F-COPES (Olson et al., 1982). Items enquired about the degree to which the respondent agreed that they, as a couple, did or did not respond to problems in such a manner. Respondents were requested to circle numbers indicating they strongly agreed, moderately agreed, neither agreed nor disagreed, moderately disagreed, or strongly disagreed with each statement.

The Reframing subscale contains four items which reflect the couple's tendency to redefine stressful events in order to make them more manageable (e.g., Accepting stressful events as a fact of life.), and four items which describe a direct approach to problems and a belief in the couple's capacity to handle those problems (e.g., Knowing we have the power to solve major problems.). The Passive Appraisal subscale contains four items assessing the capacity of the couple to accept problematic events without severe emotional disruption (e.g., Knowing that luck plays a big part in how well we are able to solve family problems.). The Spiritual Support subscale contains four items focussing on the couple's participation in church activities (e.g., Attending church activities.), and their faith (e.g., Having faith in God.). The Mobilizing Resources subscale is a four item scale identifying the families tendency to seek and accept help from formal social resources (e.g., Seeking information and advice from the family doctor.). The Seeking Social Support subscale

contains nine items which tap the couple's tendency to engage friends (e.g., Seeking encouragement and support from friends.), and relatives (e.g., Seeking advice from relatives (grandparents, etc.).) for support.

Olson et al. (1985) reported moderate to high levels of internal consistency for each subscale (Cronbach's α ranged from .63 to .83). Test retest reliability correlations over four weeks ranged from r= +.61 to r= +.95; suggesting the measures are reasonably stable indicators of coping styles.

Obtained reliability estimates for men, women, and couples describe adequate inter-item consistency for all coping scales excepting Passive Appraisal, which had an unacceptably low reliability estimate, see Table 9. The low α for Passive Appraisal suggests that (a) this four item scale is not tapping a unitary construct, and (b) that there is greater variation within the scale than between couples. Because reliability estimates also describe the validity of the scale, results using this scale can be anticipated to be attenuated.

Items were combined to examine whether male and female responses reliably estimated similar constructs. While the length of the scales increased, and with that increase, an increase in Cronbach's α can be expected, given the sample sizes, changes in α due to scale length can be considered marginal (Sloan, 1988). Couple αs are at least as high as the αs for individual scales. This suggests that male, female, and couple scores on the coping scales, with the exception of Passive Appraisal, are likely measuring the same unitary constructs.

Table 9

Estimates of Reliability of Coping Scales.

	Males		Females		Couples		
Coping Scale	α	k	α	k	α	Split*	k
Reframing	.77	8	.77	8	.80	.59	16
Passive Appraisal	.48	4	.45	4	.50	.29	8
Seeking Social Support	.83	9	.76	9	.84	.59	18
Mobilizing Resources	.70	4	.73	4	.76	.57	8
Seeking Spiritual Support	.90	4	.90	4	.92	.82	8

Note; α = Cronbach's Alpha, k = number of items in scale,
* Spearman-Brown split half reliability.

Split-half reliabilities (male half versus female half) are high for Spiritual Support, and moderate for Reframing, Seeking Social Support, and Mobilizing Resources. These split-half reliabilities estimate the likelihood of husbands and wives obtaining scores which would not significantly differ. The moderate to high split-half reliabilities, and the high inter-item consistencies of the couple subscales support the construct validity of couple averaged coping scales.

Couple Adaptation

Three measures were used as indicators of couple adaptation: a) a measure of individual mental health, b) a measure of quality of the couple relationship, and c) a measure of satisfaction with the quality of life of each respondent.

Psychological health. The measure of general well-being chosen for this study is a 12 item version of the General Health Questionnaire (GHQ) (Goldberg, 1972). Developed and standardized as a 140 item scale, 60, 36, 30, 20 and 12 item versions are suggested by Goldberg (1972). Examples of items in the questionnaire include: 'Have you recently felt unable to face your problems?' and 'Have you been feeling full of energy?'. A total score is used to assess general health. Scores reflect the perceptions individuals have that they are not coping with life very well and are being negatively effected by problems.

The GHQ has been reported sensitive to some demographic characteristics. The GHQ-12 has been found to vary with sex, race and

marital status but not to be affected by age (Goldberg, 1972). The GHQ-12 has also been found to associate better health with higher social position using occupation and education (Goldberg, 1972).

The GHQ-12 is a stable measure with demonstrated criterion validity. Goldberg (1972) reported the GHQ-12 to have test-retest reliability correlations of r= .73 and r= .72 in over six months in two samples, one of 200 psychiatric inpatients and another of 200 medical outpatients. The GHQ-12 also correlated r= .72 and r= .77 respectively with psychiatric ratings in these samples.

Quality of marriage. The Quality of Marriage Index (QMI) (Norton, 1983) was used to measure the perceived global goodness of marriage. The QMI (Norton, 1982) consists of six items. Norton (1983) reported item correlations ranging between .68 and .86. A computational formula provided by Norton stratified the skewed raw scores usually found in measures of marital satisfaction. The total score was interpreted as a self report of the perceived goodness of the marriage. Norton (1982) reported the QMI correlated positively with rated similarity of attitudes between spouses, spouse's estimations of the likelihood of their marriage enduring, and negatively with the number of times spouses have considered ending their relationship.

Satisfaction with quality of life. Satisfaction with life was measured using a series of nine questions created by Campbell et al. (1976) and since used in the WAS-83 (Segall & Currie, 1983).[7] The questions asked how satisfied the respondent was with their

[7] By permission of R. Currie, Dept. of Sociology, University of Manitoba.

neighbourhood, house, hobbies, family life, health, time to do things, friendships, standard of living, job, and life in general. Campbell et al. (1976) reported item test-retest correlations over eight months to vary from .42 to .67 . The item referring to satisfaction with job was not used in the WAS-83 survey nor in this survey. This item would have been too strongly confounded by employment and social assets. The internal consistency estimates for the 85 coupled men and 99 coupled women in the WAS-83 study were .75 and .73 respectively (Cronbach's α).

Couple adaptation. The overlap in couple criterion scores are, as Larzelere and Klein (1988) have suggested, greater for the one emergent couple criterion measure, the QMI. As the domain of measurement overlap decreases, reliability estimates decrease. Measures of adaptation were combined to obtain a couple averaged GHQ, QMI and Life Satisfaction score. Split half reliability estimates (male versus female) for these three adaptation indicies were .37, .74 and .51 respectively. These estimates suggest that couple member QMI scores provide a reliable estimate of their partners' scores. Couple averaged life satisfaction scores have only a moderate reliability. Finally, the GHQ score of each couple member is an unreliable estimate of the GHQ score of their partner.

The low reliability of couple averaged GHQ scores limit the validity of such a measure (Sechrest, 1984). The implications of a low reliability is the likely attenuation of any evidence of a predictive link between stressors, coping styles and couple GHQ scores.

Additional measures. Several measures were included in the questionnaire but were not part of the present study. Each couple member was asked to describe the event that they felt had had the most impact on the family in the last year. Respondents then indicated the potential harm, and potential for resolution embedded in that important event. The Family Adaptability and Cohesion Evaluation Scale III, FACESIII, couple version (Olson, D. H., Portner, J., & Lavee, Y., 1985) was used to measure cohesion and flexibility of the couple relationship. Social resources were measured using an indicator of individual social integration (used in the WAS-83) and a measure of perceived supportiveness of the individual couple members' social networks, the Perceived Social Support from Friends scale, PSS-Fr (Procidano & Heller, 1983). Items about the important event were included so as to explore an alternative design to mapping coping styles (see Lin et al., 1985; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986). Measures of couple resources will be applied to later investigations of how resources support coping styles.

Procedure

Envelopes containing two introductory letters, two return envelopes, two questionnaires, and two refusal postcards were mailed to selected Winnipeg Homes, see Appendices D through I. The introductory letter identified the CCW study as "regarding how couples address everyday life problems". Those married or living as if married were defined as eligible. Couple members were requested to separately complete the questionnaire, keeping their responses private

and not sharing with their spouse. The letter estimated the completion time of the questionnaire to be about 30 minutes. some people took considerably longer, applying themselves to the booklet in more than one setting. The included postcard allowed the respondent to refuse to participate, or to inform of their ineligibility.

The 22 page questionnaire booklet contained 209 items. Order of questionnaire items was not varied. The booklet began with the FILE items (McCubbin, Patterson & Wilson 1981). The respondent was then asked to describe the 'Most Important Event' occuring to their family in the last 12 months. Having described the event, the respondent was then asked to complete items describing the Potential Harm they connected with that important event, and then complete the items describing coping with that event.

Respondents were then asked to complete the F-COPES (Olson et al., 1982), and FACES III (Olson et al., 1985) scales. Having described their family, respondents were asked to respond to the social integration and PSS-Fr (Procidano & Heller, 1983) measures. The three couple adjustment measures, QMI (Norton, 1983), GHQ-12 (Goldberg, 1972), and Life Satisfaction (Segall & Currie, 1983) followed in order. The questionnaire closed with demographic items.

RESULTS

The results presented herein focus on couple information. Data on males and females is presented only so as to help explain couple results. Data from the 115 couples was first transformed so as to better meet statistical assumptions of normality. Data from individual couple members was used to compare the Life Satisfaction of the CCW and WAS-83 samples. In preparation for examining the suppression hypothesis, distributions of the stressor and coping style measures were compared with known baseline samples. The three parameters of the suppression model, as described in hypotheses two, three and four, were then tested using reduced form regression equations (Cohen & Cohen, 1975). Evidence of each parameter is discussed separately for each of the three adaptation criteria: life satisfaction, marital quality, and psychological well-being. A second, though less sensitive test of the suppression model, used t-tests to compare total and direct effects of the stressors on the adaptation criteria. These analyses found little evidence of a mobilization of coping styles, and no evidence of stressor suppression. Two coping styles, Reframing and Spiritual support, did have mediating roles between stressors and well-being. But, they were not identified as stress suppressors.

Data Analyses

Data analyses required first the statistical transformation of skewed scales so as to more closely approximate univariate normality. Missing values were given mean scores. Then couple data was compiled using averaging of husband and wife scores.

Normality. Regression analyses, using the F Test, are based on an assumption that the dependent variables approximate a normal distribution (Tabachnick & Fidell, 1983). Several measures had skewed distributions. Skewed variables were transformed using a protocol of transformations, first using a square root function, then a natural log function. The transformation adopted was that under which both male and female versions of the scale were not significantly skewed. Scales of Marital and Family Strain, Business Strain, Reframing, GHQ, and Life Satisfaction were all transformed using the square root function. Scales of Normative Transitions, Illness & Loss, Passive Appraisal, and QMI were all transformed using the natural log function. A z score criterion of $\pm$ 1.96 was used to determine skewness. Transformations were complicated by the criterion that both male and female scales be transformed in the same manner. In two cases, further transformations improved skewness for one gender but made it worse for the other. The Reframing scale remained positively skewed for men, $z = -2.35$. The GHQ remained skewed for both men, $z = 2.96$, and women, $z = 2.32$.

Within gender mean substitution was used to estimate values for missing data. This is the most conservative of the choices which

might serve to obtain estimates for missing values. The impact of this process on regression and ANCOVA parameter parameters is to underestimate the true value of that parameter.

Hypothesis One, Quality of Sampling

It was hypothesized that the quality of life scores from the CCW sample would not be significantly higher than those reported in the WAS-83 study (Segall & Currie, 1983), when the influences of age, income, education and number of children on quality of life scores had been controlled. Higher life satisfaction scores in the CCW study than in the WAS-83, would indicate that the former study contains information from those who tended to be significantly more satisfied with their quality of life than would be expected of a Winnipeg adult.

Comparison through analyses of covariance (ANCOVA). Analyses of covariance (ANCOVA) was used to test this hypothesis. Covariates introduced were age of respondent, family income, number of children living in the home, and education. The first three covariates were chosen to represent the sample stratification criteria. Education was included because it was a likely factor influencing the response rate. Lastly, these four variables have also been reported by others to predict well-being (Aldous, 1978; Olson et al., 1983; Ross & Huber, 1985; Wheaton, 1983).

The WAS-83 collected satisfaction with quality of life information from only one household member. Therefore, this hypothesis had to be tested separately for men and women.

Comparison of males from the WAS-83 and CCW studies. The male samples differed significantly on three of the four covariates, supporting the need for covariate analyses. The 128 CCW men were better educated, wealthier and tended to have more children living at home than did the 82 WAS-83 men, see Appendix K. The men in the two samples did not differ in average age.

Two ANCOVA were performed when tests for homogeneity of covariate regressions indicated 'number of children at home' had a different relationship with life satisfaction scores in the two samples. Separate regressions revealed that number of children in the home predicted lower life satisfaction scores for the WAS-83 men, but not for the CCW men, see Appendix K. Therefore, to test the hypothesis, it was necessary to perform simple ANCOVAs within two categories of 'number of children in the home', no children or children present.

No significant differences in life satisfaction scores was detected between WAS-83 and CCW men with no children in the home, or with children present, see Table 10. The hypothesis of life satisfaction scores among CCW men not being higher on average than their WAS-83 counterparts was therefore, supported by these analyses.

Comparison of the life satisfaction of CCW and WAS-83 females. Women differed from each other in the two samples on the covariates to a lesser degree than did the men. The 154 CCW women were part of wealthier families than the 99 WAS-83 women. Otherwise, the two groups of women were on average of the same age and education, and had a similar family size.

Table 10

WAS-83 vs CCW Male Life Satisfaction by Children Present.

Men with no Children

Analyses of Covariance

Source of Variation	MS	df	F	Sig of F
Error	.94	66		
Covariate Regression *	3.22	3	3.43	.022
Between Groups	2.43	1	2.59	.113

Group Means

		Observed	Adjusted **
WAS-83	(N=41)	4.56	4.51
CCW	(N=36)	4.08	4.13

Men with Children in Household

Analyses of Covariance

Source of Variation	MS	df	F	Sig of F
Within Groups Error	.87	127		
Covariate Regression *	2.17	3	2.49	.063
Between Groups	.67	1	.77	.381

Group Means

		Observed	Adjusted **
WAS-83	(N=45)	4.08	4.16
CCW	(N=91)	4.08	4.00

Note. * Covariates were Income, Education and Age.
** Adjusted for covariates.

Table 11

Comparison of WAS-83 and CCW Women on Life Satisfaction.

Analyses of Covariance.

Source of Variation	MS	df	F	Sig. of F
Within Groups	248.2	222		
Covariate Regression	14.06	4	3.15	.015
Between Groups	10.55	1	9.44	.002

Covariate Regression	R^2	β
Age	.55	.152 ‡
Family Income	.04	.089
Education	.41	- .153 ‡
Children at Home	.00	.039

Group Means	Observed	Adjusted*
WAS-83	4.306	4.348
CCW	3.920	3.878

Note. ‡ $p < .05$.
* Adjusted for covariates, but not for covariate by group interactions, which were all non-significant.

The ANCOVA supported the null hypothesis that the average life satisfaction of the CCW study was not higher than the WAS-83 women, see Table 11. It was in fact significantly lower, (F (1,222) = 9.44, $p \leq .002$). It is safe to conclude that the CCW response bias did not include a tendency to respond to the survey only if more satisfied with the quality of one's life than married or common-law Winnipeg women.

In summary, neither comparisons of men nor of women from the CCW and WAS-83 samples revealed evidence that those responding to the CCW study are better adapted (i.e., more satisfied with life). Comparisons of the demographics of the CCW and WAS-82 samples suggests, however, that the CCW sample consists of wealthier individuals. These individuals likely bring greater personal coping resources to their couple relationship, than the average for Winnipeg couples.

The Suppression Hypotheses

Distribution of stress and couple coping styles. The distribution of stress and coping style measures were examined to evaluate whether the obtained sample was experiencing high, low or moderate levels of environmental stress, and whether any of the five coping styles were being used. A comparison of the CCW sample to normative samples revealed the sample of 115 couples to be approximately equally stressed as the normative samples, see Table 12. However, CCW couples reported a lower tendency to apply Spiritual Supports, Mobilize Resources, and Seek Social Supports. The couple average for Seeking

Table 12

Means and Correlations, Couple Coping Styles and Coping Resources (N=115).

