An evaluation of in-depth marital therapy with special reference to the psychodynamics and possible pathology of marital partners

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The Co-operative Research Programme on Marriage and Family Life is centred within the Group: Social Dynamics of the Human Sciences Research Council. The emphasis in the programme is on the structure and dynamics of family life, the nature of family disorganization and disintegration, and the nature of the changes taking place with regard to family structure and family processes in society. In this report the emphasis is on in-depth marital therapy.

The opinions expressed in the report are those of the author and should not necessarily be viewed as those of the Main Committee of the Co-operative Research Programme on Marriage and Family Life.

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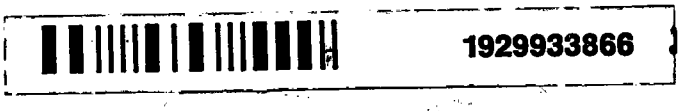

EKSERP

Die doel van hierdie studie was om aan te toon dat om sukses te behaal met huweliksberaad moet die psigodinamiese funksionering van albei huwelikspartye in ag geneem word; en, indien psigopatologie geïdentifiseer is, om dít aan te spreek voordat gepoog word om aan die huweliksverhouding te werk.

Die aard van psigodinamiese funksionering asook die teenwoordigheid van psigopatologie is bepaal deur middel van 'n projektiewe persoonlikheidstoets, terwyl 'n diadiese aanpassingskaal gebruik is om die invloed van die huweliksterapie te bepaal.

Hoewel slegs 'n klein getal egpare die kursus voltooi het, het herhaalde toepassing van die diadiese aanpassingskaal die waarde van huweliksterapie getoon — in die neiging tot verbeterde huweliksaanpassing eerder as in statistiese betekenisvolheid.

Hierdie was 'n praktykgebaseerde eerder as 'n eksperimentgebaseerde studie en die hoofwaarde is daarin geleë dat die uitgangspunt bekragtig is dat die psigodinamiese funksionering van albei huweliksgenote in huweliksberaad aandag moet geniet, en nie net die huweliksverhouding nie.

ABSTRACT

The aim of this study was to illustrate that for marital therapy to be successful the psychodynamic functioning of both spouses should be taken into consideration; and, if psychopathology has been identified, to address it prior to attempting to deal with the marriage relationship.

Establishing the nature of psychodynamic functioning as well as the presence of psychopathology was done by means of a projective personality test, while a dyadic adjustment scale was used to evaluate the effect of the marital therapy.

Although only a small number of couples completed the course, recurrent application of the dyadic adjustment scale showed the value of marital therapy, in the tendency towards improved marital adjustment if not in statistical significance.

This was a practice-based rather than an experiment-based study and its main value was seated in the vindication of the assumption that the psychodynamic functioning of both marriage partners have to be attended to in marital therapy and not only the marital relationship.

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1. INTRODUCTION

In reviewing the development of marital and family therapy Glick and Kessler (1980) stated that: "the significance attributed to the family's role in relation to the psychic and social distress of any of its members has waxed and waned over the centuries" (p 3).

The important role of the family in the development of individual problems was mentioned by Confucius in his writings, as well as by the Greeks in their myths. The early Hawaiians would meet as a family to discuss solutions to an individual's problems.

For a long time in the Western culture, however, mental illness and other forms of interpersonal distress were ascribed to magical, religious, physical, or exclusively intrapsychic factors. It was not until the turn of the century that Freud delineated individual psychodynamics as determinants of human behaviour. Although he stressed the major role of the family in the development of individual symptoms, he believed that the most effective technique for dealing with such individual psycho-pathology was treatment on a one-to-one basis (Sander, 1978). At about the same time, others working with the mentally ill began to suggest that families with a sick member should be seen together and not "as individuals removed from family relationships" (Smith 1980).

Psychiatric social workers in guidance clinics, who often saw one or more parents individually or together, began to recognize the importance of dealing with the entire family unit. In the 1930s a psychoanalyst, Oberndorf (1934), reported his experiences in treating a marital couple. In the 1940s Fromm-Reichmann (1948) postulated that a pathologic mother (called the "schizophrenogenic mother") could induce schizophrenia in a "vulnerable" child. Treatment of both mother and child therapeutically, was therefore essential to treat the pathology of the mother as well as that of the child.

This speculation led other psychoanalysts, such as Lidz, to study the role of the father. Lidz and Lidz (1949) found that the father also played an important role in the development of psychopathology.

At the same time, Mittelman (1948) began to see a series of marital partners in simultaneous, but separate, psychoanalyses. This approach was quite innovative because psychoanalysts believed that this method of treatment would hinder the therapist from helping the patient, since it was thought that neither spouse would trust the same therapist and consequently would withhold important material. Therefore, the other marital partner was usually referred to a colleague.

Outside the field of psychiatry proper, marital counsellors, ministers of religion and others have been interviewing spouses together for some time. In the early 1950s the first consistent use of family therapy in modern psychotherapeutic practice in the United States was reported by several different workers, e.g. Mittelman (1948) and Bell (1961). Ackerman began consistently utilizing family interviews in his work with children and adolescents (Ackerman, 1966; Lidz *et al.*, 1958; Bowen, 1960). Bowen (1960) started an extensive series of investigations of family interactions and schizophrenia. Bateson *et al.* (1956) and Wynne *et al.* (1958) undertook an intensive study of family communication patterns in the families of schizophrenic patients and others.

It was not until the early 1960s, however, that these ideas were integrated into a general theory of family interrelationships and that the modern field of family therapy began to take shape (Ackerman, 1966; Satir, 1964). Many therapists became interested in learning

about family therapy and in utilizing its techniques. A recent poll carried out in 1980 of Californian psychologists who practised psychotherapy showed that, as expected, 90% were using individual therapy, but more than 60% were using family therapy; only 30% were doing group therapy (Zimet, 1977). These statistics clearly illustrate the rise in the growth of the family therapy field. During the 1970s the use of family therapy was expanded to include the application of a broad range of psychiatric methods with families differing widely in socio-economic origin (Zuk, 1979). Currently, family therapy is still a relatively new field when compared with individual psychotherapy, group psychotherapy, or psycho-pharmacotherapy.

Hypotheses and results regarding the outcome of family therapy, although enthusiastically proclaimed, are only beginning to be supported by research data. Recently family researchers have begun more controlled studies of what actually transpires with families (Reiss, 1968; 1969) and on the outcome of family therapy (Gurman & Kniskern, 1978). To some extent the lack of controlled research data applies to most other psychosocial treatment in psychiatry, but other treatment approaches have been exposed to more practice and are better accepted.

2. DEFINITION OF MARITAL THERAPY

Marital therapy can be defined as a professionally organized attempt to produce beneficial changes in a disturbed marital unit. According to Glick and Kessler (1980) the methods used to achieve these beneficial changes are essentially interactional and non-pharmacological. The aim of marital therapy is the establishment of more satisfying ways of living for the marital partners and, ensuing from their sound relationship, greater happiness for the entire family.

Marital and family therapy is, according to Glick and Kessler (1980), "distinguished from other psychotherapies by its conceptual focus on the family system as a whole". In this view, the major emphasis is on understanding individual behaviour patterns arising from the feedback into the complicated matrix of the general family system. Beneficial changes in the larger marital and family unit will therefore have positive consequences for individual members, as well as for the larger family system. The major emphasis is placed upon understanding and intervening in the family system's current patterns of interaction, with usually only a secondary interest in its origins and development.