	Couple Coping and Well-Being Survey				Normative Samples		
			Intra-Couple Correlations				Intra-Couple
	Mean	S.D.[1]	Raw	Transformed[2]	Mean	S.D[1]	Correlations
FILE Total Score	11.9	6.1			11.	6.0 [3]	
Reframing	32.0	3.9	.38	.37 (sqrt)	32.2	4.8	.16[3]
Male	32.4	4.4			30.4	4.9	
Female	31.8	4.9			30.4	4.9	
Passive Appraisal	7.6	2.4	.30	.25 (logn)	8.5	3.0	.26[3]
Male	7.5	2.8			8.5	3.0	
Female	7.7	3.1			8.2	3.1	
Seek Social Support	24.4	6.0	.46	not trans.	27.2	6.4	.26[3]
Male	23.3	7.1			26.5	6.4	
Female	25.3	6.8			27.8	6.5	
Mobilize Resources	10.7	3.1	.32	not trans.	12.0	3.4	.25[3]
Male	9.9	3.7			11.8	3.3	
Female	11.4	3.9			12.7	3.3	
Seek Spiritual Sup.	11.9	4.4	.66	not trans.	16.1	3.0	.31[3]
Male	11.4	4.7			16.0	3.1	
Female	12.6	4.9			16.6	2.9	

Notes. [1] S.D. = Standard Deviations, [2] Transformed data used in analyses, [3] Norms for FILE and F-COPES scales (N=1124) from Family Inventories: Inventories used in a national survey of families by D. H. Olson, H. I. McCubbin, H. Barnes, A. Larson, M. Muxen, and M. Wilson, 1985, St Paul, MN, University of Minnesota.

Spiritual Supports falls at the 12th percentile for the normative sample (Olson et al., 1985). Similarly, couple average for Mobilizing Social Supports falls at the 31st percentile, and Seeking Social Supports at the 30th percentile. Passive Appraisal is only slightly less used than in the normative sample (average falls at the 40th percentile). In contrast, the sample is more inclined to use Reframing as a coping style (couple average falls at the 71st percentile in the normative sample). Thus, the couples in the CCW sample can be characterized as more self-reliant, and optimistic about their relationship than might be expected in the general population. They are also unlikely to involve the church in their efforts to manage difficulties.

Consensus on the nature of the couple. The validity of using the average score of couple member data is in part hinged on the capacity of couple members to reliably report how the couple unit copes, its degree of stress, and its current quality. The consensus CCW couples have about how they cope was low, but does not seem substantially different from that of normative populations. Table 12 reveals that husband and wife reports on couple measures are only moderately correlated. These correlations do not vary from the available norms. Never the less, they are sufficiently low so as to warrant examining the degree to which findings for men and women deviate from couple averaged results.

Results suggest that individuals tend to agree more on the quality of their marriage than they did about the quality of their lives in general, or about how personally distressed they were. As might be

expected, estimates of marital quality most highly correlate $\underline{r}$ = .65. Measures of individual psychological well-being correlate most weakly, $\underline{r}$ = .21. Finally, life satisfaction measures fall somewhere between marital quality and individual well-being, in correlating moderately $\underline{r}$ = .41. These correlations are consistent with the reliability estimates reported earlier.

Together, the intra-couple correlations and reliability estimates suggest the couple averaged QMI scores to be a valid measure of the quality of the marriage. Couple averaged life satisfaction also has a moderate but acceptable level of statistical validity. But, couple averaged GHQ scores may not be a valid measure of the degree to which the couple is able to protect individual members from environmental stress. Given the low validity of the GHQ averaged scores, generally weaker predictive associations can be expected.

No evidence was found supporting the idea that differences in couple members reports of coping and couple quality would decrease over time. When female reports were subtracted from the couple report so as to obtain a difference score, no significant correlations between those difference scores and the years of marriage were identified. Thus, differences in couple member scores are not reflective of a longitudinal socialization process.

Testing the Suppression Hypotheses

A forced entry, hierarchical regression analysis, has been described as an effective test for suppression effects (Cohen & Cohen, 1975; Finney, Mitchel, Cronkite, & Moos,1984; Wheaton, 1985). When the variables of interest are grouped into sets (e.g., stressors, coping styles) and the relations among all variables in each set have not been specified, then a version of hierarchical regression analyses, refered to as reduced form equations, may be used (Cohen & Cohen, 1975). The analysis begins by regressing the dependent variable (well-being) against the set of predictor variables (in this case four measures of stressor pile-up). The obtained partial regression coefficients represent the total effect each stressor measure has on well-being, independent of the other three stressor measures. This reduced equation is followed by a full equation, including both the set of stressors and the set of mediating variables (the five coping styles). The partial regression coefficients for the stress measures represent their direct effect on well-being. Comparison of the unstandardized regression coefficients of the stressors for the full versus reduced model will reveal the existence of any suppression effect (Wheaton, 1985). If the total effect each stressor has on well-being is less than the direct effect, or if the effect values change sign, then the direct effect of that stressor is being suppressed by the coping styles (Cohen & Cohen, 1975). A *t*-test is available to compare the regression coefficients of the full and reduced equation models (Harris, 1975).

Combined Effects of Stressors and Coping Styles

The hypotheses of this study rest on the assumption that the adaptation criteria are predicted by the combined stressors and coping styles. If the adaptation criteria are not significantly predicted by stressor and coping measures then either inappropriate adaptation criteria have been selected, or the stressors and coping styles have not been adequately operationalized. Two of the adaptation criteria were strongly predicted by the combined coping and stressor measures; life satisfaction and QMI scores. For couples, and separately for males and females, the total effect of stressor measures predicted 19, 25 and 16 percent of life satisfaction scores respectively. In addition, a significant improvement in scores occurred for all cases when coping styles were added as predictors. For couples, coping styles increased the capacity of the model to predict life satisfaction by an additional 16 percent. For individuals, their reports of couple coping styles added 14 percent to the total ability of the model to predict their personal life satisfaction. Therefore, couple and individual life satisfaction was significantly and moderately well predicted by coping and stress measures.

Similar, but stronger effects were found in predicting QMI scores. Stressors predicted a total of .24, .26 and .20 of the variance in QMI scores of couples, women and men respectively. Coping styles also respectively added .20, .13 and .21 to QMI scores. For women, this R^2 change was not significant. Thus, the measures of stress and coping combined to strongly predict QMI scores ($\underline{R^2}$ = .45 for couples, .39 for women and .41 for men).

Stressor and coping measures much more weakly predicted GHQ scores. For couples, stressors ($\underline{R^2}$ = .16), and the total equation ($\underline{R^2}$ = .24) significantly predicted moderate amounts of variation in GHQ scores. But, coping styles did not significantly add to the ability of the predictors to account for variation in couple GHQ scores. Findings of similar strength were obtained for women but because of the larger number of women, these equations were statistically significant. For men, though the equations were even weaker. The set of stressors ($\underline{R^2}$ = .08), and the total equation ($\underline{R^2}$ = .15) predicted a statistically significant though small amount of variance in male GHQ scores. Coping styles did not significantly add to the ability of the equation to predict GHQ scores. It is likely then that couple stressors only marginally impact on couple members' perceptions of being in distress, and couple coping styles have little effect at all.

In summary, life satisfaction and marital quality appear to be adaptation criteria sensitive to couple stressors and coping styles. The GHQ scores, which measure personal distress, appear to be poorly explained by these couple measures, and may be more influenced by personal factors not included in these analyses. The unequal sensitivity of these measures to the stress and coping styles suggests that there will be little evidence of any stress suppression involving GHQ scores. What evidence of suppression there is, would be indexed by life satisfaction and QMI measures. This is basically the case; as detailed below.

Change Impacting Negatively on Couple Well-Being

It was hypothesized that demands for change from family and marital strain, normative events, business strain, and family illness and losses would significantly and negatively predict the adjustment of the couple members, when the influence of couple coping style on couple adjustment had been controlled.

This hypothesis was tested separately for couples, for women and for men. Couple scores were computed by averaging the male and female partner scores. The data correlation matrices used in these tests are displayed in Tables 13, 14 and 15. The correlation matrices included only valid[8] data. Means substitution was used to maximize the sample size during regression analyses. In each case, the four life change scores and five coping style measures were simultaneously regressed against three dependent variables, Life Satisfaction, GHQ scores, and QMI scores. The hypothesis was determined to be supported if a t Test indicated the regression coefficients for the weighted life change scores were significantly less than zero (α = .05, one[9] tailed).

Explanation of tabled regressions. Information on the test of the suppressor hypotheses is displayed in Tables 16 through 18. These Tables list both a Step 1 restricted regression model, and a full model. The restricted model contained only the four life change scales as predictors. The full model contains both life change and coping scales. The unstandardized regression coefficients for the

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[8] Cases excluded in a pairwise fashion for missing values to scales.

[9] Use of a one tailed test for the significance of a regression coefficient is unusual, but certainly allowable given the hypothesis to be tested, see Hays (1981)

Table 13

Couple Stress, Coping and Well-being measures

Life Satisfaction											
-.52	General Health Questionnaire										
.59	-.34	Quality of Marriage Index									
-.31	.36	-.44	Marital & Family Strain								
-.08	.12	.11	.05	Normative Transitions							
-.36	.28	-.28	.38	.24	Business Strain						
.08	.12	-.01	.12	-.07	.13	Illness & Loss					
.09	-.02	.08	.06	.23	.05	-.02	Social Support				
.42	-.25	.50	-.21	-.01	-.04	.05	.01	Reframing			
-.01	-.00	-.00	.10	.19	.04	.07	.47	.01	Mobilize Resources		
.23	-.20	.22	-.05	.23	-.06	.08	.24	.15	.27	Spiritual	
-.01	.12	-.15	.02	-.00	.07	-.05	.07	.02	.06	-.06	Passive Appraisal

Note. Critical Values. (N = 115) r = .19 $p \leq .05$, r = .24 $p \leq .01$.

Table 14

Pearson Correlations, Stressor Events, Coping Styles, and Well-being, Female Sample

Stressors											
Marital & Family Strain											
.12 (153) <.139	Normative Transitions										
.45 (154) <.000	.26 (153) <.001	Business Strains									
.19 (152) <.018	-.05 (152) <.577	.11 (152) <.159	Illness & Loss								
Coping Styles											
-.29 (153) <.000	.03 (152) <.684	-.10 (153) <.211	-.04 (151) <.666	Reframe							
-.05 (153) <.555	.21 (152) <.011	.12 (153) <.154	-.05 (151) <.570	.18 (153) <.029	Seeking Social Support						
-.01 (153) <.907	.19 (152) <.018	.13 (153) <.109	.08 (151) <.304	.05 (153) <.557	.45 (153) <.000	Mobilize Resources					
-.06 (153) <.487	.21 (152) <.010	.05 (153) <.514	-.01 (151) <.926	.11 (153) <.158	.19 (153) <.019	.26 (153) <.001	Spiritual Support				
.12 (153) <.126	.13 (152) <.123	.10 (153) <.211	-.05 (151) <.539	-.02 (153) <.766	.01 (153) <.950	-.10 (153) <.221	-.03 (153) <.672	Passive Appraisal			
Well-Being											
-.38 (154) <.000	-.10 (153) <.240	-.28 (154) <.000	-.03 (152) <.702	.43 (153) <.000	.11 (153) <.159	.06 (153) <.438	.16 (153) <.055	-.15 (153) <.056	Life Satisfaction		
-.48 (154) <.000	-.01 (153) <.874	-.34 (154) <.000	-.08 (152) <.335	.42 (153) <.000	.11 (153) <.159	.09 (153) <.257	.25 (153) <.002	-.16 (153) <.045	.56 (154) <.000	QMI	
.39 (154) <.000	.11 (153) <.159	.19 (154) <.020	.13 (152) <.118	-.23 (153) <.004	-.11 (153) <.163	-.07 (153) <.416	-.15 (153) <.065	.25 (153) <.002	-.47 (154) <.000	-.33 (154) <.000	GHQ

Table 15

Pearson Correlations Among Stressor Events, Coping Styles, and Well-being, Male Sample.

Stressors												
	Marital & Family Strain											
	.08	Normative Transitions										
	(128)											
	<.353											
	.33	.192	Business Strain									
	(127)	(127)										
	<.000	<.035										
	.04	-.07	.22	Illness & Loss								
	(127)	(127)	(127)									
	<.696	<.454	<.012									
Coping Styles												
	-.12	-.03	-.08	.11	Reframing							
	(125)	(125)	(124)	(124)								
	<.171	<.773	<.367	<.211								
	-.03	.05	-.12	-.06	-.01	Seeking Social Support						
	(126)	(126)	(125)	(125)	(125)							
	<.722	<.614	<.190	<.531	<.901							
	.07	.03	-.08	-.01	-.03	.48	Mobilize Resources					
	(125)	(125)	(124)	(124)	(125)	(125)						
	<.470	<.758	<.349	<.931	<.758	<.000						
	-.13	.10	-.09	.10	.16	.34	.25	Spiritual Support				
	(125)	(125)	(124)	(124)	(124)	(124)	(124)					
	<.158	<.263	<.322	<.274	<.077	<.000	<.004					
	-.04	-.05	-.10	-.14	-.11	.20	.32	-.03	Passive Appraisal			
	(125)	(125)	(124)	(124)	(125)	(125)	(125)	(124)				
	<.666	<.574	<.282	<.129	<.220	<.022	<.000	<.779				
Well-being												
	-.33	-.08	-.44	.10	.39	.12	-.11	.11	-.02	Life Satisfaction		
	(126)	(126)	(125)	(125)	(125)	(125)	(125)	(125)	(125)			
	<.000	<.374	<.000	<.257	<.000	<.177	<.242	<.230	<.866			
	-.40	.05	-.29	.02	.47	.18	-.01	.19	-.11	.55	QMI	
	(127)	(127)	(126)	(126)	(125)	(126)	(125)	(125)	(125)	(126)		
	<.000	<.573	<.001	<.855	<.000	<.042	<.879	<.032	<.239	<.000		
	.25	-.01	.20	.06	-.25	.05	.03	-.15	.05	-.38	-.21	GHQ
	(126)	(126)	(125)	(125)	(125)	(125)	(125)	(125)	(125)	(126)	(126)	
	<.006	<.935	<.027	<.542	<.004	<.554	<.713	<.096	<.573	<.000	<.000	

restricted model are listed in columns headed by third order (b_3) coefficients.[10] The full model unstandardized regression coefficients and standardized coefficients are denoted as b_8 and β_8 respectively.

Predicting life satisfaction. Couple life satisfaction scores were directly influenced by economic strains. But, stressors in other life areas were not significant factors. Results suggest that for couples, business strain directly predicts reduced life satisfaction with the influence of coping styles accounted for. Higher couple Business Strain scores predicted lower couple Life Satisfaction scores, $\underline{\beta} = -.301$, $\underline{p}(t \geq 0) \leq .001$, see Table 16. Business scores directly predicted just under seven percent of the variance in life satisfaction scores, $\underline{sr}^2 = .068$. The hypothesis that couple Marital and Family strain, Normative Transition and Illness & Loss scores would also negatively predict couple life satisfaction was not supported.

Among women and men separately, Marital and Family strain scores also predicted reduced life satisfaction, (women, $\underline{\beta} = -.187$, $\underline{p}(\underline{t} \geq 0) \leq .013$, and men, $\underline{\beta} = -.145$, $\underline{p}(\underline{t} \geq 0) \leq .032$). It is difficult to identify why these individual relationships did not also translate into a predictive relationship for couples.

Contrary to the hypothesis, male Illness & Loss scores were significantly and positively predictive of Life Satisfaction, $\underline{\beta} = .172$, $\underline{p}(\underline{t} = 0) \leq .025$, $\underline{sr}^2 = .026$. This anomalous finding also begs interpretation.

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[10] Each coefficient represents the relationship with the criterion in context of three other predictors.

Table 16

Life Satisfaction Scores Predicted by Couple Life Change Scores and Couple Coping Styles.

Predictors	r	b_3	b_8	β_8		R^2
			Couples			
(Constant)		4.73 **	2.42 *			
Family Str.	-.314 **	-.147 ‡	-.083	-.132		
Norm. Tran.	-.108	.012	-.044	-.039		
Business	-.364 **	-.234 *	-.232	-.301 **		
Ill. & Loss	.077	.134	.102	.110	step1	.19 **
Reframe	.409 **		.457	.341 **		
Passive	.014		-.052	-.014		
Social S.	.086		.018	.120		
Mobilize R	-.013		-.025	-.086		
Spirit	.224 ‡		.030	.146 †	change	.16 **
					Total	.35 **
			Women			
(Constant)		4.72 **	3.187 **			
Family Str.	-.377 **	-.212 **	-.124	-.187 ‡		
Norm. Tran.	-.096	-.024	-.082	-.067		
Business	-.284 **	-.109	-.122	-.157 †		
Ill. & Loss	-.031	.049	.030	.029	step1	.16 **
Reframe	.428 **		.444	.337 **		
Passive	-.153 †		-.321	-.092		
Social S.	.113		.009	.051		
Mobilize R.	.062		.004	.015		
Spirit	.154 †		.026	.110	change	.14 **
					Total	.30 **
			Men			
(Constant)		4.92 **	3.180 **			
Family Str.	-.322 **	-.126 ‡	-.093	-.145 †		
Norm. Tran.	-.078	.031	.031	.027		
Business	-.422 **	-.340 **	-.323	-.387 **		
Ill. & Loss	.099	.179 ‡	.155	.172 ‡	step1	.25 **
Reframe	.389 **		.406	.327 **		
Passive	-.015		.105	.033		
Social S.	.120		.026	.185 ‡		
Mobilize R.	-.105		-.057	-.210 ‡		
Spirit	.104		-.005	-.024	change	.14 **
					Total	.39 **

Note. † = p (β = 0) < .10, * = p (β = 0) < .01,
‡ = p (β = 0) < .05, ** = p (β = 0) < .001.

Predicting psychological health. Only couple averaged Marital and Family Strain positively predicted[11] the average couple GHQ score β = .257, $p(t \leq 0) \leq .004$. Marital and Family Strain accounted for five percent of the variance in GHQ scores, $sr^2 = .050$. The hypothesis that Normative Transition, Business Strain and Illness & Loss scores would also predict higher average GHQ scores for couple members was not supported.

These results suggest that, when the potentially suppressive effects of coping styles are controlled, variances in average GHQ of couple members can be anticipated by the degree to which family functioning has been disrupted. While Business Strains significantly correlated with couple GHQ measures, when all stressors were used simultaneously as predictors only Marital and Family Strain predicted GHQ scores. Thus, the effects of Business stressors appear to be due to their association with Marital and Family Strain.

Predicting marital quality. When potential stress suppressors were controlled, direct effects of Marital and Family Strains, Business Strains, and Normative Transitions were observed. As hypothesized, the couple average QMI score was significantly negatively predicted by their Marital and Family Strain score, $\beta = -.288$, $p(t \geq 0) \leq .001$, $sr^2 = .067$, and their Business Strain Score, $\beta = -.185$, $p(t \geq 0) \leq .013$, $sr^2 = .027$.

[11] The higher the GHQ score the lower the respondents psychological well-being.

Table 17

GHQ Predicted by Weighted Couple Life Change Scores and Couple Coping Styles.

Predictors	r	b_3	b_8	β_8		R^2
			Couples			
(Constant)		1.91 **	2.264 **			
Family Str.	.361 **	.117 *	.102	.257 *		
Norm. Tran.	.125	.059	.099	.139		
Business	.276 *	.066	.054	.111		
Ill. & Loss	.012	.042	.066	.112	Step1	.16 **
Reframe	-.240 *		-.138	-.163 †		
Passive	.116		.239	.105		
Social S.	-.018		-.002	-.025		
Mobilize R	.003		-.008	-.015		
Spirit	-.191		-.023	-.171 †	change	.08 †
					Total	.24 **
			Women			
(Constant)		2.09 **	1.938 **			
Family Str.	.393 **	.158 **	.125	.300 **		
Norm. Tran.	.114	.057	.077	.100		
Business	.187 ‡	.004	.000	.001		
Ill. & Loss	.126	.039	.050	.075	Step1	.16 **
Reframe	-.228 *		-.092	-.111		
Passive	.246 *		.429	.194 *		
Social S.	-.111		-.008	-.073		
Mobilize R.	-.065		.000	.000		
Spirit	-.147 †		-.017	-.117	change	.07
					Total	.24 **
			Men			
(Constant)		2.00 **	2.448 **			
Family Str.	.242 *	.087 ‡	.072	.168 †		
Norm. Tran.	-.007	-.036	-.027	-.035		
Business	.193 ‡	.074	.066	.117		
Ill. & Loss	.054	.009	.039	.065	Step1	.08 ‡
Reframe	-.253 *		-.174	-.209 ‡		
Passive	.051		.059	.028		
Social S.	.053		.011	.111		
Mobilize R.	.033		.000	-.004		
Spirit	-.150 †		-.018	-.123	change	.07 †
					Total	.15 ‡

Note. † = p (β = 0) < .10, * = p (β = 0) < .01,
‡ = p (β = 0) < .05, ** = p (β = 0) < .001.

Normative Transitions weakly predicted higher, not lower as expected, marital quality $\beta = .143$, $p(t = 0) \leq .0734$. Thus, in contrast with other well-being criteria, experiencing the normative transitions of the family lifecycle enhanced perceptions of the quality of the marriage. This effect was, however, weak ($sr^2 = .017$), and not present when men and women were examined separately.

In short, when the suppressive effects of coping styles are controlled, perceptions of marital quality are strongly diminished by disruptions to the marital relationship or family strains and less strongly reduced by business and economic hardships. Normative Transitions appear to augment perceptions of marital quality, not reduce them.

Summary of evidence of direct effects of stressors. Examination of the regression coefficients for stressors in the full regression equation, identified Marital and Family Strain and Business Strain as predictors of adaptation criteria. Marital and Family Strain predicted lower marital quality and higher levels of personal distress among couples. Business Strain predicted lower life satisfaction and lower marital quality. The impact of business strain on personal distress appeared to be indirect; that is it may be associated with marital disruptions. Normative Transitions predicted an increase in perceptions of marital quality, but were not predictive of distress or life satisfaction. Illness and relationship losses did not negatively predict any adaptive criteria. Either the effects of this variable are actually marginal, or its effects are transported through another stressor measure, or it has been inadequately operationalized for this

Table 18

QMI scores predicted by Weighted Couple Life Change Scores and by Couple Coping Styles.

	r	b_3	b_8	β_8		R^2
Couples						
(Constant)		2.94 **	1.73 *			
Family Str.	-.440 **	-.209 **	-.156	-.288	**	
Norm. Tran.	.109	.175 ‡	.139	.143	†	
Business	-.284 *	-.126 ‡	-.123	-.185	‡	
Ill. & Loss	-.014	.058	.021	.026	Step1	.24 **
Reframe	.496 **		.482	.418	**	
Passive	-.054		-.408	-.132	†	
Social S.	.081		.011	.082		
Mobilize R	.003		-.012	-.048		
Spirit	.219 ‡		.015	.085	change	.20 **
					Total	.45 **
Women						
(Constant)		3.00 **	1.968 **			
Family Str.	-.483 **	-.207 **	-.146	-.295	**	
Norm. Tran.	-.013	.077	.025	.027		
Business	-.341 **	-.102 ‡	-.112	-.193	‡	
Ill. & Loss	-.079	.020	.005	.007	Step1	.26 **
Reframe	.418 **		.279	.285	**	
Passive	-.161 ‡		-.241	-.032		
Social S.	.113		.002	.018		
Mobilize R.	.091		.006	.028		
Spirit	.246 *		.033	.187	* change	.13
					Total	.39 **
Men						
(Constant)		2.93 **	1.367 ‡			
Family Str.	-.396 **	.199 **	-.171	-.291	**	
Norm. Tran.	.050	.128	.108	.104		
Business	-.283 **	.162 ‡	-.129	-.170	‡	
Ill. & Loss	.016	.069	.019	.023	Step 1	.20 **
Reframe	.466 **		.459	.405	**	
Passive	-.106		-.289	-.099		
Social S.	.181 ‡		.026	.203	‡	
Mobilize R.	-.014		-.017	-.069		
Spirit	.191 ‡		.003	.014	change	.21 **
					Total	.41 **

Note. † = p (β = 0) < .10, * = p (β = 0) < .01,
‡ = p (β = 0) < .05, ** = p (β = 0) < .001.

study. The anomalous finding that male reports of Illness and Loss predicted higher life satisfaction suggests that the measure inadequately represents the stresses linked with chronic illness and death of family members and relatives.

Coping Styles Predicting Couple Adjustment

If there is evidence that stressors do negatively impact on couple adaptation, is there also evidence that adaptation is enhanced by coping styles? Coping Styles of Reframing, Seeking Social Support, Mobilizing Resources, and using Spiritual Supports were hypothesized to positively predict estimates of the adjustment of the couple, and individual adjustment, when the influence of Couple Life Change scores on couple adjustment was statistically controlled. Further, reported use of Passive Appraisal was expected to negatively predict Couple Adjustment under the same conditions of statistical control.

This hypothesis was tested using the same simultaneous regression equations as presented in Tables 16 through 18. The F Test for 'R^2 change' tested for the combined significance of the coping measures as predictors and a one tailed T-test, $\alpha \leq .05$, was used to test the significance of individual regression coefficients.

Predicting life satisfaction from coping styles. Couple coping styles, as a set, significantly predicted couple Life Satisfaction scores, F (5,105) = 5.03, $p \leq .000$, $R^2 = .156$. As hypothesized, the tendency of couples to use Reframing strongly enhanced life satisfaction scores, $\beta = .341$, $p(t \leq 0) \leq .000$, $sr^2 = .103$. Even

though spiritual resources were infrequently used in this sample, couple use of Spiritual Support predicted greater life satisfaction, $\underline{\beta}$ = .146, $\underline{p}(\underline{t} \leq 0) \leq .047$, $\underline{sr}^2 = .017$. These two coping styles, therefore, can be regarded as effective means of maintaining life satisfaction.

Couple Life Satisfaction scores were not significantly positively predicted by Seeking Social Support or Mobilizing Resource scores nor negatively predicted by Passive Appraisal Scores. Thus these coping styles do not influence life satisfaction.

Individual reports do differ from couple data, and suggest that: (a) the personal life satisfaction of women is influenced primarily by their confidence in their couple relationship, but (b) the personal life satisfaction of men is influenced by a variety of couple coping styles. Female Life Satisfaction was positively predicted only by their reports of couple Reframing, $\underline{\beta}$ = .337, $\underline{p}(\underline{t} \leq 0) \leq .000$, $\underline{sr}^2$ = .10. Male reports of couple Reframing, $\underline{\beta}$ = .327, $\underline{p}(\underline{t} \leq 0) \leq .000$, $\underline{sr}^2$ = .10, and of couple Seeking Social Support, $\underline{\beta}$ = .185, $\underline{p}(\underline{t} \leq 0) \leq .016$, $\underline{sr}^2 = .025$, both significantly predicted higher Life Satisfaction scores. Contrary to the hypothesis of coping styles enhancing well-being, male reports of Mobilizing Resources significantly predicted poorer male Life Satisfaction scores, $\underline{\beta}$ = -.210, $\underline{p}(\underline{t} = 0) \leq .016$. This effect cannot be attributed to stressors mobilizing this coping style. Stressors have been statistically controlled. It appears that, when men consider their couple relationship to rely on more formal community resources, they are less satisfied with life in general. Perhaps these formal resources are found inadequate to meet the needs of men.

Spiritual support appears to be a weak influence on life satisfaction. While it predicted a small amount of couple life satisfaction, it did not predict individual life satisfaction measures.

In summary; coping styles enhance couple life satisfaction. Reframing was found to be the most important coping style. Spiritual support is a weak predictor. Perhaps this is due to its low use in the sample. Among males, use of informal supports appears to increase life satisfaction. But, use of formal community resources appears to lower life satisfaction.

Predicting psychological well-being from coping styles. The set of couple reports on coping style did not significantly predict average couple GHQ scores, $F(5,105) = 2.08$, $p \leq .074$, $R^2 = .08$. However couple Reframing scores significantly predicted lower couple GHQ scores, $\beta = -.163$, $p(t \geq 0) \leq .034$. Lower couple GHQ scores were also significantly predicted by couple reports of Spiritual Coping, $\beta = -.171$, $p\ (t \geq 0) \leq .034$. Both of these styles predicted about two percent of the variance in GHQ scores.

While reports for men basically paralleled that of couples, results for women were quite different. For women, their reports of couple coping significantly predicted female GHQ scores, $F(5,144) = 2.85$, $p \leq .018$, $R^2 = .075$. Passive Appraisal significantly predicted higher GHQ scores, $\beta = .194$, $p(t \leq 0) \leq .005$. This is a relatively strong effect ($sr^2 = .039$). It suggests that when women see their couple unit as helpless and subject to the whims of fate, they also feel themselves to be less able to cope with everyday life.

In summary; couple coping styles have a weak impact on personal well-being of couple members. Similar to results when coping styles were used to predict life satisfaction, reframing appears to be the most effective coping style. This suggests that when couples are able to remain optimistic about their joint capacity to resolve problems, then couple members tend to also see themselves as not personally suffering from any negative effects of stressor events.

Predicting marital quality from coping styles. The hypothesis that couple coping scores would significantly predict improved couple QMI scores, was strongly supported, $F(5,118) = 7.70$, $p \leq .000$, $R^2 = .203$. As hypothesized, when couples reported using Passive Appraisal they tended to report lower QMI scores, $\beta = -.132$, $p(t \geq 0) \leq .036$. However the overall effect of Passive Appraisal on QMI scores was weak, $sr^2 = .017$.

Far more important a predictor of marital quality than Passive Appraisal was the couple's reported use of Reframing. Couple Reframing scores significantly predicted higher couple QMI scores, $\beta = .417$, $p(t \leq 0) \leq .000$. Reframing scores accounted for 16 percent of the variance in marital quality. Clearly, the faith couple members have in the strength of their relationship is an important factor supporting an evaluation of their marriage as being of high quality.

Two coping styles not predictive for couples were significantly predictive of individual QMI estimates: female perceptions of Spiritual Support and male perceptions of using informal social supports. Female QMI scores were significantly positively predicted

by their reports of couple use of Spiritual Support, β = .187, $p(t \leq 0) \leq .004$. This accounted for four percent of the variance in QMI scores, sr^2 = .038. As when life satisfaction was used as a criteria, male QMI scores were modestly positively predicted by their reports of the couple Seeking Social Support, β = .203, $p(t \leq 0) \leq .009$, sr^2 = .029.

In summary; stronger perceptions of the couple having a good marriage were associated with use of Reframing, and less use of Passive Appraisal. It appears that when couples see their subsystem as an effective problem solver, and having some influence over the outcome of events they perceive their relationship to be of greater quality. The perceptions men have of the quality of their relationship are enhanced also by the degree to which their couple relationship is seen as involving friends and relatives in dealing with issues. For women, not social support but spiritual support appeared to be a factor positively influencing their estimates of marital quality.

Two Tests of Suppression Effects

Results suggested that Marital and Family Strain and Business and Economic strain had direct negative effects on couple well-being. Coping styles of Reframing, Spiritual Support, and Passive Appraisal had been observed to also influence couple well-being. Mobilizing formal resources and use of informal social supports have been reported as factors only for men. However, the suppression hypothesis rests on the assumption that effective copings styles are mobilized so

as to reduce the direct impact of stressors on well-being. Therefore, two tests of the suppression hypothesis are available. First, the direct effects of stressors can be compared to their total effects, using t-tests. Second, evidence of a greater use of coping styles under greater levels of stress can be examined using regression analyses. These two tests are reported in the following sections.

Direct Effects of Events Exceed Total Effects

Weighted estimates of demands for change reported by couple members were expected to more strongly predict couple adjustment when the relationship of couple coping styles with couple adjustment were taken into account, than when they were not. A t Test was used to test this hypothesis by multiple comparisons of the b_3 and b_8 coefficients in each regression equation displayed in Tables 16, 17 and 18. None of these t tests were significant. Therefore, the predictive relationship the life change measures have toward couple and individual adjustment measures, was not found to be any different when the set of couple coping styles were taken into account from when they were not.

Demands for Change Predict Couple Coping

Multiple comparisons of direct versus total effect of stressors identified no stressor suppression effects. The second manner of testing the suppression hypothesis did find some evidence of mediating effects, but no evidence consistent with stress suppression. It was hypothesized that weighted couple life change scores would

significantly predict higher application of all couple coping styles. To test this hypothesis, each couple coping style was regressed on the four weighted couple life change scores, Marital and Family Strain, Normative Transitions, Business Strain, and Illness & Loss. The hypothesis was tested separately for Couples, Women and Men.