In many families, a member may be "selected" as a "symptom bearer", referred to as an identified patient. Such an individual will then be described in a variety of ways, being labelled "bad", "sick", "stupid" or "crazy". Depending on what sort of label such individuals carry, they, together with their families, may be treated in any of several types of helping facility, e.g. psychiatric, correctional, or medical.

On the other hand there may not always be an identified patient. Occasionally a marital or family unit presents itself as being in trouble without singling out any one member as a scapegoat. A marital couple may realize that their marriage is in trouble and that the cause of their problems stems from the nature of their interaction with each other and not from either partner individually.

There is an interaction between the intrapsychic system, the interactional system, and the sociocultural system. Different conceptual frameworks are utilized when dealing with

these systems. A therapist may choose to emphasize any of the points on this continuum, but the family therapist is especially sensitive to, and trained in, those aspects relating specifically to the family system in both its individual characteristics and the larger social matrix.

Although many clinicians agree that there is likely to be faulty interaction in families with an individual suffering gross emotional disturbance, it is not always clear whether the faulty interaction is the cause or the effect of the disturbed individual.

These two points of view were summarised by the Group for the Advancement of Psychiatry in 1970: "Some practitioners continue to perceive and treat as the central issue ... the disequilibrium in the intrapsychic apparatus of the individual, viewing the contextual social matrix of development and adaptation and most particularly the family as adding an important dimension to their conceptualization and treatment. Others see and treat as the central issue the disequilibrium in the family, viewing the altered balance of intrapsychic forces and counterforces in an individual to be of secondary or even of inconsequential relevance to the task of the helping professional."

3. DIFFERENTIATION OF MARITAL AND FAMILY THERAPY FROM OTHER PSYCHOTHERAPIES

Marital and family therapy is designed to deal with situations seen primarily as interfering either with the family system as a whole or with marital or parent-child relationships. Individual psychotherapy is designed to help an individual live with himself more effectively and happily. Group therapy may be particularly indicated for those who suffer inadequate, non-gratifying social relationships.

After understanding the nature of family therapy and its functions, the therapist must recognize how to distinguish it from, and contrast it with, the differing elements of individual and group therapy.

There are major differences in models and assumptions that underlie family therapy and individual therapy respectively. The family model is based on the notion that personality development, symptom formation and therapeutic changes result from the family's function as an interdependent, transactional unit. By contrast the individual model is based on the view that these changes are largely determined by the dynamic, intrapsychic function of the individual (Robinson, 1975).

It is evident that as early as the 1930s some analysts shifted their assumptions from the intrapsychic to the interpersonal model.

Some believe that the two models are complementary and not mutually exclusive, whereas others believe that the family model cannot be grafted onto the individual model without seriously limiting both. For example, in its broadest sense, family therapy seeks to understand communication patterns and to change them if necessary. By influencing these current communication behaviours, the therapist can promote change in the future. Undoubtedly intrapsychic structures may be changed as a result of this, but the therapist does not assume that through this kind of intervention structural change in the psychoanalytic sense will occur or that this is necessary for a successful family therapy outcome.

On the one hand, the goals and duration of marital and family therapy may be more limited than that of intensive individual psychotherapy, which actually aims only at addressing one person's problems at a time. On the other hand, if the therapist considers the subtleties and complexities of the complementary communication systems when treating several individuals at the same time, the result of the family work may be much more extensive than individual work and may thus affect many more family members.

The question, "do individuals in the family system change their personality structure as a result of marital and family therapy?" is often asked. Without questioning whether or not individuals can change their personalities, family therapy attempts to change family interaction, structure, and function. However, as a result of such change, certain aspects of an individual's personality may be modified. Marital and family therapy, however, does not have change of personality structure in isolation from its relationship to the family context as its primary goal.

Similarly, family therapy has to be differentiated from group therapy. Although in both therapies more than one patient is involved, the most obvious difference between the two lies in the presence or absence of a consanguineous relationship between the patients in treatment. As Parloff (1976) has pointed out, "family therapy is characteristically performed with members of the same family, while group therapy is conducted with persons who are not members of the same family." Therefore, it can be said that family therapy changes the family unit, whereas group therapy changes individuals in a group context, who may or may not have a family.

4. BACKGROUND FOR THE RESEARCH UNDERTAKEN

After conducting therapy for some time in the private practice of a clinical psychologist to whom marital partners had applied voluntarily for help, I felt the need to evaluate the success of the marital therapy undertaken.

Initially the method followed in doing marital therapy was to focus on the marriage system as well as on the relationship between the spouses. Attention was paid to the interaction process between the spouses and their communication strategies. On conclusion of the marital therapy feedback was received concerning the successes and/ or failures of the therapy.

An analysis of the reasons for the failure of mental therapy revealed that in some instances the psychopathology which was present in one or both of the spouses hampered the successful outcome of the therapy. It also emerged that it was important to understand the psychodynamic functioning of each spouse. Furthermore, in couples where the individual psychopathology was diagnosed and treated in the process of marital therapy the outcome was more successful than when the psychodynamic functioning and psychopathology were not taken into consideration. Part of the entire treatment process when psychopathology was diagnosed was to refer individuals for psychiatric treatment and medication. In this respect a team approach proved to be important.

Feedback regarding the success or failure of the marital therapy undertaken was received from some of the spouses themselves and sometimes from relatives and friends. However, the validity and reliability of this information could not be evaluated on a scientific basis. One of the reasons it was difficult to assess the real value of feedback thus

received was that it could have been contaminated by the "halo effect". For example, a couple might report back what they thought the therapist might like to hear. A positive feedback regarding the marital therapy might also have been motivated by a couple wishing to terminate treatment even though it was not successful. Consequently it was considered necessary to undertake a study where variables could be controlled so as to determine why marital therapy was relatively successfully concluded or terminated without reasons being given.

5. THE AIM OF THE STUDY

The goal of this research project was to ascertain the outcome of marital therapy when the psychodynamics of each spouse as well as possible individual psychopathology are diagnosed and treated in the process of doing such therapy.

6. RESEARCH METHOD

To ascertain whether any change in a marital relationship has taken place as a result of marital therapy, an assessment of the quality of the marital relationship before and after therapy must be made. For this purpose Spanier's (1976) Dyadic Adjustment Scale was used. The Rorschach Test was administered to each spouse individually. A few exceptions to this approach will be explained when the test results are discussed.

A questionnaire was given to each of the spouses for completion as part of the initial interview, with the verbal explanation that an assessment had to be made of how each of them experienced their present marital adjustment according to the questions posed in the Dyadic Adjustment Scale. It was explained to the couples that the value of the marital therapy would be assessed after completion of marital therapy when they would be asked to complete the questionnaire on termination of treatment. They were told that feedback would be given to them. The necessity of completing the questionnaire on termination of the treatment was emphasized.

A comparison of the answers on the Dyadic Adjustment Scale, before and after marital therapy, will be indicative of the change in adjustment effected.

The clinical interview was used for purposes of recording life history. The Rorschach as a projective psychometric test was used for the assessment of the psychodynamic functioning of each spouse.