Demands for change predict Reframing. Across the three sample groups, the hypothesis that demands for change predicted Reframing was generally not supported. Where significant predictive associations were found they were generally in the opposite direction, i.e., lower reports of Reframing, see Table 19. The hypothesis that couple scores on measures of demands for change would positively predict reports of Reframing was not supported, $R^2 = .05$, $F(4,110) = 1.48$, $p \leq .21$. But, the only significant individual predictor, couple Marital and Family Strains, significantly and moderately predicted lowered use of Reframing, $\beta = -.233$, $p(t = 0) \leq .022$, $sr^2 = .046$.

Male and female reports differed. Female stressors showed a stronger effect on reframing. The set of four predictors significantly predicted female reports of Reframing, $R^2 = .09$, $F(4,149) = 3.62$, $p \leq .008$. The only significant individual predictor, Marital and Family Strain, strongly predicted reduced levels of female reports of couple Reframing, $\beta = -.310$, $p(t = 0) \leq .001$, $sr^2 = .086$. In contrast to the couples and females, for men, weighted scores of demands for change did not significantly predict male reports of couple Reframing.

Table 19

Reframing Predicted by Weighted Life Change Scores.

Predictors	r	b	ß	R^2
		Couples		
(Constant)		3.633 **		
Family Str	-.209 ‡	-.109	-.233 ‡	
Norm. Tran.	.005	.004	.004	
Business	-.039	.021	.037	
Ill. & Loss	.051	.052	.075	
				.05
		Women		
(Constant)		3.690 **		
Family Str.	-.288 **	-.156	-.310 **	
Norm. Tran.	.033	.062	.066	
Business	-.099	.012	.020	
Ill. & Loss	-.035	.020	.025	
				.09 *
		Men		
(Constant)		3.657	**	
Family Str.	-.121	-.052	-.100	
Norm. Tran.	-.025	.005	.005	
Business	-.078	-.051	-.075	
Ill. & Loss	.111	.095	.131	
				.03

Note. † = p (ß = 0) < .10, * = p (ß = 0) < .01,
‡ = p (ß = 0) < .05, ** = p (ß = 0) < .001.

Demands for change predict Seeking Social Support. The hypothesis that couple weighted Life Change scores would significantly predict couple reports of Seeking Social Support, was not supported, R^2 = .044, $F(4,11) = 1.57$, $p \leq .198$, see Table 20. The Normative Strain score did significantly predict Seeking Social Support, $\beta = .229$, $p(t \leq 0) = .009$, $sr^2 = .049$.

The same pattern was found among women. As a set, female weighted Life Change scores did not significantly predict their reports of couple Seeking Social Support, $R^2 = .058$, $F(4,149) = 2.33$, $p \leq .059$, but their Normative Strain scores did, $\beta = .186$, $p(t \leq 0) = .013$, $sr^2 = .032$. No support was found for this hypothesis among men. As a set, their weighted Life Change scores did not significantly predict their reports of couple Seeking Social Support, $R^2 = .018$, $F(4,123) = .57$, $p \leq .681$. No individual weighted Life Change score significantly uniquely predicted Seeking of Social Support.

Demands for change predict Mobilizing Resources. An identical pattern of predictive relationships was found between demands for change and reports of Mobilizing Resources to that of demands for change predicting Seeking Social Supports, see Table 21. As a set neither couple Weighted life change scores $R^2 = .05$, $F(4,110) = 1.45$, $p \leq .221$, nor female scores, $R^2 = .06$, $F(4,149) = 2.28$, $p \leq .064$, nor male scores, $R^2 = .02$, $F(4,123) = .55$, $p \leq .70$, respectively significantly predicted reports of Mobilizing Resources. Couple Normative Transition scores, $\beta = .199$, $p(t \leq 0) = .021$, $sr^2 = .037$, and female Normative Transition scores, $\beta = .177$, $p(t \leq 0) = .017$, $sr^2 = .0198$, significantly positively predicted couple and female reports of couple Mobilizing Resources respectively.

Table 20

Seeking Social Support Predicted by Weighted Life Change Scores

Predictors	r	b	ß	R^2
		Couples		
(Constant)		23.24 **		
Family Str.	.056	.221	.054	
Norm. Tran.	.227 ‡	1.687	.229 ‡	
Business	-.047	-.135	-.026	
Ill. & Loss	-.019	-.032	-.005	
				.05
		Women		
(Constant)		24.251	**	
Family Str.	-.047	-.462	-.119	
Norm. Tran.	.204 *	1.335	.186 ‡	
Business	.113	.555	.123	
Ill. & Loss	-.046	-.181	-.029	
				.06
		Men		
(Constant)		25.140	**	
Family Str.	-.032	.022	.005	
Norm. Tran.	.045	.524	.066	
Business	-.115	-.722	-.123	
Ill. & Loss	-.056	-.153	-.024	
				.02

Note. † = p (ß = 0) < .10, * = p (ß = 0) < .01,
‡ = p (ß = 0) < .05, ** = p (ß = 0) < .001.

Table 21

Mobilizing Resources Predicted by Weighted Life Change Scores.

Predictors	r	b	ß	R^2
		Couples		
(Constant)		9.733 **		
Family Str.	.101	.215	.101	
Norm. Tran.	.186 ‡	.763	.199 ‡	
Business	.041	-.141	-.054	
Ill. & Loss	.072	.255	.081	
				.05
		Women		
(Constant)		10.006 **		
Family Str.	-.009	-.231	-.102	
Norm. Tran.	.190 ‡	.745	.177 ‡	
Business	.127	.308	.116	
Ill. & Loss	.083	.355	.098	
				.06
		Men		
(Constant)		10.306 **		
Family Str.	.064	.241	.102	
Norm. Tran.	.027	.183	.044	
Business	-.080	-.392	-.127	
Ill. & Loss	-.007	.067	.020	
				.02

Note. † = p (ß = 0) < .10, * = p (ß = 0) < .01,
‡ = p (ß = 0) < .05, ** = p (ß = 0) < .001.

Demands for change predict Seeking Spiritual Support. The hypothesis that weighted couple Life Change scores would predict greater use of Spiritual Support was not supported, see Table 22. Couple Life Change scores, as a set, did not significantly predict couple Seeking Spiritual Support scores, R^2 = .08, $F(4,110)$ = 2.22, p < .067. Neither female Life Change scores, R^2 = .032, $F(4,149)$ = 1.25, p < .295, nor male Life Change scores, R^2 = .024, $F(4,123)$ = .765, p < .550, significantly predicted respective female or male reports of couple use of Spiritual Supports. Couple Normative Transition scores significantly predicted increased use of Spiritual Supports, β = .261, $p(t \leq 0)$ = .003, sr^2 = .064, as did female Normative Transition scores, β = .206, $p(t \leq 0)$ = .007, sr^2 = .039. No male Life change scores individually predicted their reports of couple use of Spiritual Supports.

Demands for change predict Passive Appraisal. The hypothesis that Passive Appraisal would be predicted by the level of demands for change was not supported, see Table 23. The sets of couple weighted life change scores did not significantly predict couple Passive Appraisal scores, R^2 = .009, $F(4,110)$ = .25, $p \leq .912$. Female reports, R^2 = .032, $F(4,149)$ = 1.25, $p \leq .295$, and male reports, R^2 = .024, $F(4,123)$ = .77, $p \leq .55$, also failed to respectively predict female and male reports of Passive appraisal. No separate life change scores were significantly predictive of Passive appraisal.

Summary of evidence that stressors mobilize coping. Couple Reframing was found to decrease rather than increase under conditions of marital and family strain. Couple Seeking of Social Support,

Table 22

Seeking Spiritual Support Predicted by Weighted Life Change Scores.

Predictors	r	b	ß	R^2
		Couples		
(Constant)		11.693 **		
Family Str.	-.049	-.099	-.033	
Norm. Tran.	.223 ‡	1.414	.261 *	
Business	-.054	-.437	-.118	
Ill. & Loss	.082	.534	.120	
				.08 †
		Women		
(Constant)		11.597 **		
Family Str.	-.056	-.292	-.103	
Norm. Tran.	.204 ‡	1.081	.206 *	
Business	.052	.144	.044	
Ill. & Loss	-.008	.076	.017	
				.03
		Men		
(Constant)		11.503 **		
Family Str.	-.125	-.315	-.105	
Norm. Tran.	.098	.719	.136	
Business	-.087	-.420	-.1078	
Ill. & Loss	.097	.561	.134	
				.02

Note. † = p (ß = 0) < .10, * = p (ß = 0) < .01,
‡ = p (ß = 0) < .05, ** = p (ß = 0) < .001.

Table 23

Passive Appraisal Predicted by Weighted Life Change Scores.

Predictors	r	b	ß	R^2
		Couples		
(Constant)		2.085 **		
Family Str.	-.016	-.001	-.005	
Norm. Tran.	.002	-.008	-.026	
Business	.066	.017	.083	
Illness/Loss	-.052	-.017	-.064	
				.01
		Females		
(Constant)		2.059 **		
Family Str.	.122	.021	.109	
Norm. Tran.	.123	.035	.099	
Business	.099	.007	.033	
Ill. & Loss	-.050	-.021	-.070	
				.03
		Men		
(Constant)		2.206 **		
Family Str.	-.038	-.002	-.012	
Norm. Tran.	-.049	-.017	-.047	
Business	-.093	-.014	-.052	
Ill. & Loss	-.134	-.035	-.125	
				.02

Note. † = p (ß = 0) < .10, * = p (ß = 0) < .01,
‡ = p (ß = 0) < .05, ** = p (ß = 0) < .001.

Mobilizing Formal Resources, and Seeking Spiritual Support were all positively predicted by Normative Transitions. Passive Appraisal was uninfluenced by stressor levels. Relationships among females' measures were basically identical to that of couples. Among males, reports of coping styles did not vary with stressor levels.

Several findings are notable by their absence. For example, marital and family strain was identified as an important stressor. But, there was no evidence in this study of marital and family strains influencing coping styles with the exception of Reframing. Also notable for its lack of predictive importance is the stressor measure of illness and loss. Illness and relationship loss did not significantly predict use of any couple coping style. Finally, Business and Economic strains did not predict the use of any of the coping styles. These three stressor measures appear not to mobilize the five coping styles measured in this study.

Summarizing Evidence of Coping as a Stress Suppressor

The major purpose of this project is to test whether five coping styles act as stress suppressors. The suppressor hypothesis is, in effect, examined in two ways in this study: (a) The combined ability of the five coping styles to suppress the effects of stressors is expressed by the differences in stressor regression coefficients from the reduced to the full model (i.e., the *t*-tests), and (b) the suppression effects unique to each coping style are expressed through the reduced form equations (Tables 16, 17, and 18) and the regressions of stressors against each coping style (Tables 19 through 23). The

combined suppression effect of the stressors represents their maximum potential to reduce the impact of the stressors on each of the adaptation measures. Examination of the unique suppression effects allows identification of the more important coping styles in suppressing specific types of stressors. Neither of these two tests for the suppression hypothesis indicated a suppression effect.

DISCUSSION

The purpose of this study was to identify how couples might use coping styles in order to survive everyday hardships. A review of the literature indicated the importance of obtaining as broad a cross-section of couples as possible, and as broad a level of stressors as possible. In response, deliberate efforts were made to sample as broad a spectrum of couples as possible. Couples were asked to report their use of five coping styles in response to problems, to report their current level of stressors and current levels of adjustment. It was expected that regression analyses would identify the five coping styles as factors influencing the degree to which couples were effected by the stressors they experienced. Use of Reframing, Social Support, Formal Resources and Spiritual Support was expected to reduce the impact of stressors. Passive Appraisal was expected to increase the impact of these stressors. These expectations were not fulfilled, and no evidence of stress suppression was detected.

Prior to discussing the import of these findings for each couple coping style, methodological implications from this study must be addressed.

Methodological Implications

There are three methodological factors which help explain the lack of findings of stress suppression effects. First, the biased returns of the sample reduced the likelihood of use of some coping styles. Second, couple members showed only a moderated consensus on the coping styles of their couple relationship. Third, by requesting couples to retrospectively self report their couple styles the study may have succumbed to the bias effects common in studies using retrospective cross-sectional data.

Effects of a bias in sampling. The sample obtained in this study is of higher income and higher education than expected in a Winnipeg Sample. These two resources are likely factors influencing coping styles and limiting the evidence of stress suppression. For example, higher levels of education have been linked with more problem-solving behavior (Holahan & Moos, 1987), greater internal locus of control (Eckenrode, 1983), greater self-directedness (Schoenbach, 1985), greater beliefs in the efficacy of help seeking (Eckenrode, 1983), and mobilization of informal social supports (Eckenrode, 1983; Fleishman, 1984; Pearlin and Schooler, 1978). Income has also been linked to less personal use of avoidant coping (Holahan & Moos, 1987) and size of potential supportive network (Eckenrode, 1983). Thus this sample is not likely to be representative of coping styles used by couples in the community.

Comparisons of the present sample with coping scale norms portray the present sample as more self-reliant and confident, less spiritual

and less likely to use informal and formal supports. This sample has reported such a low use of spiritual support that any covariance with stress and well-being measures, although reported, are unlikely. Likewise, the tendency of this sample to use formal resources is very low. The sample does have a slightly higher tendency to reframe than the normative population and only a slightly lower predisposition toward passive appraisal.

In summary; stressors were less likely to be perceived negatively in this sample. This sample was also likely to use more self reliant coping styles. Coping styles involving resources outside the family were less likely to be used in response to stress. The implication of these biases in the coping styles and resources of the couples is that with less use of the measured coping styles there is a lower likelihood that those coping styles will act either jointly or separately as stress suppressors.

Consensus on couple coping and well-being. Couple coping reports from each spouse were only moderately correlated. Correlations between couple member coping reports on coping styles ranged between r=.25 for Passive Appraisal and r=.66 for Spiritual Support. The low couple correlation and the low reliability estimates observed for Passive Appraisal suggest the scale does not have sufficient validity as a measure of couple coping. Thus, findings of Passive Appraisal to be a mediating variable are unlikely given the manner in which the dimension was operationalized for this study.

Some of the levels of association between husband and wife coping reports exceed the statistics for the normative samples. Never-the-less, the obtained range of correlations suggest that the majority of variation in reports by one spouse of the coping style of their marital relationship will not be anticipated by reports from their partner. Thus, findings of a predictive association are likely attenuated.

Moderate relationships also were reported among measures of couple adjustment. These levels of association are consistent with the overlap in domain of measurement. Couple quality is the most shared experience, and psychological life the least. Just as low couple consensus on coping styles challenges the notion of couple coping, so the weak relationship between couple GHQ and Life satisfaction measures challenge the validity of considering them as couple well-being criteria.

The low correlations among couple member reports of coping and outcome criteria are likely a factor in the lack of evidence of a suppressor effect. Predictive relationships were likely attenuated.

Biased reports of coping. Two self report biases may have influenced reports on couple coping. First, respondents were asked to differentiate stressor motivated behavior from everyday behavior. There is no measure of their capacity to do so. There is also no way of assessing whether, in responding to the couple coping questions, they were using couple cumulative responses as criteria or whether they were using their personal responses. Couple coping is more of an

abstraction, and husbands and wives may vary in their awareness of that level of behavior.

Second, and likely more of a factor is the possibility that retrospective reporting of couple coping may be biased in recall by current levels of adaptation. The influence of such a bias would be that coping would be tied to well-being more strongly, and evidence of coping being tied to objective stressors would be muted. Findings from this study are consistent with this.

Retrospective bias may be inevitable. In a large sample, cross-sectional study such as this, retrospective bias is almost a certainty. The hope is that such bias equally effect all responses, and therefore the overall picture of relationships remains uninfluenced. In this case, more objective life event measures are likely less influenced by current adaptation levels than are the coping styles, and a bias may be present.

Others have commented on this bias (e.g. Folkman & Lazarus, 1988) as a potential confound that must be tolerated. Sampling a series of events, over short term intervals, such as several researchers have begun to do, may reduce biases due to memory loss (Folkman & Lazarus, 1988; Folkman, Lazarus, Gruen, & DeLongis, 1986; Holahan & Moos, 1986, 1987; Lin et al., 1985). But, such a methodology does not remove the slant given to responses based on how situations were resolved.

These three methodological issues may have been factors reducing evidence of suppression effects in this study. Biased responses may have resulted in a truncated distribution on coping measures, and

hence lower evidence of coping mobilization. The moderate to low consensus among couples about how they coped, and how well they coped, may have attenuated evidence of associations among the stress, coping, and well-being parameters. Self report biases may have distorted the couple's coping scores to reflect more the success of coping efforts rather than the amount of coping employed. These considerations form major limitations for the interpretation of evidence of a suppression effects.