7. DURATION OF THE RESEARCH PROJECT

The research project took place between 1989-06-01 and 1991-05-31. After the initial interviews follow-up appointments were made. Some of these follow-up appointments were kept, some were cancelled, while other couples stayed away without cancelling their appointments.

In order to conclude the research project, letters and a second set of the Dyadic Adjustment Scale were sent out to the couples who did not keep their appointments.

Not all the couples returned the second Dyadic Adjustment Scale sent to them.

Notification was received of the death of a spouse as well as couples who were divorced. These patients, therefore, did not complete the second questionnaire.

8. RESEARCH SUBJECTS

The married partners included in this research project had voluntarily requested marital therapy or had been referred for assistance with marital problems. It was therefore a selected group all of whom were self-motivated in seeking help for the marital problems they were experiencing.

As the couples included in this study requested marital therapy over a period of time, the composition as well as the size of the sample depended on the number of applicants, e.g. 44 couples who applied for marital therapy.

Because a self-selected group was used in this research project and not a random sample, it is not possible to make generalizations from this study. It is, however, possible to deduce tendencies from the results obtained.

A record was kept detailing by whom the initial applications for marital therapy were made, e.g. by the couples jointly, by the wife or by the husband, or whether they were referred by another person or organisation.

TABLE I: PERSONS INITIATING APPLICATIONS

Applications initiated by:	Number	Percentage
Couples	11	25,0
Husbands	8	18,2
Wives	22	50,0
Referrals	3	6,8
TOTAL	44	100,0

Table I shows that the highest percentage of initial applications for marital therapy emanated from the wives, namely 50%. Joint applications by couples were the second highest, namely 25%. The third highest application for marital therapy was made by husbands, namely 18,2%, while referrals were made in only 6,8% of the cases.

No reasons for the discontinuation of the marital therapy were received, as already mentioned. However, the following possible reasons could have played a role. (These assumptions are based on clinical observations during the years of practice as a clinical psychologist.)

1. The initial interview during which the Rorschach Technique was administered to each spouse individually and the questionnaire completed by each spouse might have made excessively high demands on the couples or individuals.

2. The couples might have expected that the therapist would give advice for the instant solution of their problems and their expectations were not met.

3. The motivation of the marital partners, as a couple or as separate individuals, might not have been to solve marital conflict. They might have applied for help so as to be able to state that their problems could not be solved even though they had obtained marital therapy. Verbal reports to this effect have been received from family members, friends and lawyers who handled divorces.

4. The intervention of the first interview requesting marital therapy, the Rorschach Technique administered to each spouse individually and the completion of the first questionnaire might have been sufficient intervention to relieve the problems in the marriage. This intervention might have caused them to realize that they had to work on their marital relationship. Individuals after completing the Dyadic Adjustment Scale stated that the questions they had to answer made them aware that they themselves could improve their marital relationship.

5. Couples might have felt that the fees charged by a clinical psychologist in private practice for the marital therapy were too high.

6. Not one of the couples referred for marital therapy completed the course. The success rate of referrals in this study was, therefore, zero. The conclusion can therefore be reached that couples or spouses do not have sufficient motivation to react positively to marital therapy when referred.

The results of this research project will be an indication of the outcome of marital therapy once the psychodynamic functioning of each marital partner has been assessed.

9. PROCEDURE

Appointments for interviews were made telephonically by couples or individual spouses requesting family therapy.

At times couples came for marital therapy while at other times a husband or a wife came on his or her own. The necessity for seeing the other spouse was explained to the one reporting for marital therapy and the necessary appointments for the other spouse were made.

During the first interview with each couple or each spouse it was explained that it was necessary to assess their present marital adjustment in order to address each couple's unique marital problems. Spanier's (1976) Dyadic Adjustment Scale was then given to each of them for completion. They were told they would be requested to complete the Dyadic Adjustment Scale a second time after conclusion of their marital therapy in order to assess positive or negative change in each couple's marital adjustment.

The Rorschach Test was administered to each spouse individually after an explanation that the results of the test would enable the therapist to gain insight into the personality and psychodynamic functioning of each spouse. The therapist used the information obtained from the Dyadic Adjustment Scale as well as the information regarding each spouse's personality and psychodynamic functioning in the marital therapy. The individual spouses or couples were then seen for marital therapy. The interval between therapy sessions and the frequency of the sessions were subject to the nature of the marital

problems, the progress made in marital therapy and the available time of the couples or spouses.

It was found that as marital therapy progressed the couples preferred joint sessions.

Depending on the improvement in their marital relationship the couples and the therapist decided when marital therapy should be concluded. The Dyadic Adjustment Scale was then completed a second time by each spouse.

10. RESEARCH HYPOTHESIS

Marital therapy will be successful when the psychodynamic functioning of each spouse is taken into consideration and if possible psychopathology is diagnosed and treated in the course of marital therapy.

11. MEASURING INSTRUMENTS

A. Spanier's (1976) Dyadic Adjustment Scale

Spanier's (1976) Dyadic Adjustment Scale was developed to assess the quality of marriage and other similar dyadics. This factor-analytic study tests four empirically verified components of dyadic adjustment which can be used as subscales, e.g. dyadic satisfaction, dyadic cohesion, dyadic consensus and affectional expression. Evidence is presented suggesting content, criterion-related and construct validity. High scale reliability is reported.

According to Spanier (1976) dyadic adjustment can be defined as a process, the outcome of which is determined by the degree of troublesome dyadic differences, interpersonal tensions and personal anxiety, dyadic satisfaction, dyadic cohesion and consensus on matters of importance to dyadic functioning.

The 32-item Dyadic Adjustment Scale can be completed in just a few minutes, is only two pages in length, can easily be incorporated into a self-administered questionnaire and can be adapted for use in interview studies. The subscales can be used alone without losing confidence in the reliability and validity of the measure. Most of the items attempt to assess the respondent's perception of the adjustment of the relationship as a functioning group.

The scale has a theoretical range of 0 - 151.

This scale measures the following:

1. On a six-point scale ranging from "Always agree (5)" to "Always disagree (0)" the opinion of each spouse is obtained regarding Dyadic Consensus on:
   - 1.1 Handling family finances
   - 1.2 Matters of recreation
   - 1.3 Religious matters
   - 1.4 Demonstrations of affection (Affectional Expression)
   - 1.5 Friends (Consensus)

1.6 Sexual relations (Affectional Expression)
1.7 Conventionality (Correct or improper behaviour)
1.8 Philosophy of life
1.9 Ways of dealing with parents or in-laws
1.10 Aims, goals and things believed important
1.11 Amount of time spent together
1.12 Making major decisions
1.13 Household tasks
1.14 Leisure-time interests
1.15 Career decisions