The Suppression Hypothesis

The suppression hypothesis was examined in two ways. The total effect of coping styles as stressor suppressors was tested using t-tests comparing stressor regression coefficients of the full and reduced equations. Secondly, reduced form regression analyses was used to attempt to identify the direct effects of stressors on coping and well-being measures, and the direct effects of coping on well-being.

Evidence of Global Suppression of Stress

A comparison between the total effects of stressors on well-being and the direct effects of stressors on well-being (with all coping styles considered), reveals no evidence of suppression of stressor effects. When the impact of all coping efforts are controlled, the direct negative effects of stressors should increase. T-tests of changes in the predictive effect of each stressor when all coping styles are controlled provide no support for the suppressor

hypothesis.[12] These series of t-tests have a low power to detect differences in regression coefficients. Power analyses suggests that, given the obtained sample size and the multiple R^2s observed, this study has a power of less than than .3 to detect changes in the size of direct unique effects of greater than sr^2 = .02 for couples (α = .05). Therefore, rejection of the suppression hypothesis must be tempered by the low power of this direct test. In this case, the lower sample size and lower than expected use of three of the five coping styles measured combine to make detection of suppression effects unlikely.

Evidence of Coping Styles as Stress Suppressors

Reduced form regression analyses, using the five coping styles investigated, indicates that in this sample: (a) Marital and family strain reduces the capacity of the couple to use reframing to adapt and maintain well-being, (b) passive appraisal of events is uninfluenced by stress and only weakly reflects lower perceptions of the quality of the marriage, (c) seeking of social support is mobilized by experiencing normative transitions, but is unrelated to successful adaptation to demands of stressors, (d) formal social resources are also more likely to be used when couples experience normative transitions but again are unrelated to successful adaptation, and (e) the use of spiritual supports is greater among couples experiencing normative transitions (e.g., birth of a child) and aids in successful adaptation to those transitions. Only two of

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[12] The t-test used, { $t = (b_3 - b_8)^2 / (SEb_3^2 + SEb_8^2)$ } assumes independent samplings and so is the most parsimonious test.

the five coping styles mediate the impact of stressors on well-being. Reframing drops with marital and family strain, making successful adaptation more difficult. Therefore, the negative impact of marital and family strain on well-being is amplified. Spiritual support increases with normative transitions. Spiritual support is an asset in maintaining both the psychological health of couple members and the general quality of life of the couple. Normative transitions do not threaten well-being, but instead augment marital quality. Therefore, spiritual support is one indirect route through which the positive qualities of the normative transitions experienced by the couple contribute to well-being.

These findings express the unique effects of stressors and coping style stress mediators in predicting the three adaptation criteria: psychological well-being, quality of marriage, and quality of life. The coping styles are not, however, independent of each other. Therefore, although a coping style does not uniquely predict well-being, it may do so jointly with another coping style. Evidence of this would be a radical change in values from Pearson correlations to full-equation regression coefficients (see Tables 16 through 18). The one dramatic change displayed is the disappearance of a significant association between spiritual support and quality of the marriage. However, none of the other coping styles associated with spiritual coping emerge as significant predictors of marital quality. It may be that the direct positive effect of normative transitions speak for spiritual support in influencing quality of marriage. However, it is worth noting that, in no case among the set of coping

styles is there evidence that the effect of one coping style is either suppressed by another style or expressed through another style.

Reframing. It appears that a consequence of intra-family strain is that couple members lose faith in the capacity of their relationship to resolve problems (competence), become less optimistic, and see problems as less natural and less understandable. This finding is consistent with the expectations of Antonovsky (1984) and of Lavee et al. (1987). They expected coherence (one aspect of reframing) to vary with the successes or failures of managing life events. This study suggests that when couples encounter difficulties in maintaining the roles and relationships within their family the couple's confidence and capacity to look at events optimistically decreases.

Lavee et al. (1987), although expecting a drop in reframing with intra-family strain, found evidence that reframing increased when the negative impact of intra-family strain on family resources had been controlled. Results of the present study indicate an opposite relationship. Lavee et al. (1987) reported coherence to be initially uncorrelated with intra-family strain. In this sample, reframing is negatively correlated with marital and family strain (r = -.21). Lavee et al. (1987) reported that when negative impact of intra-family strain on marital resources had been controlled, intra-family strain predicted increased coherence. In the present study, no such statistical controls were instituted. Findings of this study are congruent with the idea that reframing mobilizes a global perception of coherence, influenced by the successful isolation of events so they do not disrupt family functioning or the marital relationship. As a

global perception, findings of other studies suggest reframing is a resource which supports persistence in attempting to resolve situations (Ben-Sira, 1985; Patterson, 1985). In the present study, reframing supported successful adaptation.

Reframing is not associated with other types of stressors. This supports Antonovsky's (1984) assertion that coherence has boundaries. That is, people may have a sense of confidence and competence in one life area that does not generalize to other areas. This study suggests that the confidence, coherence, and competence is linked only to events which disrupt marital or family relationships. Business strains, illnesses and relationship losses, and normative transitions have no direct impact on reframing.

Reframing, as conceptualized within this study, may be too heterogeneous. Antonovsky (1984), Lavee et al. (1987), and Ben-Sira (1985) all incorporate competence, confidence, and coherence, while Olson et al. (1983) also includes positive relabelling in a single dimension of reframing. In this particular study, it is difficult to identify the reasons for changes in reframing. Does the confidence of the couple drop when family and marital relations are strained? Or, does the experience of those strains make family life seem less understandable? Reframing can also measure the tendency of couples to look at the bright side of things (Olson et al., 1982, 1983). However, it is likely that looking on the bright side of things or positively relabelling difficult circumstances requires a background sense of coherence. Coherence may support and predict but should not be considered the same as optimistic relabelling. Antonovsky (1984)

has asserted that circumstances where competence, confidence and coherence did not exist at a similar level are difficult to imagine. Research examining how these parts contribute to a global sense of coherence is needed.

Passive appraisal. The low validity and reliability of the Passive Appraisal scale suggests that findings based on data are likely inaccurate, and at most suggestive. The fact that Passive Appraisal was not found to be an important predictor of well being, nor influenced by stressors, is likely due to the inadequacies of the measure.

This study suggests that passive appraisal does not vary with levels of stress. In other words, joint perceptions that whatever the couple does will not influence the outcome of events seem to be independent of the levels of stress encountered by the couple. These results run counter to studies which have reported that avoidant coping increases with increased negative stressors (Billings & Moos, 1981). However, passive appraisal is more a global point of view than an index of avoidant behavior. It is more similar to personality descriptions of external locus of control (Eckenrode, 1983), fatalism (Wheaton, 1983), and sense of mastery (Fleishman, 1984). These have been reported as predictive of passive and avoidant coping styles (Fleishman, 1984), but unevenly associated with distress (Pearlin & Schooler, 1978; Wheaton, 1983). Therefore, passive appraisal may be a stable characteristic of the couple.

There is an interesting difference in male and female passive appraisal reports. Female reports of passive appraisal are uncorrelated with their reports of other coping styles. On the other hand, males reporting the couple using passive appraisal are also more likely to report their couple mobilizing formal resources and seeking social support. Men may find themselves jointly using friends and experts when they see their couple unit as helpless in responding to stressors. Women may have a different frame of reference for passive appraisal. They may, in more global terms, interpret there being nothing that can be done, as meaning there is nothing they or anyone else can do to change fate.

Informal and formal social support. Results suggest that friends and relatives are likely to be consulted for advice in dealing with normative transitions such as child-birth and marriage. However, these normative transitions are not linked to distress in any way. Therefore, the involvement of the social network does not fit the picture of mobilizing these relationships so as to aid in adapting to a potentially negative situation. The couples may be using their informal supports for recreational needs (e.g., celebrations), and not out of distress. Similarly, the formal resources associated with these normative transitions have no impact on well-being measures. Thus, these resources may represent the contact with medical resources which naturally accompany the birth of children.

Two factors may be operating to remove evidence that social supports aid in maintaining well-being. First, the sample may not be sufficiently distressed. That is, couples may have sufficient

internal resources and therefore not need to reach out and use the advice of others. Second, the social supports and mobilized resources may not match the needs of the couple and, therefore, do not aid in adaptation. This concern has been stated by several others reviewing the social support literature (e.g., Barrera, 1986; Cohen & Wills, 1985). However, in this case, it is likely that the resources are not needed to maintain well-being. The sample is relatively healthy.

Spiritual support. In this study, seeking of spiritual support is predicted by normative transitions and, in turn, spiritual support is an aid in maintaining both personal health and life satisfaction. Given the extremely low use of this strategy in this sample, finding any mobilizing of seeking spiritual support is unexpected. As with formal and informal social supports, participation in church life may be a natural part of the normative transitions (e.g., marriage), and not driven by a need for additional resources to manage difficulties. In this study, normative transitions are not difficulties but have positive consequence. What is interesting is the impact spiritual support has on couples. Spiritual support reduces the personal distress of couple members and increases their satisfaction that their needs, the needs of their family, and the resources of society match, that is, they "fit". Using spiritual support involves both social interaction and faith. Exploration of how each of these may be operating as aids to adaptation to normative events is a worthwhile focus for future study.

Differences Among Stressors

This study disaggregates environmental stressors into four aspects, assuming that each mobilizes different coping styles to different degrees. This assumption is born out. Family and marital strains impact most directly on reframing. Normative transitions evoke increased interactions with resources outside the family. However, business and financial strains did not evoke any coping style. Business strains may alter reframing, but only to the degree those business strains are associated with disruptions in marital and family functioning.

Illnesses and losses are not predictive of coping styles, of well-being measures, nor are they associated with other stressor measures for couples. This raises a concern that stress associated with chronic illness, death and the resultant relationship loss, are not adequately tapped by the measure used in this study. Alternatively, the high level of resources available to these couples may eliminate illness and loss as a stressor variable. Written comments from respondents do not support this. Several expressed distress due to their own, their partner's or relative's illness. The lack of any link between illness measures and well-being remains unexplained.

Worthy of note is the fact that, for men, reports of illness and loss are associated with reports of business strain. For women, reports of illness and loss are associated with marital and family strain. In both cases, combining reports into couple data removes

evidence of these associations. The implication of this finding is that illnesses and loss are linked with financial strain for the male breadwinner. For wives, the impact of illness and loss may be experienced in disruptions of marital and family strain. Thus, each marital partner may experience the burden associated with illness and death in a role specific way. Men priorize their careers and may be more aware of hardships illness impose on business and finances. Women priorize their family life and may be more aware of the repercussions of illness on family life.

The literature relevant to this area consistently presents disruption of marital and family functioning almost as a necessary feature before personal well-being or marital quality suffers (e.g., Lavee et al., 1987; Thomson & Vaux, 1986). This study supports the importance of disrupted marital and family functioning as a challenge to the adaptive capacity of the couple. Marital and family strains are positively associated with experiences of business strains and of normative transitions. This is consistent with Thomson and Vaux's (1986) findings that stresses and strains outside the family are imported into the family in the form of disruptions to routines and strains in personal relationships. No other stressor measured reduced the capacity of the couple to reframe. Therefore, confidence in the couple's capacity to manage daily problems is influenced by economic difficulties and the job related problems of husband and wife only to the extent that those difficulties increase strain in marital and family relations.

Business strains were also identified as salient stressors which negatively impacted on the perceptions of the quality of the marriage, and decreased satisfaction with the fit between needs of the individual. It would seem that the economic viability of the couple unit influences estimates of the quality of the marital relationship. These finding are similar for both men and women. Given that women in marriages are usually in a more economically dependent role, the capacity of their husband to be a breadwinner might be a salient issue in their estimates of marital quality. However, in this sample, the relevance of business and economic strain to marital quality is approximately equal for husband and wife. Note that CCW couples are more egalitarian, and less traditionally organized than might be typical of Winnipeg.

It comes as no surprise that life satisfaction drops with job and economic related hardships, nor that the link is much stronger for men. Life satisfaction measures a sense that the resources in the environment are meeting the needs of the couple members, and reciprocally, the environment is not making demands upon the couple that its members cannot meet. On the job hardships and economic strain describe a lack of fit between needs and resources. It would be expected that men, more likely directly experiencing these hardships, and more likely to be responsible for their remedy, would be more dissatisfied.

Business and economic strain do not predict reduced personal health, although the Pearson correlations between strain and psychological distress are significant. This suggests that economic

hardship and job related difficulties indirectly predict personal distress. If strain in the marriage and in the family can be avoided, personal distress is likely to be minimized.

Finally, in assessing the value of looking at stressors as a disaggregated set of factors, the fact that some of these stressors describe positive events or successes must be noted. Business strains include the adjustments made to promotions. Normative transitions include both unwanted events (e.g., unwanted pregnancy, abortion) and events describing higher functioning (e.g., adult member returns to school). The positive value of normative transitions is displayed in this data by a trend of such transitions to positively impact on marital quality.

To summarize, this study found no support for the suppresser hypothesis. One mediating relationship identified among couples describes decreases in couple confidence and acceptance of events adding to the negative impact of marital and family difficulties on marital quality and personal psychological health. A second mediating relationship describes spiritual support concurrent with normative transitions as adding to life satisfaction and personal psychological health.

A primary reason for finding coping styles only weakly predicted the well-being of the couple is, likely, the low level of use of those strategies associated with contacts outside the family (informal and formal social supports, and spiritual supports). Couples in this sample are self-reliant and resourceful.

A second factor influencing the weak relationship between stressors and coping styles may be the uncertainty of whether couple coping was in fact being measured. While for most scales, reliability was adequate, intercouple correlations were low enough to suggest couple coping was not being adequately tapped.

Specification of a Suppression Model

The failure of this study to identify a stress suppression effect generates the question of whether the model has been adequately specified. Specification is the issue of whether all explanatory variables have been included in a model, and whether the relationships among those variables have been accounted for (Pedhazur, 1982). When the model used does not include all relevant variables, then the true relationships among the variables that are included may be distorted. Estimates of the strength of relationships among predictors may be influenced by inflated mean squared error and possible suppression or confounding effects emanating from an unmeasured source (Finney et al., 1984; Larzelere & Klein, 1987; Pedhazur, 1982; Wheaton, 1985). For example, Finney et al. (1984) suggested that, if economic hardships are not included in a model, then the impact of life events on well-being is likely to be over-estimated. In the present study, weak associations were observed between stressors and coping styles. It is possible that and expanded model may specify a fourth variable which has suppressed evidence of stressor mobilization in this study.

Resources support coping but drop with stress. The present study has not looked at one potential confound: available resources.

Coping styles are defined as mobilizing resources. Thus two factors, not just one, may function to influence coping, the presence of a stressor and the availability of resources which support that coping style. For example, couples may not respond to stress by seeking social support if that support is not seen as being available. If a stressor involves a resource loss, then the net change in application of a coping style may be negligible. This is exactly the observation made by Lavee et al. (1987). They found that, when the negative impact of family strain on marital adjustment were accounted for, then a positive relationship between family strain and coherence was identified. No relationship between family strain and coherence was evident without accounting for the impact of a loss of resources supportive of coherence.

The findings of Lavee et al. (1987) strongly suggest the present model is underspecified. A model which includes not just stressors, but also resources relevant to the coping styles may identify a suppression effect.

Resources amplify the effectiveness of coping efforts. Wheaton (1985) has noted that additive models and interactive models may simultaneously be valid. Cohen and Wills (1985) has suggested that interactive effects might be observed when resources make coping efforts more effective in achieving positive adjustment. Therefore, the possibility exists that a coping by resource interaction term is needed in this model. Speculatively, this term might describe how the positive impact of coping increases as levels of available resources increase. For example, if previous history provides couple members

with memories of the couple having success in problem solving, then attempts to reframe may be both supported and effective.

Adding these two factors to the stress suppression model is consistent with the 2ABCX model. In the present study, limitations of sample size prevent a full exploration of resources which might clarify a stress suppression hypothesis.

Implications for Future Research

The first priority of research on couple coping styles, is a clearer differentiation of the styles and behaviors themselves. More effort must be made to define and validate the concept of couple coping. The current level of conceptualization of couple coping is too broad. The coping style of Reframing, in particular, is in need of refinement into components of: (a) confidence in the couples capacity to manage, (b) finding disruptions and stressor events natural and understandable, and (c) looking for the positive aspects to situations. They are all specific perceptions about the couple and its relationship to stressors, and undoubtably Antonovsky (1984) is correct in asserting their importance in predicting the capacity of the couple to remain healthy. However, continued use of 'Reframing' or 'Coherence' as a unitary construct obscures rather than clarifies the role they play in couple adaptation. In the present study, Reframing dropped with intra-family strain. Yet, the reasons for this drop are difficult to identify. It may be that a drop in perceived capacity to manage events is a realistic appraisal of intra-family strain. It may also be that intra-family strains are difficult to

accept as natural or understandable thus leading to a more negative impact on well-being.

Clearly, the concept of Passive Appraisal needs extensive revision. Operationalization of the concept for this study proved inadequate.

Methodological issues which need to be addressed include (a) the obtaining of a broad spectrum of couples, and (b) removing as much as possible both the effects of self-report response bias and failings of memory from the data.

The research paradigm developed by Folkman & Lazarus and colleagues (Folkman & Lazarus, 1980; Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986) and utilized by others (Holahan & Moos, 1986, 1987; Lin et al., 1985) holds promise. In this paradigm, repeated samplings of events experienced, the strategies and resources used in dealing with each event and estimates of their outcome are obtained. Comparisons are then made between event and person specific predictors of coping responses. This would allow researchers to identify the event specific mobilization of coping strategies, and the changes in the confidence and competence of the couple across sequences of events successfully or unsuccessfully dealt with.

Finally, an expanded specification of the suppression hypothesis is needed. Resources which facilitate and make more effective the coping efforts of the couple are one likely explanatory variable not included in the present study.

Summary

The major purpose of this study was to test for suppression of stressors by coping styles in a heterogeneous sample of Winnipeg couples. The goal of obtaining a heterogeneous sample was not reached. The resultant sample was highly resourceful and self-reliant, and showed little tendency to use resources from outside the couple. This may in part explain why no suppressor effects were identified. However, one factor was identified. When couple members lost faith in the capacity of their couple relationship to manage intra-family stresses and strains, the impact of those strains on well-being measures was that much greater.

Among the priorities of future research must be continued efforts at obtaining a heterogeneous sample of couples. Further differentiation of perceptions which might influence coping behaviors is needed. The paradigm developed by Folkman and Lazarus (1980), and described earlier, holds promise if applied to these research issues. Finally, expansion of the model, consistent with the 2ABCX model, is warranted and aid in identifying the suppressor relationships.

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Appendix A

STRATIFICATION OF WINNIPEG POPULATION OF COUPLES

The following steps were used to stratify the sample.

1. Neighbourhoods were rank ordered according to the mean family income in that neighbourhood. Neighbourhoods were given a weighting according to the estimated number of couples in that neighbourhood. Those neighbourhoods which contained the lowest 25 percent of expected incomes, were designated low income neighbourhoods. Those neighbourhoods which contained the highest 25 percent of expected incomes were designated high income neighbourhoods. The remaining neighbourhoods contained half of the Winnipeg couples and were designated the middle income neighbourhoods. The population strata did not divide conveniently into proportions of .25, .5 and .25 due to the uneven number of couples living in neighbourhoods.
2. Neighbourhoods were also ranked according to the average number of children between ages 10 and 20 per couple. Neighbourhoods were given a weighting to reflect the number of couples per neighbourhood. Neighbourhoods were then divided into two groups; the "Low Teen-age Group" contained the 55% of Winnipeg couples living in neighbourhoods with lower expected number of teen-age children, while the "High Teen-age Group" contained the 45% of Winnipeg couples living in Winnipeg neighbourhoods with higher expected number of teen-age children.

3. Neighbourhoods were ranked according to the proportion of couples whose members might be between age 55 and 65. Neighbourhoods were then divided into a 'Low' group containing 55% of Winnipeg couples, and a 'High' group containing the 45% of Winnipeg couples with the highest probability of containing an elderly member.

Appendix B

STATISTICS OF SAMPLE STRATIFICATION

Table 24

Sampled Population Stratified by Income.

	Low	Medium	High
Population of Couples	32324	74506	32782
Mean Children per Couple			
teenagers	.716	.673	.731
F (2,127774) = 690, *p* < .0001			
Infants	.354	1.86	.73
F (2,127774) = 96, *p* < .0001			
Mean Adults Aged 55 to 65	.504	.396	.379
Mean Income	$18192.	$25781.	$36721.
F (2,129518) = 99999, *p* < .00001			
Number Couples Sampled	246	242	244
Sampling Ratio (per 10,000)	76.1	32.48	74.43

Table 25

Households Stratified by Proportion of Teens in Family.

	Low	High	Difference
Population of Couples	69963	59651	
Mean Children per Couple			
Teen (age 10 to 20 yrs)	.556	.861	F (1,127775) = 77527, p < .0001
Infant (age 0 to 5 yrs)	1.74	.301	F (1,127775) = 158, p < .0001
Mean Adults aged 55 to 65 per Couple	.444	.390	F (1,129519) = 1653, p < .0001
Mean Income	$25864	$27583	F (1,129519) = 1439, p < .0001
Number of Couples Sampled	365	367	
Sampling Ratio (per 10,000)	45.59	61.50	

Table 26

Sample Stratified by Proportion of Elder Couples.

	Low	High	Difference
Population of Couples	80154	58459	
Mean Children per Couple			
Teens (age 10 to 20 yrs)	.746	.638	F (1,127775) = 6313, p < .0001
Infants (age 0 to 5 yrs)	1.738	.227	F (1,127775) = 175, p < .0001
Mean Adults aged 55 to 65 per Couple	.278	.5897	F (1,127775) = 1653, p < .0001
Mean Income	$25864	$27583	F (1,129519) = 1439, p < .0001
Number of Couples Sampled	366	366	
Sampling Ratio (per 10,000)	45.6	62.61	

Appendix C

RANDOM SELECTION OF COUPLES

Couples were randomly chosen, 60 from each cell, using the following process:

1. A distance from the top of the page of the Henderson's Metropolitan Winnipeg Directory (1987) was chosen using a random number table. All names falling on that line were considered candidates for selection.
2. A page number in the Names listing of the Henderson's Directory was chosen using a random number table. Each page listed three columns of names and addresses of residents. A name falling under the line was eligible if it listed two adults living in the home, and it was not obvious that they are of the same sex. Names chosen but not eligible were discarded.
3. A flip of the coin determined the direction sampling of columns proceeded through the directory.
4. After the quota for each stratification cell had been filled, all other addresses in that category were disqualified.
5. After all but three cells had been fully selected, it was observed that for the remaining cells candidates were being selected at a rate of less than one in 50 tries. A more efficient but equally random sampling process was used to identify candidates for these three cells. Neighbourhoods for

each of these cells were randomly ordered, and a random 'quota' was applied to each neighbourhood. Using the street address section of the Henderson's Metropolitan Winnipeg Directory (1987), households were randomly selected from neighbourhoods and matched against the directory's name listing to check for eligibility. A neighbourhood was sampled until the quota of eligible addresses had been obtained. The next in order, ranked neighbourhood was then sampled. All random selections were by use of a random numbers table.

Appendix D

SURVEY RESPONSE INFORMATION

In the first week after mail-out 27 envelopes were returned undeliverable. Fifteen of these were caused by typographical errors and these were repaired. Twelve returned envelopes had been sent to vacant homes, or non-existent addresses. These envelopes were re-addressed with randomly selected replacement addresses. These 27 were re-mailed one week following the first mail-out.

An additional six envelopes were later returned undeliverable due to home vacancy or non-existence of the address. These six were not replaced due to time restrictions. The breakdown of the telephone survey is recorded in Table 27.

Research Assistants were able to contact 337 addresses. They found 55 couples ineligible for the survey. Ten households refused to talk to the researchers. One hundred and six couples together, one male and one female separately informed the callers of their refusal to participate. After the telephone interview, 16 couples, five males and two females remained undecided.

One hundred and five couples, five men and six women changed their minds during the telephone call and said they would do the survey. This included 73 couples needing a replacement questionnaire because they had either lost or tossed out the first one.

Table 27

Response to Telephone Survey.

	Couples Jointly	Males Only	Females Only
Explicit Refusals	106	1	1
Refused Telephone Call	10		
Done and will mail.			
Completed form received	6	3	0
Nothing received	6	2	5
Refusal received	1	0	0
Will do in response to telephone call.			
Completed form received	14	3	3
Nothing received	16	2	1
Refusal received	2	0	2
Unfinished at time of call.			
Completed form received	2	0	2
Nothing received	9	4	1
Refusal received	0	1	0
Undecided at time of call.			
Nothing received	16	5	1
Refusal received	0	0	1
Replacement questionnaire requested.			
Completed and returned	11	5	1
Nothing received	52	1	4
Refusal received	3	1	1
Ineligible			
No partner	23		
Language Problem	33		
No Telephone Contact			
Line not in service	34		
Business phone	5		
Number and Address don't match	53		
Unsuccessful after three tries	35		
Total	437	27	27
Total Households	464		

Appendix E

RESPONSE CHARACTERISTICS BY STRATIFICATIONS

Table 28

Response statistics by Income Stratification.

	Income			
	Low	Medium	High	Independence
Number Couples Sampled	246	242	244	
Sampling Ratio (per 10,000)	76.1	32.48	74.43	
Eligible Couples	219	216	211	
(proportion)	.89	.89	.865	
Returns				
Households (ratio) *	36 .164	63 .292	68 .320	X (3, N=646) = 15.84, p < .005
Men (ratio) *	24 .110	49 .227	55 .260	X (3, N=646) = 17.12, p < .001
Women (ratio) *	32 .150	57 .264	64 .303	X (3, N=646) = 13.62, p < .005
Couples (ratio) *	20 .091	44 .204	51 .240	X (3, N=646) = 18.07, p < .001

Note.
* Ratio of Responses to Eligible Couples.

Table 29

Response Stratified by Proportion of Teens in Family.

		Teens		
		Low	High	Independence
Number of Couples Sampled		365	367	
Sampling Ratio (per 10,000)		45.59	61.50	
Eligible Couples Sampled		319	327	
Proportion of Sample		.874	.891	
Responses	Households	88	79	X (1, N=646)
	(Ratio) *	.276	.240	= .99,
				p < .5
	Men	68	60	X (1, N=646)
	(Ratio) *	.213	.185	= .90,
				p < .5
	Women	78	76	X (1, N=646)
	(Ratio) *	.245	.232	= .13,
				p < .75
	Couples	58	57	X (1, N=646)
	(Ratio) *	.182	.174	= .06,
				p < .75

Note.
* Ratio of Responses to Eligible Couples.

Table 30

Response Stratified by Proportion of Elderly in Couples.

		Elderly		
		Low	High	Independence
Number of Couples Sampled		366	366	
Sampling Ratio (per 10,000)		45.6	62.61	
Eligible Couples Sampled		321	325	
Proportion of Sample		.877	.888	
Responses	Households	106	61	X (1, N=646)
	(Ratio) *	.330	.188	= 16.86, p < .001
	Men	82	46	X (1, N=646)
	(Ratio) *	.255	.142	= 13.19, p < .001
	Women	98	56	X (1, N=646)
	(Ratio) *	.305	.172	= 15.73, p < .001
	Couples	75	40	X (1, N=646)
	(Ratio) *	.234	.123	= 13.49, p < .001

Note.
* Ratio of Responses to Eligible Couples.

Table 31

Household Demographics of Sample, Stratified by Income.

(N)	Low Income (36)	Medium Income (63)	High Income (68)
Mean Ages			
Men	40.52	44.84	43.72
$F(2,164) = 1.4$ $p < .25$			
Women	38.56	42.83	41.63
$F(2,164) = 1.4$ $p < .25$			
Mean Number of Children	1.89	2.35	2.25
$F(2,164) = 1.3$ $p < .28$			
Family Life Cycle	(%)	(%)	(%)
Couples w/o Children	22.2	6.5	16.2
Families w Preschool	27.8	22.6	22.1
Families w School Age	19.4	27.4	14.1
Families w Adolescent	8.3	11.3	22.1
Launching Families	5.6	17.7	14.7
Empty Nest Families	13.9	11.3	4.4
Couples in Retirement	2.8	3.2	5.9
missing	-	1.6	-
Chi-sq (12, N=166) = 17.5, p>.13			
Income Classifications	(%)	(%)	(%)
Zero Income	0	0	0
Less than $6,000	0	3.2	1.5
$6,000 to $11,999	5.6	0	0
$12,000 to $17,999	5.6	7.9	2.9
$18,000 to $23,999	16.7	4.8	1.5
$24,000 to $29,999	13.9	11.1	4.4
$30,000 to $35,999	2.8	9.5	5.9
$36,000 to $39,999	8.3	6.3	11.8
$40,000 to $49,999	30.6	22.2	27.9
$50,000 to $59,999	8.3	9.5	16.2
$60,000 to $69,999	5.6	14.3	4.4
$70,000 or more	2.8	6.3	22.1
missing	-	4.8	1.5
Mean Rank *	58.5	76.3	98.1
K-W Chi-sq (2, N=162) = 17.9, p < .0001 *			

Table 31 continued

Mean Socio-Economic Index				
Men		403344	449955	519470
	F (2,164) = 3.48, p < .04			
Women		399871 a	465930	543603 a
	F (2,163) = 5.7, p < .004			

Notes; * Kruskal-Wallis Chi-square for differences in ranked data, corrected for ties.
a Two groups different at p < .05 level, Scheffe comparison.

Table 32

Household Demographics of Sample
Stratified by Proportion of Teens in Family

		Teens		
		Low	High	Difference *
	(N)	(88)	(79)	
Mean Ages	Men	42.08	45.13	T= 1.51
	Women	40.32	42.66	T= 1.22
Mean Length of Marriage		16.74	18.7	T= 1.32
	(Maximum)	(51)	(48)	
Mean Number of Children		2.16	2.27	T= .49
	(Maximum)	(8)	(6)	
	Infants (0 to 2.5Yrs)	.18	.14	T= - .68
	Preteens (2.5 to 12Yrs)	.77	.61	T= -1.05
	Teens (13 to 18 Yrs)	.27	.38	T= 1.11
	Adults (18 >Yrs)	1.00	1.2	T= .90
	Children Not at Home *	.95	.99	T= .16
Family Life Cycle Stage		%	%	
	Couples Without Children	16.1	11.4	
	Families with Preschoolers	27.6	19.0	
	Families with School Aged	18.4	22.8	
	Families with Adolescents	12.6	17.7	
	Launching Families	13.8	13.9	
	Empty Nest Families	8.0	10.1	
	Couples in Retirement	3.4	5.1	
	missing	1.1	-	
				Chi-sq (6, N=165) = 3.52, p > .74

Notes; * No Tests for Differences Significant.

Table 33

Household Demographics of Sample
Stratified by Proportion of Elder Couples.

		Low	High	Difference *
N		106	61	
Mean Ages	Men	42.17	45.85	T = 1.86
	(% age > 50 yrs)	24.5	37.1	
	Women	40.17	43.58	T = 1.74
	(% age > 50 yrs)	17.9	32.3	
Mean Length of Marriage		16.79	19.43	T = 1.46
(Maximum)		(41)	(51)	
Mean Number of Children		2.23	2.17	T = - .22
(Maximum)		(8)	(6)	
Infants (0 to 2.5Yrs)		.18	.11	T = -1.19
Preteens (2.5 to 12Yrs)		.75	.58	T = -1.08
Teens (13 to 18 Yrs)		.35	.27	T = - .75
Adults (18 >Yrs)		1.00	1.29	T = 1.18
Children Not at Home *		.84	1.20	T = 1.50
Family Life Cycle Stage		%	%	
Couples without Children		13.2	14.5	
Families with Preschoolers		25.5	19.4	
Families with School Aged		22.6	16.1	
Families with Adolescents		15.1	14.5	
Launching Families		14.2	12.9	
Empty Nest Families		7.5	12.9	
Couples in Retirement		1.9	8.1	
missing		-	1.6	
			Chi-sq (6, N=166) = 5.76, p > .45	

Notes; * No Tests for Differences Significant.
otherwise.

Appendix F

LETTER OF INTRODUCTION

Dear _____ .

My name is Leonard Greenwood. I have randomly chosen you from among all the families in Winnipeg. I have done this because I need your help. I am conducting a study on how couples address everyday life problems. I am also studying the connections between how couples address everyday problems and your satisfaction and happiness in general. If you are married or living as if married, I invite you to participate in this study.