2. On a six-point scale ranging from "All the time (0)" to "Never (5)" Dyadic Satisfaction is measured on the basis of the following indicators:
   2.1 How often do you discuss or have you considered divorce, separation, or terminating your relationship?
   2.2 How often do you or your mate leave the house after a fight?
   2.3 In general, how often do you think that things between you and your partner are going well?
   2.4 Do you confide in your mate?
   2.5 Do you ever regret that you married? (or live together?)
   2.6 How often do you and your partner quarrel?
   2.7 How often do you and your mate "get on each other's nerves"?
3. Dyadic Satisfaction is also measured on a five-point scale ranging from "Every day (4)" to "Never (0)":
   3.1 Do you kiss your mate?
4. On a five-point scale from "All of them (4)" to "None of them (0)" Dyadic Cohesion is measured:
   4.1 Do you and your mate engage in outside interests together?
5. On a six-point scale Dyadic Cohesion is measured from "Never (0)" to "More often (5)":
   5.1 Have a stimulating exchange of ideas
   5.2 Laugh together
   5.3 Calmly discuss something
   5.4 Work together on a project
6. A response indicating "Yes" or "No" must be given by each spouse regarding Affectional Expression:
   6.1 Being too tired for sex
   6.2 Not showing love
7. By circling a dot on a seven-point scale an indication of the degree of happiness of the marital relationship must be given regarding Dyadic Satisfaction ranging from "Extremely unhappy (0)" to "Perfect (6)":

7.1 Extremely unhappy, Fairly unhappy, A little unhappy, Happy, Very happy, Extremely happy, Perfect.

8. On a six-point scale, the high score being most positive, the feelings of each spouse must be described regarding Dyadic Satisfaction:
   8.1 I want desperately for my relationship to succeed, *and would go to almost any length to see that it does.*
   8.2 I want very much for my relationship to succeed, *and will do all I can* to see that it does.
   8.3 I want very much for my relationship to succeed *and will do my fair share* to see that it does.
   8.4 It would be nice if my relationship succeeded, *but I can't do much more than I am doing now* to keep the relationship going.
   8.5 It would be nice if my relationship succeeded, *but I refuse to do any more than I am doing* now to keep the relationship going.
   8.6 My relationship can never succeed, *and there is no more that* I can do to keep the relationship going.

The scores of the fields of the adjustment measured can be summarized as follows:

Dyadic satisfaction	0 – 50
Dyadic consensus	0 – 65
Dyadic cohesion	0 – 24
Affectional expression	1 – 12
TOTAL SCORE	151

B. The Rorschach Technique

The psychodynamic functioning as well as possible psychopathology of the marital partners participating in this research project was assessed using the Rorschach Technique.

According to Frank (1948) the Rorschach Technique is a method of gaining insight into a subject's private world by asking him to say what he sees on the Rorschach cards. As it is an unstructured test which does not portray real social situations, the subject projects his real feelings and not the value system of the society in which he finds himself. As a projective technique the Rorschach provides relatively ambiguous stimulus situations which enable the subject to optimally reveal his individuality of functioning. (Klopfer *et al.*, 1954)

Through the analysis of an individual's responses on the Rorschach cards, the nature of his motivations and drives, the manner in which he handles problems, his ability to control impulses and other facets of his personality are disclosed.

Description of the Rorschach

The test consists of ten symmetrical ink blot designs, printed on white paper. All the figures are centred on the paper, which is mounted on stiff cardboard. The cards are

always presented in exactly the same order. Five of the cards are grey, in varying degrees of saturation. These are cards I, IV, V, VI, VII. On cards II and III, bright red blotches are present, but no other colour. Three cards consist of colour blots only, e.g. cards XIII, IX and X (some minor details on card A are greyish). The order in which the cards are presented is diagnostically important, having effects including neurotic and anxiety shock.

The Rorschach Technique is essentially a test of perception to which a person responds by reporting what he sees in the ink blots.

Determinants

Each response a subject makes to a card is classified according to the concept he ascribes to the card. These concepts are called determinants. This scoring category indicates which perceptual qualities of the inkblot determine the response, by initiating and influencing the associative process producing it. Thus, the determinant of a response may be the form of the area chosen, concepts into which the subject has projected some action, the colour, the shading or any combination of these.

These four main classes of determinants according to Klopfer *et al.* (1954) will be briefly explained.

1. **Form responses**

   The concept is determined by the shape of the blot only (F determinants); neither colour, shading nor movement is attributed to the blot material.

2. **Movement responses**

   Concepts into which the subject has projected some action, movement or life. Such movement may be attributed to human (M determinants) and animal figures (FM determinants), to inanimate objects, or even projected in terms of abstract forces (Fm, mF and m determinants). In most instances movement responses imply the use of form, that is, that the concept was at least in part a function of the shape of the blot. The sub-classifications make clear to what extent form was combined with movement or omitted from consideration.

3. **Shading responses**

   Concepts in which the nuances of achromatic shading are determinants, either contributing to a feeling of surface texture (Fc, cF and c determinants), or to depth impressions (FK, KF and K determinants), or to achromatic colour (F'Cm C'F and C' determinants). Again the concept may also be in part a function of the shape of the blot, or the form, and sub-classifications make it clear to what extent the form and shading are integrated or to what extent shading dominated over form.

4. **Colour responses**

   Concepts in which the chromatic aspects of the blot material determine the response, either as integrated with the form elements or overriding them (FC, CF and C determinants) (Klopfer *et al.*, 1954:95-96).

Differentiation between main and additional determinants is made. A main determinant score is given for each response to which a main location score has been assigned. An

additional determinant is given where the subject makes use of movement, colour and shading in a way that is too reserved to permit judgement that this was the chief factor in determining that the concept was seen as it was seen.

Interpretation of determinants

In the interpretation of the determinants it is necessary to consider the determinants and their interrelationships. Interpretative hypotheses can then be formulated giving a dynamic picture of the personality functioning of the individual concerned. The Rorschach Technique has proved sufficiently useful in clinical work that the clinical examiner seems justified in using interpretative hypotheses. All such hypotheses are subject to constant checking in clinical use. Experienced psychologists have undoubtedly found some to be more valid than others (Klopfer *et al.*, 1954).

M determinants

Numerous hypotheses are attached to M responses and they can be regarded as one of the most important determinants in the Rorschach protocol. One of the interpretations of the M responses is that it is indicative of a high level of ego functioning.

In understanding the complex body of interpretative hypotheses regarding the M response, it should be pointed out that the M concept implies three main features:

1. a kinesthetic projection – an enlivening of the blot material by reading into it movement that is not there in fact – which implies an imaginal process;
2. a human concept (or at least one involving human attributes), which implies an ability to see one's world as peopled and consequently to feel empathy with others; and
3. perception at a highly differentiated and usually well integrated level. All of the interpretative hypotheses stem from one or other of these features of M perception (Klopfer *et al.*, 1954:254).

The M response touches upon all of the most important aspects of the well-functioning personality, bridging the gap between inner resources of drive and fantasy and the outward orientation of reality testing and object relations, for example, indicative of a high level of emotional integration.

FM determinants

FM determinants indicate an awareness of impulses to immediate gratification. They are impulses regarding which the person often lacks insight, understanding and acceptance. They present a problem of integration to fit them in with the more mature aspects of the personality – the conscious value system and the picture of the self. Therefore, the relationship of M to FM is highly important for interpretation.

m determinants

The presence of m responses is indicative of awareness of forces beyond the control of the person which threaten the integrity of his personality integration.

These uncontrolled forces frequently come from within the person himself in the form of impulses threatening his value system or self-image. In this sense m is indicative of tension and conflict. The conflict is between the impulse life and the long-range goals of the individual, and the tension is due to efforts to inhibit impulses. Thus in many cases m seems to indicate a repressive need. On the other hand, m may reflect a feeling of helplessness in the face of threatening environmental forces beyond the individual's control. In either case m is considered to show awareness of a "warning signal" – a warning of forces that threaten the ego structure either by inundation or by breaking up the existing integration.