As a recently married person I know that living with someone has all kinds of benefits and at times new burdens for us. That other person in our lives can be a real help can't they. At times I have also thought being single would have made it easier to handle some things.

This is a fast changing world. It places burdens and blessings on you and I, and on our marriages. How is it that at times we can cope so well, at other times do ok, and at other times really struggle? As a graduate student specializing in families, and as a husband and father, I am very interested in what makes the difference.

If you are currently married or living with someone as if you were married I need your wisdom. We really don't know, from a couples'

perspective, what the typical stressors are for couples today. We also don't know very much about which ways of coping really work. Would you please complete the confidential questionnaire I have sent to you, and then return it to me in the self-addressed envelope? I think it might take you as long as 45 minutes to complete the questionnaire. The envelope is pre-stamped. I am eager to read your responses, and any further notes or thoughts you wish to add to the last page. Of course, I will treat your information with respect and confidentiality. A separate envelope has been provided for you and for your partner, so that you may keep your personal views as confidential as you would like to.

At the completion of the study, I will mail you the general results as they average over all the people responding. This study will be a major addition to what little is known about how families handle events of modern day life.

I believe this topic to be so important, that I have assembled a strong team to help with this study: Dr Lillian Esses, who is an Associate Professor of Psychology at the University of Manitoba and a Family Specialist, Walter Driedger M.SW., who is Director of the Psychological Service Centre, University of Manitoba and a Family Specialist, and Dr Gordon Barnes, Head of the Department of Family Studies, University of Manitoba.

Of course, as important as I feel this study is, your decision to participate is your own. If you decide you are definitely not going to participate, or if you are not part of a couple relationship,

please return to me the refusal postcard I have attached to this letter. If your partner is not inclined to participate in the study, I still value your response to the questionnaire.

I hope completing the questionnaire is an interesting and stimulating experience. I and my colleagues have taken great care with it. The information from you will be part of a significant contribution to understanding how couple relate to one another in ways that satisfy or dissatisfy them. If you have any questions or concerns about the study or the items in the questionnaire, I encourage you to call me at 474-8056 between 1 and 4.30 weekdays, and at 489-4854 on weekends. If I am not available, an answering machine will record your message and I will quickly return your call.

Thankyou

Leonard Greenwood

The Couple Survey Group. L. Esses Ph.D.
W. Driedger M.SW.
G. Barnes Ph.D.
L. Greenwood Ph.D. student

Appendix G

FOLLOW-UP POSTCARD

Just a reminder that I am hoping to received my questionnaire from you as quickly as possible. If you have already sent it in, thankyou very much!

Leonard Greenwood

Appendix H

REFUSAL POSTCARD

_____ I definitely do not wish to participate in this study

because _____.

_____ I am not eligible for this study

because _____.

Thank You

Leonard Greenwood

Appendix I

LETTER TO POSITIVE TELEPHONE RESPONSES

Hello.

Thank you for agreeing to participate in our project. Following up on your telephone conversation, I am sending you the second copy of the Couple Coping and Well-Being Study which you requested. Your participation is very important to us.

My name is Leonard Greenwood. You were selected by chance from among Winnipeg residents to participate in this project. This study is being spearheaded by myself and a team of researchers at the University of Manitoba in an effort to better understand how couples manage the demands of life.

This is a fast changing world. It places burdens and blessings on you and I, and on our marriages. How is it that at times we can cope so well, at other times do okay, and at other times really struggle? As a graduate student specializing in families, and as a husband and father, I am very interested in what makes the difference. With your help, I and others will understand better how couples manage, and we can then better help those having troubles.

Would you and your partner please separately complete the confidential questionnaires I have enclosed and then return them to me in the self-addressed envelopes? I think it might take you as long as 30 minutes to complete the questionnaire. The envelopes are pre-stamped. Of course, I will treat your information with respect and confidentiality. Separate envelopes have been provided for you and for your partner, so that you may keep your personal views confidential. When you answer, please do so privately as I am interested in your personal thoughts.

At the completion of the study, I will mail you a description of the general trends from the over 400 Winnipeg participants.

I hope completing the questionnaire is as interesting and stimulating an experience for you as others have reported it to have been for them. If you have any questions or concerns about the study or the items in the questionnaire, I encourage you to call me at 474-8056 between 1:00 p.m. and 4:30 p.m. weekdays.

Thank You

Leonard Greenwood

The Couple Survey Group.
L. Esses, Ph.D.
W. Driedger, M.SW.
G. Barnes, Ph.D.
L. Greenwood

Appendix J

QUESTIONNAIRE

Directions for Completing the Questionnaire

Thank you for agreeing to participate in this very important study. It may take you 30 minutes to complete the questionnaire. It would be best if you answered the questionnaire in one sitting. Sometimes you may find choosing an answer difficult. Please try to answer all questions as best you can. Only then can I get your point of view on these issues.

Let me tell you about the questionnaire itself. This questionnaire asks about your thoughts and experiences in five life areas. The first part asks you to check those events that have happened to you and your partner. Some of them will have been positive and some negative experiences. Good or bad, you and your partner will have had to react to them in some way. The second part of the questionnaire asks about how you would describe your reactions to life events. In the third part of the questionnaire, I ask you to describe your relationship with your partner. Everyone's relationship with their partner is just a little bit different, depending on what you prefer and what circumstance allows. In the fourth part I ask about your current thoughts and feelings about the highs and lows in your life. Lastly, there are some questions about your background.

There are terms in the questionnaire that are best defined before hand. The term couple refers to you and your partner, regardless of whether you are married to that person. The term marriage refers to the relationship between you and your partner, regardless of whether you are legally married to that person. The term family refers to you, your partner, and any children either of you have had who currently live with you, regardless of whether you are legally married to your partner. If neither you nor your partner have any children, then the term 'family' refers solely to you and your partner.

Please do not write your name on the questionnaire. That way your answers are kept as private as is possible. Your individual response will be held in strictest confidence. In looking at the survey results, the Couple Survey Group will measure group trends, and not report the individual answers given by any individual.

This project will be completed in the spring of 1988. At that time a report on the results will be mailed to anyone who wants at copy. If you want a copy of that report, then please check the 'Yes' option in the last question of the questionnaire.

EVENTS WHICH MAY HAVE HAPPENED IN YOUR FAMILY.

Please read each family life change and decide whether it happened to any member of your family - including you. (If you have no children living with you, then your family includes you and your partner.)

* DURING THE LAST YEAR
First decide if it happened any time during the last 12 months and check YES or NO.

* BEFORE LAST YEAR
Second, for some family changes decide if it happened before the last 12 months and check YES or NO.

It is ok to check YES twice if it happened both times - before last year and during the past year.

DID THE CHANGE HAPPEN IN YOUR FAMILY?	During Last 12 months YES	During Last 12 months NO	Before Last 12 months YES	Before Last 12 months NO
1. Increase of your time away from family.	__Y	__N	__Y	__N
2. Increase in your partner's time away from family.	__Y	__N	__Y	__N
3. A member appears to have emotional problems.	__Y	__N	__Y	__N
4. A member appears to depend on alcohol or drugs.	__Y	__N		
5. Increase in conflict between you and your partner.	__Y	__N		
6. Increase in arguments between parent(s) and child(ren).	__Y	__N		
7. Increase in conflict among children in the family.	__Y	__N		
8. Increased difficulty in managing teenage child(ren).	__Y	__N		

S ___, N ____, R___. 3 Couple Coping & Well-Being

DID THE CHANGE HAPPEN IN YOUR FAMILY?	During Last 12 months YES	During Last 12 months NO	Before Last 12 months YES	Before Last 12 months NO
9. Increased difficulty in managing school age child(ren) (6-12 yrs).	__Y	__N		
10. Increased difficulty in managing preschool children (2-6 yrs.).	__Y	__N		
11. Increased difficulty in managing toddler(s) (1-2 yrs)	__Y	__N		
12. Increased difficulty in managing infant(s) (0-1 yr.).	__Y	__N		
13. Increase in the amount of "outside activities" which child(ren) are involved in.	__Y	__N		
14. Increased disagreement about a family member's friends or activities.	__Y	__N		
15. Increase in the number of problems or issues which don't get resolved.	__Y	__N		
16. Increase in the number of tasks or chores which don't get done.	__Y	__N		
17. Increased conflict with in-laws or relatives.	__Y	__N		
18. You or your partner were separated or divorced.	__Y	__N	__Y	__N
19. You or your spouse has an "affair".	__Y	__N	__Y	__N
20. Increased difficulty in resolving issues with former or separated partner.	__Y	__N		
21. Increased difficulty with sexual relationship with your partner.	__Y	__N		

S ___, N ____, R___. 4 Couple Coping & Well-Being

DID THE CHANGE HAPPEN IN YOUR FAMILY?	During Last 12 months YES	During Last 12 months NO	Before Last 12 months YES	Before Last 12 months NO
22. You or your partner has an unwanted or difficult pregnancy.	__Y	__N	__Y	__N
23. An unmarried member becomes pregnant.	__Y	__N	__Y	__N
24. A member has an abortion.	__Y	__N	__Y	__N
25. A member gave birth or adopted a child.	__Y	__N		
26. Took out a loan or refinanced a loan to cover increased expenses.	__Y	__N	__Y	__N
27. Went on welfare.	__Y	__N	__Y	__N
28. Change in conditions (economic, political, weather) which hurt the family business.	__Y	__N	__Y	__N
29. Change in agriculture market, stock market, or land values, which hurt family income or investments.	__Y	__N	__Y	__N
30. Member started new business.	__Y	__N	__Y	__N
31. Purchased or built a home.	__Y	__N	__Y	__N
32. A member purchased a car or other major item.	__Y	__N		
33. Increasing financial debts from overuse of credit cards.	__Y	__N		
34. Increased strain on family "money" for medical/dental expenses.	__Y	__N		
35. Increased strain on family "money" for food, clothing, energy, home care.	__Y	__N		

(Reduced 80%)

DID THE CHANGE HAPPEN IN YOUR FAMILY?	During Last 12 months YES	During Last 12 months NO	Before Last 12 months YES	Before Last 12 months NO
36. Increased strain on family "money" for child(ren)'s education.	__Y	__N		
37. Delay in receiving child support or alimony payments.	__Y	__N		
38. A member changed to a new job or career.	__Y	__N	__Y	__N
39. A member lost or quit a job.	__Y	__N	__Y	__N
40. A member retired from work.	__Y	__N	__Y	__N
41. A member started or returned to work.	__Y	__N	__Y	__N
42. A member stopped working for extended period (e.g., laid off, leave of absence, or strike).	__Y	__N		
43. Decrease in satisfaction with job or career.	__Y	__N		
44. A member had increased difficulty with people at work.	__Y	__N		
45. A member promoted at work or given more responsiblities.	__Y	__N		
46. Family moved to a new home or apartment.	__Y	__N		
47. A child/adolescent changed to a new school.	__Y	__N		
48. You or your partner became seriously ill or injured.	__Y	__N	__Y	__N
49. Child became seriously ill or injured.	__Y	__N	__Y	__N

DID THE CHANGE HAPPEN IN YOUR FAMILY?	During Last 12 months YES	During Last 12 months NO	Before Last 12 months YES	Before Last 12 months NO
50. Close relative or friend of the family became seriously ill.	__Y	__N	__Y	__N
51. A member became physically disabled or chronically ill.	__Y	__N	__Y	__N
52. Increased difficulty in managing a chronically ill or disabled member.	__Y	__N	__Y	__N
53. Member or close relative was committed to an institution or nursing home.	__Y	__N	__Y	__N
54. Increased responsibility to provide direct care or financial help to your or your spouse's parent(s).	__Y	__N		
55. Experienced difficulty in arranging for satisfactory child care.	__Y	__N		
56. One of your parents or a partner died.	__Y	__N	__Y	__N
57. A child member died.	__Y	__N	__Y	__N
58. Death of partner's parent or close relative.	__Y	__N	__Y	__N
59. Close friend of the family died.	__Y	__N	__Y	__N
60. Married son or daughter was separated or divorced.	__Y	__N	__Y	__N
61. A member "broke up" their relationship with a close friend.	__Y	__N		
62. A member was married.	__Y	__N		
63. Young adult member left home	__Y	__N		

(Reduced 80%)

DID THE CHANGE HAPPEN IN YOUR FAMILY?	During Last 12 months YES	NO	Before Last 12 months YES	NO
64. A young adult member began college (or post high school training).	__Y	__N		
65. A member moved back home or a new person moved into the household.	__Y	__N		
66. You or spouse started school (or training program) after being away from school for a long time.	__Y	__N		
67. A member went to jail or to juvenile detention.	__Y	__N	__Y	__N
68. A member was picked up by police or arrested.	__Y	__N	__Y	__N
69. Physical or sexual abuse or violence happened in home.	__Y	__N	__Y	__N
70. A member ran away from home.	__Y	__N	__Y	__N
71. A member dropped out of school or was suspended from school.	__Y	__N		

The Most Important Event

Of all the events occurring to your family in the last 12 months, which one would you say was the most important? That is, which one, for better or worse, changed or affected your families' life the most? Please describe this event below.

DESCRIPTION OF EVENT: _____,

_____,

_____,

_____,

_____.

Now, with that important event in mind, consider the degree to which you agree or disagree with each of the following statements about that event. If you STRONGLY DISAGREE with a statement then circle the number 1. Circle 2 if you MODERATELY DISAGREE, 3 if you NEITHER AGREE NOR DISAGREE, or 4 if you MODERATELY AGREE, and if you STRONGLY AGREE then circle the number 5.

THIS WAS AN IMPORTANT EVENT THAT:	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
72. involved possible harm to my relationship with my partner.	1	2	3	4	5
73. involved possible harm to my relationship with someone important outside my family.	1	2	3	4	5
74. involved possible harm to my partner's physical or emotional well-being.	1	2	3	4	5
75. involved possible harm to my own physical or emotional well-being.	1	2	3	4	5
76. involved possible or actual loss of income.	1	2	3	4	5
77. I could change or do something about.	1	2	3	4	5
78. my partner could change or do something about.	1	2	3	4	5
79. I had to accept or get used to.	1	2	3	4	5
80. my partner had to accept or get used to.	1	2	3	4	5
81. we needed to know more about before we could act.	1	2	3	4	5
82. required we hold ourselves back from doing what we wanted to do.	1	2	3	4	5

Decide how well each statement describes your attitudes and behaviour in response to this most important event. If you STRONGLY DISAGREE with how the statement describes your response then circle the number 1. Circle 2 if you Moderately Disagree, 3 if you NEITHER AGREE NOR DISAGREE, or 4 if you MODERATELY AGREE. If you STRONGLY AGREE with how the statement describes your response then circle the number 5.

WHEN MY PARTNER AND I FACED THIS IMPORTANT EVENT IN OUR FAMILY, WE RESPONDED BY:	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
83. sharing our difficulties with relatives.	1	2	3	4	5
84. seeking encouragement and support from friends.	1	2	3	4	5
85. reminding ourselves that we had the power to solve major problems.	1	2	3	4	5
86. seeking assistance from community agencies and programs designed to help families in our situation.	1	2	3	4	5
87. accepting that we have the strength within our own family to solve our problem.	1	2	3	4	5
88. attending church services.	1	2	3	4	5
89. keeping in mind that luck plays a big part in how well we are able to solve family problems.	1	2	3	4	5
90. seeking professional counseling and help for family difficulties.	1	2	3	4	5
91. participating in church activities.	1	2	3	4	5

WHEN MY PARTNER AND I FACED THIS IMPORTANT EVENT IN OUR FAMILY, WE RESPONDED BY:	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
92. believing if we waited long enough, the problem would go away.	1	2	3	4	5
93. seeking support and encouragement from each other.	1	2	3	4	5
94. accepting this stressful event as a fact of life.	1	2	3	4	5
95. facing this problem "head-on" and trying to get solutions right away.	1	2	3	4	5

Now consider how you and your partner handle difficulties IN GENERAL. Decide how well each statement below describes your usual attitudes and behavior in response to problems or difficulties. If you STRONGLY DISAGREE with a statement then circle the number 1. Circle 2 if you MODERATELY DISAGREE, 3 if you NEITHER AGREE NOR DISAGREE, or 4 if you MODERATELY AGREE with the statement. If you STRONGLY AGREE with how the statement describes your typical response then circle the number 5.

IN GENERAL, WHEN MY PARTNER AND I FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY; WE TYPICALLY RESPOND BY:	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
96. sharing our difficulties with relatives.	1	2	3	4	5
97. seeking encouragement and support from friends.	1	2	3	4	5
98. knowing we have the power to solve major problems.	1	2	3	4	5

(Reduced 80%)

IN GENERAL, WHEN MY PARTNER AND I FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY; WE TYPICALLY RESPOND BY:	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
99. seeking information and advice from persons in other families who have faced the same or similar problems.	1	2	3	4	5
100. seeking advice from relatives (grandparents, etc.) .	1	2	3	4	5
101. asking neighbours for favours and assistance.	1	2	3	4	5
102. seeking assistance from community agencies and programs designed to help families in our situation.	1	2	3	4	5
103. accepting that we have the strength within our own family to solve our problems.	1	2	3	4	5
104. accepting gifts and favours from neighbours (food or taking in mail).	1	2	3	4	5
105. seeking information and advice from the family doctor.	1	2	3	4	5
106. facing problems "head-on" and trying to get solutions right away.	1	2	3	4	5
107. watching television.	1	2	3	4	5
108. showing that we are strong.	1	2	3	4	5
109. attending church services.	1	2	3	4	5
110. accepting stressful events as a fact of life.	1	2	3	4	5
111. sharing concerns with close friends.	1	2	3	4	5

IN GENERAL, WHEN MY PARTNER AND I FACE PROBLEMS OR DIFFICULTIES IN OUR FAMILY; WE TYPICALLY RESPOND BY:	Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
112. knowing luck plays a big part in how well we are able to solve family problems.	1	2	3	4	5
113. accepting that difficulties occur unexpectedly.	1	2	3	4	5
114. doing things with relatives (get-togethers or dinners).	1	2	3	4	5
115. seeking professional counseling and help for family difficulties.	1	2	3	4	5
116. believing we can handle our own problems.	1	2	3	4	5
117. participating in church activities.	1	2	3	4	5
118. defining the family problem in a more positive way so that we do not become too discouraged.	1	2	3	4	5
119. asking relatives how they feel about problems we face.	1	2	3	4	5
120. feeling that no matter what we do to prepare, we will have difficulty handling problems.	1	2	3	4	5
121. seeking advice from a minister.	1	2	3	4	5
122. believing if we wait long enough, the problem will go away.	1	2	3	4	5
123. sharing problems with neighbours.	1	2	3	4	5
124. having faith in God.	1	2	3	4	5

(Reduced 80%)

Now describe your family. Read the following statements and decide for each one how frequent, on a scale that ranges from 1 (almost never) to 5 (almost always), the described behavior occurs in your family. Circle the response which best describes your family now.

1 Almost Never	2 Once in Awhile	3 Sometimes	4 Frequently	5 Almost Always

125. We ask each other for help.	1	2	3	4	5
126. When problems arise, we compromise.	1	2	3	4	5
127. We approve of each other's friends.	1	2	3	4	5
128. We are flexible in how we handle our differences.	1	2	3	4	5
129. We like to do things with each other.	1	2	3	4	5
130. Different persons act as leaders in our marriage.	1	2	3	4	5
131. We feel closer to each other than to people outside our family.	1	2	3	4	5
132. We change our way of handling tasks.	1	2	3	4	5
133. We like to spend free time with each other.	1	2	3	4	5
134. We try new ways of dealing with problems.	1	2	3	4	5
135. We feel very close to each other.	1	2	3	4	5
136. We jointly make the decisions in our marriage.	1	2	3	4	5

1 Almost Never	2 Once in Awhile	3 Sometimes	4 Frequently	5 Almost Always

137. We share hobbies and interests together.	1	2	3	4	5
138. Rules change in our marriage.	1	2	3	4	5
139. We can easily think of things to do together as a couple.	1	2	3	4	5
140. We shift household responsibilities from person to person.	1	2	3	4	5
141. We consult each other on our decisions.	1	2	3	4	5
142. It is hard to identify who the leader is in our marriage.	1	2	3	4	5
143. Togetherness is a top priority.	1	2	3	4	5
144. It is hard to tell who does which household chores.	1	2	3	4	5

Describing Your Social Relations.

Please circle the one response which you feel most directly applies to you.

145. How often do you get together with any of your neighbours?

Daily or almost every day 1
1 - 3 times a week 2
1 - 3 times a month 3
less than once a month 4
never 5

146. How many of the adults in this neighbourhood would you know by name if you met them on the street.

None..... 1
Almost none..... 2
Less than half..... 3
About half..... 4
More than half..... 5
Almost all..... 6
All of them..... 7

(Reduced 80%)

147. How often do you get together with your friends, either in your home or their home?

Daily or almost every day 1
1 - 3 times a week 2
1 - 3 times a month 3
less than once a month 4
never 5

148. How often do you get together with relatives?

Daily or almost every day 1
1 - 3 times a week 2
1 - 3 times a month 3
less than once a month 4
never 5

Directions: The statements which follow refer to feelings and experiences which occur to most people at one time or another in their relationships with friends. For each statement there are three possible answers: Yes, No, Don't know.
Please circle the answer you choose for each item.

			(Don't Know)
149. My friends give me the moral support I need.	Yes	No	DK
150. Most other people are closer to their friends than I am.	Yes	No	DK
151. My friends enjoy hearing about what I think.	Yes	No	DK
152. Certain friends come to me when they have problems or need advice.	Yes	No	DK
153. I rely on my friends for emotional support.	Yes	No	DK
154. If I felt that one or more of my friends were upset with me, I'd just keep it to myself.	Yes	No	DK
155. I feel that I'm on the fringe in my circle of friends.	Yes	No	DK
156. There is a friend I could go to if I were just feeling down, without feeling funny about it later.	Yes	No	DK

Please circle the answer you choose for each item.

			(Don't Know)
157. My friends and I are very open about what we think about things.	Yes	No	DK
158. My friends are sensitive to my personal needs.	Yes	No	DK
159. My friends come to me for emotional support.	Yes	No	DK
160. My friends are good at helping me solve problems.	Yes	No	DK
161. I have a deep sharing relationship with a number of friends.	Yes	No	DK
162. My friends get good ideas about how to do things or make things from me.	Yes	No	DK
163. When I confide in friends, it makes me uncomfortable.	Yes	No	DK
164. My friends seek me out for companionship.	Yes	No	DK
165. I think that my friends feel that I'm good at helping them solve problems.	Yes	No	DK
166. I don't have a relationship with a friend that is as intimate as other people's relationships with friends.	Yes	No	DK
167. I've recently gotten a good idea about how to do something from a friend.	Yes	No	DK
168. I wish my friends were much different.	Yes	No	DK

The next six items ask about your attitudes about your spousal relationship. Answer all these questions with your partner in mind. Circle the number which most closely shows the degree to which you agree or disagree with the statements.

169. We have a good marriage.

Very Strongly Disagree 1 2 3 4 5 6 7 Very Strongly Agree

170. My relationship with my partner is very stable.

Very Strongly Disagree 1 2 3 4 5 6 7 Very Strongly Agree

(Reduced 80%)

171. Our marriage is strong.

Very Strongly Disagree	1	2	3	4	5	6	7	Very Strongly Agree

172. My relationship with my partner makes me happy.

Very Strongly Disagree	1	2	3	4	5	6	7	Very Strongly Agree

173. I really feel like part of a team with my partner.

Very Strongly Disagree	1	2	3	4	5	6	7	Very Strongly Agree

174. Circle the number which best describes the degree of happiness, everything considered, in your marriage. The middle point, "Happy", represents the degree of happiness which most people get from marriage. The scale gradually increases on the right side for those few who experience extreme joy in marriage and decreases on the left side for those who are extremely unhappy.

Very Unhappy	1	2	3	4	Happy 5	6	7	8	9	Perfectly Happy 10

General Health

We would like to know if you have had any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by circling the answer which you think most nearly applies to you. Remember that we want you to know about present and recent complaints, not those you had in the past.

HAVE YOU RECENTLY:

175. been able to concentrate on whatever you're doing?

Better than usual	Same as usual	Less than usual	Much less than usual

176. lost much sleep over worry?

Not at all	No more than usual	Rather more than usual	Much more than usual

HAVE YOU RECENTLY:

177. felt that you are playing a useful part in things?

More so than usual	Same as usual	Less useful than usual	Much less useful

178. felt capable of making decisions about things?

More so than usual	Same as usual	Less so than usual	Much less capable

179. felt constantly under strain?

Not at all	No more than usual	Rather more than usual	Much more than usual

180. felt you couldn't overcome your difficulties?

Not at all	No more than usual	Rather more than usual	Much more than usual

181. been able to enjoy your normal day-to-day activities?

More so than usual	Same as usual	Less so than usual	Much less than usual

182. been able to face up to your problems?

More so than usual	Same as usual	Less able than usual	Much less able

183. been feeling unhappy and depressed?

Not at all	No more than usual	Rather more than usual	Much more than usual

184. been losing confidence in yourself?

Not at all	No more than usual	Rather more than usual	Much more than usual

185. been thinking of yourself as a worthless person?

Not at all	No more than usual	Rather more than usual	Much more than usual

186. been feeling reasonably happy, all things considered?

More so than usual	About same as usual	Less so than usual	Much less than usual

(Reduced 80%)

Satisfaction with Life

The following eight items ask how satisfied you are with general life areas. For each item, if you are very satisfied you would circle 7. If you were very dissatisfied you would circle 1. If you were neither very satisfied nor very dissatisfied you would put yourself somewhere from 2 to 6; for example, 4 means that you are just as satisfied as you are dissatisfied.

	Very Dissatisfied						Very Satisfied
187. All things considered, how satisfied are you with this neighbourhood as a place to live?	1	2	3	4	5	6	7
188. How satisfied are you with this house/apartment?	1	2	3	4	5	6	7
189. How much satisfaction do you get from your non-working activities - hobbies and so on?	1	2	3	4	5	6	7
190. How much satisfaction do you get from your family life?	1	2	3	4	5	6	7
191. How satisfied are you with your health and physical condition?	1	2	3	4	5	6	7
192. How satisfied are you with the amount of time you have for doing things you want to do?	1	2	3	4	5	6	7
193. How satisfied are you with your friendships?	1	2	3	4	5	6	7
194. How satisfied are you with your standard of living - things you have - housing, car, furniture, recreation and the like.	1	2	3	4	5	6	7
195. All in all how satisfied with life are you these days?	1	2	3	4	5	6	7

Background

196. How old are you? ____ years

197. How old is your partner? ____years

198. How long have you been living with your partner?
_____ years.

199. Are you legally married ____,
or are you living as married ____ ?

200. Have you ever been married to someone other than the person you are now living with?
No _____. Yes Once ____, more than once ____.

201. How many children do you have?

daughters	0	1	2	3	4	5	6	7	8	9
stepdaughters	0	1	2	3	4	5	6	7	8	9
stepsons	0	1	2	3	4	5	6	7	8	9
sons	0	1	2	3	4	5	6	7	8	9

202. Please indicate how many of your children (including stepchildren) if you have any, fall into the following age groups.
___ of them are between 0 and 2.5 yrs old.
___ of them are between 2.5 and 6 yrs old.
___ of them are between 6 and 12 years old.
___ of them are between 13 and 18 years old.
___ of them are over 18 years old.

203. How many of your children are living with you? ___.

204. How much formal education do you have?
(Check the highest that applies)
Grade 6 or less _____.
Grade 7 to 9 _____.
Grade 10 to 12 _____.
Technical training after grade 12 _____.
College or University Courses _____
University Graduate _____.

205. Are you now working full time, part time, going to school, keeping house or something else?
(If more than one of these, check all that apply).
___ Employed Full Time
___ Employed Part Time
___ Unemployed
___ Retired
___ In School
___ Keeping House
___ Other ... What? _____.

(Reduced 80%)

206. If you work outside the home, what is your job classification? (eg. Labourer) _____,

_____.

What type of business do you work for? (example: makes tires) _____,

_____.

207. Is your partner now working full time, part time, going to school, keeping house or something else? (If more than one then, check all that apply).

___ Employed Full Time
___ Employed Part Time
___ Unemployed
___ Retired
___ In School
___ Keeping House
___ Other ... What? _____.

208. If your spouse is currently working outside the home what is his/her job classification? (eg. sales clerk) _____.

What type of business does he/she work for? (example grocery store) _____,

_____.

209. Circle the letter which comes closest to the total income of ALL THE MEMBERS of this household for this past year before tax and other deductions.

under $6,000	...A	$36,000 to $39,999	...G
$6,000 to $11,999	...B	$40,000 to $49,999	...H
$12,000 to $17,999	...C	$50,000 to $59,999	...I
$18,000 to $23,999	...D	$60,000 to $69,999	...J
$24,000 to $29,999	...E	$70,000 or more	...K
$30,000 to $35,999	...F		

I would like to know your ideas about this survey.

Is there any way in which doing this survey was a help to you? _____,

_____,

_____.

Did you find completing this survey to be uncomfortable? If so how? _____,

_____,

_____.

Is there anything that you think is important that has been overlooked by this survey? _____,

_____,

_____.

Thank you very much for your time and thoughts.

Check either ___ Yes or ___ No, to indicate whether you would like me to send you results of the study.

(Reduced 80%)

Appendix K

COMPARING THE CCW AND WAS-83 SAMPLES

The WAS-83 sample. The WAS-83 (Segall & Currie, 1983) was used to test for a bias in response to the CCW study. The WAS-83 randomly sampled with replacement one respondent between the ages of 18 and 80 from each of 701 households. A total of 524 respondents agreed to complete the in-person interview (75%). This included 82 men and 99 women who were married or living common-law. The majority of those refusing the request for an interview were in the 25 to 34 and 55 to 64 age groups. Comparisons between the WAS-83 and the 1981 Census of Canada for Winnipeg revealed slight over-representations of those living in homes with four or five members, and those 35 to 44 years of age. Therefore, the WAS-83 dataset could be considered representative of Winnipeg adult residents.

Comparison of males within the WAS-83 and CCW. The 128 CCW men were significantly different from the 82 WAS-83 men on three of the four covariates. CCW men were better educated (K-W[13] X^2 (1, N=214) = 5.75, $p \leq .016$) and had a higher income level[14] (M = \$46120 for CCW men and M = \$35850 for WAS-83 men) $F(1,204) = 15.6$, $p \leq .000$. When the men were categorized as having none, one, two, or more than two children,[15] the distribution of number of children at home was not the

[13] Kruskal-Wallis rank ordered test corrected for ties.

[14] Using midpoint values for income categories.

same across the two groups (X^2 (3, N=213) = 10.15, $p \leq .017$). The WAS-83 men averaged 1.08 children at home, were proportionally more likely to have no children and less likely to have two children. CCW men averaged 2.21 children per home. The two groups did not differ in age, F (1,210) = .66, $p \leq .42$.

These demographic differences were amplified by evidence that the covariates used in the ANCOVA for Hypothesis One did not similarly predict life satisfaction (See Table 34). Life satisfaction among WAS-83 men was negatively influenced by the number of children at home. But, among the CCW men this was not a factor. Instead, age positively predicted life satisfaction.

Comparison of females within the WAS-83 and CCW. The 154 CCW women were significantly different from the 99 married or common-law WAS-83, on only one of the four covariates, average family income. The CCW women averaged $44120 in family income, while the WAS-83 women averaged $35380[16] (F (1,226) = 12.9, $p \leq .000$). The women did not differ in mean ages; M = 40.79 years for WAS-83, and M = 40.82 years for CCW, F (1, 251) = 0, $p \leq .99$. Nor did they significantly differ in education levels (K-W[17] X^2 (1, N=252) = 2.75, $p \leq .10$. The WAS-83 women had on average 1.22 children living at home. The CCW women had on average 1.38 children living at home.

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[15] It was felt the distribution was too skewed for an F test based on normal continuous distribution assumptions, to be valid.

[16] Using midpoint values for income categories.

[17] Kruskal-Wallis ranked order test corrected for ties.

Table 34

Comparison of WAS-83 and CCW Men on Life Satisfaction.

Separate Regressions on Life Satisfaction	B		ß	
WAS-83 Group df(4,77)				
Constant	3.889	**		
Age	.008		.168	
Family Income	.008		.168	
Education	-.012		-.019	
Children at Home	-.184		-.256	‡
R-square = .143 ‡				
CCW Group df(4,117)				
Constant	3.104	**		
Age	.022		.261	**
Family Income	.002		.054	
Education	- .026		- .035	
Children at Home	-.001		-.007	
R-square = .072 ns				

Note. ‡ $p \leq .05$
** $p \leq .001$