Well-adjusted people tend to produce few m responses, presumably having integrated their impulse life with their self-image and value system and having come to terms with outside threats.

The relationship of m to M and FM is important for interpretation.

K and KF determinants

K and KF responses indicate anxiety of a diffuse and free floating nature, reflecting a frustration of affectional satisfactions.

On the one hand, the absence of any specific source of fear or dissatisfaction causes the resultant upset state to be diffuse and unfocused that is, free floating. On the other hand, the individual is aware of anxiety and has either not yet erected defences against this anxiety, or the defences he has built up offer ineffective protection.

FK determinants

FK indicates an attempt by the person to handle his affectional anxiety by introspective efforts, by an attempt to objectify his problem by gaining perspective on it, by putting it at some distance from himself so that he can view it more dispassionately. This is considered a stabilizing influence in that it enables the person to tolerate his own anxiety (Klopfer *et al.*, 1954:268).

Fk determinants

Fk indicates affectional anxiety behind a good front of outward control and is found with subjects who cover up their anxiety with an intellectual cloak (Klopfer *et al.*, 1954:269). Affectional anxiety is shown by individuals who are trying unsuccessfully to handle their anxiety by intellectual means. They do not have the insight to deal effectively with their problems.

F determinants

F represents a limited or impoverished type of perception, stripped both of the emotional and affectional nuances implied by the colour and shading elements and of the imaginal enrichment which the individual himself might have contributed.

This hypothesis is subject to extension and modification in the light of the place of F responses in the bulk of the total psychogram. If F responses occur in reasonable numbers with ready use of shading, colour, and movement in other responses, the F responses themselves do not indicate a generally limited or impoverished view of the world; they indicate that the person is on occasion capable of handling situations in

an impersonal and matter-of-fact way, stripped of personal implications. When F responses predominate at the expense of colour and surface shading responses, but movement (and perhaps three-dimensional shading) responses appear freely, the limitation or restriction seems to apply to a relative insensitivity to the emotional impact of the outer world, while the person remains aware of his inner values, needs, and impulses (Klopfer *et al.*, 1954:270).

c determinants

c indicates an infantile, undifferentiated, crude need for affection of an essential physical contact variety.

Crude c responses are not found within the "normal range". They are usually found only with patients having serious organic brain damage (Klopfer *et al.*, 1954:271).

cF determinants

cF responses represent a relatively crude continuation of an early need for closeness, a need to be held and fondled and a longing for an infantile sort of dependence on others (Klopfer *et al.*, 1954:271).

Fc determinants

Fc responses indicate an awareness and acceptance of affectional needs experienced in terms of desire for approval, belongingness, and response from others, retaining a passive recipient flavour but refined beyond a craving for actual physical contact. It is believed that this is a development essential for the establishment of deep and meaningful object relations and that it occurs only where the basic security needs have been reasonably well satisfied (Klopfer *et al.*, 1954:273).

C', C'F and FC' determinants

Where C' occurs with meagre use of chromatic colour, it seems to indicate a responsiveness to stimuli from the outer world which can only be expressed in a toned-down, hesitant way. The implication is that responsiveness to outside stimulation has been interfered with by some kind of traumatic experience, resulting in withdrawal. This is known as the "burnt child" reaction. The interpretation is only applicable if the total achromatic responses, including texture responses, outnumber the total chromatic responses (Klopfer *et al.*, 1954:275).

FC, CF and C determinants

The way in which a person handles colour gives an indication of his mode of reacting to an emotional challenge from his environment which taxes his skill in integrating an outside influence with his activity in-progress. It is generally taken that the main kinds of emotional challenge met by an individual will be in interpersonal relationships. Therefore, the responses to colour are to be interpreted to show how the person reacts to the emotional impact of relationships with other people.

FC determinants

FC responses indicate a ready control over emotional impact without loss of responsiveness. This controlled responsiveness implies that the person can respond with both feeling and action appropriate to the emotional demands of the situation. The appearance of FC responses in any considerable number suggests that the person is able to make a pleasant, gracious, and charming response to social situations and to get along smoothly with other people. There is an implication of dependence on other people when FC responses are emphasized. It must be important to maintain good relationships with other people for the subject to place so much stress on meeting emotional demands in a graceful manner.

The relationship of FC to CF is an important indicator of control, in this case control over overt expression of emotionality. Preponderance of CF over FC indicates that emotional reactions tend to be expressed in an uncontrolled fashion. Preponderance of FC over CF indicates control; this may indeed indicate over-control where CF responses are absent or nearly so. Nevertheless, FC has been found to be one of the most dependable signs of good adjustment (Klopfer *et al.*, 1954:279).

CF determinants

CF combinations represent an uncontrolled reactivity to environmental impacts (Klopfer *et al.*, 1954:281).

C determinants

C responses are completely colour-determined without any form considerations.

Crude C responses are indicators of a pathological lack of emotional control; emotionality is of an explosive, hair-trigger variety (Klopfer *et al.*, 1954:285).

The Rorschach Technique

A quantitative analysis of the Rorschach interpretation was carried out. Only the interpretations necessary for this study will be used.

Clinical experience has proved that the following personality attributes measured by the Rorschach Technique, influence a marital relationship for example:

* empathy with other people (M responses)
* a well-functioning personality with the ability to bridge the gap between inner resources of drive and fantasy and the outward orientation of reality testing and object relationships (M responses)
* an awareness of impulses to immediate gratification which might be impulses regarding which a person often lacks insight, understanding and acceptance. They present a problem of integration to fit them in with the more mature aspects of the personality (FM responses)
* an awareness of forces outside the control of the person and forces which then threaten the integrity of a person's personality structure. These uncontrolled forces may come from within the person in the form of impulses threatening his value or

self-image or they may reflect a feeling of helplessness in the face of threatening environmental forces outside his control (m responses)

- anxiety of a diffuse and free floating nature, reflecting a frustration of affectional satisfactions (K and KF responses)
- an attempt by a person to handle his affectional anxiety through introspective efforts, by an attempt to objectify his problem, gaining perspective on it by putting in at some distance from himself so that he can view it more dispassionately. This is considered a stabilizing influence in that it enables a person to tolerate his own anxiety (FK responses)
- affectional anxiety behind a good front of outward control through which persons cover up their anxiety with an intellectual cloak (k responses)
- a limited or impoverished type of perception, stripped both of the emotional and the affectional nuances implied by the colour and shading elements, and of the imaginal enrichment to which the individual himself might have contributed (F responses)
- an awareness and acceptance of affectional needs experienced in terms of desire for approval, belongingness and response from others, retaining a passive recipient flavour but refined beyond a craving for actual physical contact. This is a development essential for the establishment of deep and meaningful object relations and it occurs only where the basic security needs have been reasonably well satisfied (Fc responses)
- responsiveness to outside stimulation has been interfered with by some kind of traumatic experience, resulting in withdrawal. This is known as the "burnt child" reaction. The interpretation is only applicable if the total achromatic responses, including texture responses, outnumber the total chromatic responses (C', $C'F$ and FC' responses)
- the way in which a person handles colour gives an indication of his mode of reacting to an emotional challenge from his environment which taxes his skill in integrating an outside influence with his activity in-progress. It is generally taken that the main kinds of emotional challenge met by an individual will be in interpersonal relationships. Therefore, the responses to colour are to be interpreted to show how the person reacts to the emotional impact of relationships with other people (FC, CF and C responses)
- a ready control over emotional impact without loss of responsiveness. This controlled responsiveness implies that the person can respond with both feeling and action appropriate to the emotional demands of the situation. The appearance of FC responses in any considerable number suggests that the person is able to make a pleasant, gracious, and charming response to social situations and to get along smoothly with other people. There is an implication of dependence on other people when FC responses are emphasized. It must be important to maintain good relationships with other people for the subject to place so much stress on meeting emotional demands in a graceful manner. The relationship of FC to CF is an important indicator of control, in this case control over overt expression of emotionality. Preponderance of CF over FC indicates that emotional reactions tend to be expressed in an uncontrolled fashion. Preponderance of FC over CF indicates control; this may indeed indicate overcontrol where CF responses are absent or nearly

so. Nevertheless, FC has been found to be one of the most dependable signs of good adjustment (FC and CF responses)

* a pathological lack of emotional control and emotionality of an explosive, hair-trigger variety (C responses)

Reliability and validity

As far as the reliability and validity of the Rorschach Technique are concerned, this technique can be considered a continuously developing method, available for investigation into the development and functioning of the individual personality, and to be brought to a more finished state through use in such investigations.

The administration of the Rorschach technique

The administration, scoring, classification and interpretation of the Rorschach Technique were made according to the rules set out in Klopfer *et al.* (1954). This was done to ensure the results to be as reliable as possible so that different examiners would arrive at essentially similar conclusions of the same set of responses.

12. THE RESEARCH RESULTS

Date of commencement of research : 1 June 1989
Date of termination of research : 31 May 1991

The Dyadic Adjustment Scale

Forty four couples applied voluntarily or were referred for marital therapy. Each of the spouses completed the Dyadic Adjustment Scale during their first interview for the first time. After termination of marital therapy, the Dyadic Adjustment Scale was completed by each person a second time.

TABLE II: COMPLETION OF DYADIC ADJUSTMENT SCALE

Scale completed / not completed	Number	Percentage
Dyadic Adjustment Scale completed first time	44	100,0
Dyadic Adjustment Scale not completed second time	36	81,8
Dyadic Adjustment Scale completed second time	8	18,2

According to the statistics set out in Table I only eight couples, i.e. 18,2%, out of the total number of 44 couples who came for marital therapy to a clinical psychologist in private practice, completed the course of marital therapy. The eight couples completed the Dyadic Adjustment Scale a second time. For these eight couples the influence of marital therapy

could be evaluated by a comparison of the Dyadic Adjustment Scale completed before and after marital therapy.

Thirty six couples, i.e. 81,8%, did not complete the whole course of therapy. Of the 36 couples, five couples, i.e. 13,9%, reported that they had decided to obtain a divorce and in one instance, i.e. 2,8%, a spouse died (as set out in Table III).

TABLE III: ANALYSIS OF COUPLES NOT COMPLETING THE SECOND QUESTIONNAIRE

Non-completion	Number	Percentage
Couples divorced	5	13,9
Death of one of the spouses	1	2,8
No reasons given	30	83,3
TOTAL	36	100,0

No responses were received to follow-up letters sent out on two subsequent dates to the couples who had not continued with the marital therapy.

Analysis of couples completing marital therapy

An analysis of couples who completed the marital therapy and therefore also completed the second questionnaire thus enabling an assessment of the marital therapy undertaken, is given in Table IV.

TABLE IV: INITIATION OF APPLICATION

Initiated by:	Number	Percentage
Couples	2	25,0
Husbands	1	12,5
Wives	5	62,5
Referrals	0	0,0
TOTAL	8	100,0

As shown in Table IV, with five of the eight couples, i.e. 62,5%, who completed the marital therapy, the initial application was made by the wife. Where the couples applied jointly for marital therapy, two couples, i.e. 25%, completed the marital therapy course. Only one couple, i.e. 12,5%, completed the course where the husband made the initial application. The success rate of couples referred for marital therapy was zero.

A comparison of adjustment before and after marital therapy

Spanier's (1976) Dyadic Adjustment Scale was completed on application for marital therapy and after completion of marital therapy. The following areas of adjustment are measured by this scale:

- Dyadic satisfaction
- Dyadic consensus
- Dyadic cohesion
- Affectional expression

A quantitive score is obtained from the Dyadic Adjustment Scale, indicating positive and/ or negative change in the husband and in the wife after marital therapy in each of the adjustment fields measured.

The quantitive scores obtained in this study are analyzed in Table V. Only eight couples completed the course of marital therapy. As this is a very small sample only trends can be identified. According to these results, set out in Table V, there was a positive change after marital therapy in all the couples who completed the course.

TABLE V: A COMPARISON OF PRE- AND POSTMARITAL THERAPY SCORES ACCORDING TO SPANIER'S (1976) DYADIC ADJUSTMENT SCALE

N=8	Satisfaction			Consensus			Cohesion			Affectional expression			Total		Change	
	Be-fore	Af-ter	Dif.	Be-fore	Af-ter	Dif.	Be-fore	Af-ter	Dif.	Be-fore	Af-ter	Dif.	Be-fore	Af-ter	Pos.	Neg.
Husb.	32	37	5	45	48	3	13	14	1	8	10	2	98	109	11	0
Wife	29	33	4	33	50	17	9	12	3	6	8	2	77	103	26	0
Husb.	35	36	1	42	52	10	7	19	12	8	10	2	92	117	25	0
Wife	33	36	3	37	56	19	6	18	12	8	10	2	84	120	36	0
Husb.	34	31	-3	45	42	-3	11	13	2	1	5	4	91	91	6	6
Wife	30	36	6	36	51	15	10	14	4	6	5	-1	82	106	25	1
Husb.	37	34	-3	41	57	16	10	10	0	6	7	1	94	108	17	3
Wife	40	39	-1	44	61	17	11	12	1	7	6	-1	102	118	18	2
Husb.	27	36	9	18	33	15	8	10	2	3	7	4	56	86	30	0
Wife	30	32	2	49	43	-6	7	19	12	8	8	0	94	102	14	6
Husb.	24	30	6	36	51	15	13	14	1	9	10	1	82	105	23	0
Wife	29	36	7	30	50	20	11	15	4	6	10	4	76	111	35	0
Husb.	27	29	2	42	42	0	6	6	0	8	8	0	83	85	2	0
Wife	28	30	2	44	46	2	6	8	2	6	9	3	84	93	9	0
Husb.	29	36	7	32	49	17	4	16	12	9	12	3	74	113	39	0
Wife	29	26	-3	48	53	5	6	12	6	10	12	2	93	103	13	3

The positive and negative general changes that were manifested after marital therapy are analysed in Table VI.

TABLE VI: A COMPARISON OF PRE- AND POSTMARITAL THERAPY

Partner	Positive change	Negative change	Percentage pos. change	Percentage neg. change
Husbands	153	9	101,3	5,96
Wives	176	12	116,5	7,94

Maximum positive score for each spouse: 151

A comparison of the scores obtained before and after marital therapy regarding general adjustment indicates the following:

* Negative change was found in 5,96% of the husbands and in 7,94% of the wives.
* The wives showed more positive change than the husbands, i.e. 116,5% while the husbands showed a change of 101,3%.

Dyadic satisfaction

The positive and negative changes that took place regarding the dyadic satisfaction of each spouse after marital therapy are analysed in Table VII.

TABLE VII: DYADIC SATISFACTION

Partner	Positive change	Negative change	Percentage pos. change	Percentage neg. change
Husbands	30	6	60	12
Wives	24	4	48	8

Maximum positive score for each spouse: 50

Concerning dyadic satisfaction in a marital relationship after marital therapy, this study revealed the following:

* There was more positive than negative change in both spouses.
* The husbands showed greater positive change, i.e. 60%, than the wives, i.e. 48%.
* The negative change was 8% for wives and 12% for husbands.

Dyadic consensus

The positive and negative changes that took place regarding the reaching of consensus by each spouse after marital therapy are analysed in Table VIII.

TABLE VIII: DYADIC CONSENSUS

Partner	Positive change	Negative change	Percentage pos. change	Percentage neg. change
Husbands	76	3	116,9	4,6
Wives	95	6	146,0	9,2

Maximum positive score for each spouse: 65

A comparison of the scores obtained before and after marital therapy regarding the reaching of consensus indicates the following:

* There was more positive than negative change in both spouses.
* The wives showed greater positive change, i.e. 146%, than the husbands, i.e. 116,9%.
* The negative change for wives was 9,2% and for husbands 4,6%.

Dyadic cohesion

The positive and negative changes that took place regarding dyadic cohesion in the marital relationship according to the husbands and wives after marital therapy, are analyzed in Table IX.

TABLE IX: DYADIC COHESION

Partner	Positive change	Negative change	Percentage pos. change	Percentage neg. change
Husbands	30	0	125,0	0
Wives	44	0	183,3	0

Maximum positive score for each spouse: 24

A comparison of the scores obtained before and after marital therapy regarding the feelings of dyadic cohesion indicates the following:

* As there was no negative change, the marital therapy only added to the feelings of cohesion in the marital relationships.
* The wives showed more positive change, 183,3%, than the husbands, 125%.

Affectional expression

The positive and negative changes that took place regarding dyadic affectional expression in the marriage, due to the marital therapy, are analyzed in Table X.

TABLE X: AFFECTIONAL EXPRESSION

Partner	Positive change	Negative change	Percentage pos. change	Percentage neg. change
Husbands	17	0	141,6	0,0
Wives	13	2	108,3	16,6

Maximum positive score for each spouse: 12

A comparison of the scores obtained before and after marital therapy regarding affectional expression indicates the following:

* There was more positive than negative change in both spouses.
* The husbands showed more positive change, 141,6%, than the wives, 108,3%.
* There was no negative change in the husbands while the wives showed 16,6% negative change.

The Rorschach Technique

As discussed before, only eight couples from a total of 44 couples who were seen for marital therapy completed the course of marital therapy. These couples, therefore, completed the Dyadic Adjustment Scale questionnaire before starting with the marital therapy and also completed the questionnaire after termination of the course.

The Rorschach Technique was not administered to two of the husbands of the eight couples who completed the course of marital therapy.

They did not refuse the Rorschach Technique but pleaded lack of time. Although it was explained to all the participants in the study that there were no "right" or "wrong" answers to the Rorschach, and that no judgement would be made as to who the "guilty party" was in their marital conflict, their refusal could be taken as resistance. The Rorschach protocols obtained from the wives of these two husbands were an aid in the marital therapy in which the husbands participated, resulting in a positive change in their marital relationship as already discussed.

The Rorschach responses of the two wives whose husbands failed to complete the Rorschach are set out in Table XI.

TABLE XI: RORSCHACH RESPONSES

Wife	M	FM	F	Fc	FC
No 1	1	3	3	4	0
No 2	0	4	1	0	1

Wife 1

According to her Rorschach protocol the first wife had empathy (M 1) with other persons, therefore, also with her husband. Her awareness of impulses to immediate gratification, according to her Rorschach protocol (FM 3), exceeded her empathy causing a lack of insight, understanding and acceptance. She had an awareness and acceptance of affectional needs which she experienced in terms of a desire for approval, belongingness and response from others (especially her husband) (Fc 1). According to the Rorschach protocol she was also capable of handling situations, on occasion, in an impersonal way (F 3 taken together with the M, FM and Fc responses).

The couple had been married for 12 years. The husband was an outgoing person, involved in major financial ventures. The wife did not express her feelings and views to him and withdrew from him completely (according to the Rorschach protocol she lacked insight, understanding and acceptance). Her psychodynamic functioning as portrayed through her Rorschach protocol was used mainly to help her gain insight into her own psychodynamic functioning. The understanding of her psychodynamic functioning and the insight she as well as her husband gained, assisted the successful outcome of their marital therapy.

Wife 2

The Rorschach protocol of the second wife showed that she had no empathy with other people (M O) while she had a high awareness of her impulses for immediate gratification (FM 4). In the absence of empathy, she lacked insight, understanding and acceptance which presented a problem of integration to fit in with the more mature aspects of her personality. She also lacked objectivity (F 1). She was, however, able to give expression to her emotions in a controlled manner (FC 1).

According to her clinical history she came from a broken home, suffered from anorexia nervosa during puberty, was raped at the age of 16 years, and had been a patient at an out-patient clinic of a psychiatric hospital for a number of years. The psychodynamic functioning of her personality was brought to light through her Rorschach protocol, enabling her personal problems to be treated before marital therapy was undertaken. According to the Dyadic Adjustment Scale, the therapy was successful.

The knowledge which the therapist gained about the psychodynamic functioning of the two wives from their Rorschach protocols, was applied in the marital therapy with these two couples, resulting in positive change in their marriage relationships according to the Dyadic Adjustment Scale. This suggests that the application of the Rorschach *per se* led to the improvement.

Rorschach protocols of six couples completing marital therapy

The Rorschach responses of the six couples from each of whom Rorschach protocols were obtained and who completed marital therapy, are set out in Table XII. The responses of the husbands and wives are given next to each other for easy comparison.

TABLE XII: RORSCHACH RESPONSES OF SIX MARITAL COUPLES

Response	M	FM	m	FK	Fk	F	Fc	C'	FC	CF	C
	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W
1.	4:4	1:5	7:0	0:1	0:0	0:1	0:2	1:0	0:2	0:1	4:0
2.	1:1	2:8	1:0	1:0	0:0	5:3	1:0	1:1	1:2	2:0	0:2
3.	0:2	4:4	1:3	1:1	1:0	6:2	2:0	0:0	0:0	3:2	1:0
4.	2:2	8:8	0:0	0:0	0:0	4:3	1:3	0:0	2:3	0:0	0:0
5.	2:1	3:9	0:1	2:0	0:0	5:1	1:0	0:0	0:1	0:0	1:1
6.	2:2	7:4	1:0	4:2	0:0	4:2	1:1	0:0	1:0	0:1	1:0

An analysis of the Rorschach responses of the six couples who completed marital therapy and whose marriage adjustment according to the Dyadic Adjustment Scale improved after a course of marital therapy, indicated the following:

- Five of the six husbands had empathy with other persons (M responses).
- All six wives had empathy with other persons (M responses).
- In five of the husbands their FM responses exceeded their M responses ranging from M-1 to FM-2 and M-2 to FM-7, indicating that they wanted their needs satisfied immediately, without understanding why immediate gratification of their needs was so important to them.
- According to the Rorschach protocols of the wives, the FM responses of all six exceeded their M responses, ranging from M-4 to FM-5 and M-1 to FM-9. This also indicated that, like the husbands, they wanted immediate gratification of their needs without understanding why their needs should be satisfied without delay.
- The Rorschach protocols indicated that four of the six husbands were aware of forces beyond their control (m responses) threatening their personality integration. One of the six husbands had a very high m score, indicating the strength of his awareness of forces beyond his control that were threatening the integrity of his personality.
- Only three of the wives had m scores, indicating their awareness of forces beyond their control that were threatening their personality integration, the highest score being 3 m.
- Four husbands and three wives obtained FK scores, indicating an attempt by them to handle their affectional anxiety through introspective efforts. They attempted to objectify their problems, gaining perspective by distancing themselves from them so that they could view the problems more dispassionately. This seemed to have been a stabilizing influence in that it enabled them to tolerate their own anxieties.
- Only one husband had an Fk response, indicating affectional anxiety masked by a good front of outward control, i.e. covering up his anxiety by intellectualizing.
- As the Rorschach protocols of all the husbands and wives contained movement, texture and colour responses together with F responses, none of them had a limited or impoverished type of perception lacking emotional and affectional nuances. One

husband had no F responses, indicating that he viewed his world in a very subjective manner.

* An analysis of the Rorschach protocols indicated that five of the husbands and three of the wives had Fc responses, revealing an awareness and acceptance of affectional needs experienced in terms of a desire for approval, belongingness and response from others. These wives had the ability to postpone the gratification of affectional needs through physical contact. They understood that their relationship with their husbands had a deeper meaning than physical contact alone.
* Only two husbands and one wife had C' responses, which might indicate that a traumatic experience had made them afraid to react spontaneously to their environment. In all three of these protocols the total achromatic responses, including texture responses, did not outnumber the chromatic responses. These two husbands and one wife could, therefore, be regarded as suffering from a "burnt child" reaction which possibly influenced their marital relationships.
* The presence of a considerable number of FC responses suggests that the person concerned is able to make pleasant, gracious and charming responses to social situations and to get along smoothly with other people. Three husbands had low FC scores and two a score of 1-FC and one a score of 2-FC. Three husbands had a zero FC score. Four wives had FC scores ranging from 1-FC to 2-FC while two wives had zero scores. In one of these couples both the husband and the wife had a zero FC score. The fact that the FC scores of these couples were low, indicates that they were not always able to act graciously and charmingly in social situations. This would specifically apply where both the husband and the wife had zero FC scores. They would not be able to interact well with each other, leading to marital conflict.
* It can be hypothesized that the low FC scores could have contributed to the interpersonal conflict in the marital situations of these couples, playing a motivational role in their seeking marital therapy.
* The relationship of FC to CF is an important indicator of control over overt expression of emotionality. Preponderance of CF over FC indicates that emotional reactions tend to be expressed in an uncontrolled fashion. Preponderance of FC over CF indicates control.

  An analysis of the relationship of the FC and CF responses of the six couples showed that there was only one couple with a preponderance of CF and FC responses. This was the couple where both husband and wife had a zero FC score. The case history of this couple was that, prior to marital therapy, the emotional reactions of the spouses were expressed in an uncontrolled manner, so much so that they had been divorced and sought marital therapy before they remarried.

  In the other five couples, FC scores were generally higher than the CF scores, indicating control of overt expression of emotionality. This control might have contributed to the successful outcome of the marital therapy according to the results of the Dyadic Adjustment Scale, i.e. firstly on the Consensus and secondly on the Cohesion subscales.

* C responses are indicative of a lack of emotional control and emotionality of an explosive, hair-trigger type. An analysis of the C responses of the six couples indicated

that one husband had a score of 4-C while his wife had a zero C score. The clinical history of this couple indicated that the marital conflict was caused by the husband's extreme, uncontrollable temper outbursts and the fact that he wanted to impose his will on his wife. She felt that she was never allowed to express her feelings. The husband wanted to change, and the motivation for seeking marital therapy emanated from him. According to the Dyadic Adjustment Scale there was positive change after the marital therapy, especially regarding the Satisfaction and Cohesion subscales.

Three out of the five other couples had a score of 1-C and two of the wives had scores of 1-C and 2-C.

The analysis of the Rorschach scores of the six couples who completed the course of marital therapy with a positive change in their marital adjustment, revealed the psychodynamics as well as the psycho-pathology of the marriage partners. The interrelatedness of the different determinants of the Rorschach score indicated the reasons for positive and/or negative adjustments in the marital situations.

Knowledge of the psychodynamic functioning of each spouse and of psychopathology where it did exist, was used by the clinical psychologist. The spouses were given individual psychotherapy in which the psychodynamics and psychopathology of each person was addressed separately prior to marital therapy during individual and/or joint sessions.

The results of the Dyadic Adjustment Scale revealed a positive change in the marital adjustment of the six couples who completed the course of marital therapy, in which their psychodynamic functioning and possible psychopathology were taken into consideration.

Rorschach responses of couples who divorced

Of the five couples who were divorced after seeking marital therapy, Rorschach protocols were obtained from only three. The husband of one of the couples sought marital therapy after his wife had left him. The wife was not interested in marital therapy at all. The husband's Rorschach protocol is included in the discussion to illustrate his psychopathology. One of the couples was not interested in a Rorschach protocol being conducted with them.

The Rorschach responses of the couples who were divorced after seeking marital therapy, are set out in Table XIII.

TABLE XIII: RORSCHACH RESPONSES OF COUPLES WHO SUBSEQUENTLY DIVORCED

Response	M	FM	m	FK	Fk	F	Fc	C'	FC	CF	C
	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W
1.	1:-	5:-	4:-	3:-	0:-	7:-	2:-	0:-	3:-	0:-	7:-
2.	1:4	3:5	3:3	3:2	0:0	2:3	1:2	0:0	0:0	0:1	2:2
3.	2:1	3:4	4:0	3:1	0:0	3:7	1:1	1:0	3:0	0:0	1:1
4.	1:0	1:4	1:0	0:3	0:0	9:3	0:0	0:0	0:2	0:0	0:3

The Rorschach responses of the husband whose wife had left him because she was not interested in marital therapy, indicated the following:

His M to FM responses was 1-M to 5-FM, indicating that he wanted immediate gratification of his needs without understanding why this was important to him. He also had a high awareness of forces beyond his control threatening the integrity of his personality integration (m-4). His psychopathology was evidenced in the score of C-7, indicating a pathological lack of emotional control and emotionality of an explosive, hair-trigger variety. The psychopathology revealed by this Rorschach protocol indicated a very poor prognosis for marital therapy. This marriage ended in divorce.

In respect of the other three Rorschach protocols of the couples who got divorced after seeking marital therapy, it is important to note that in two of the couples each partner had C responses. In the third couple the wife had 3-C responses and her husband zero C responses. This suggests that in couples where both husband and wife have C responses, both marriage partners will have uncontrolled emotionality, causing marital conflict. In the third couple the wife's uncontrolled emotionality also contributed to divorce.

According to the Rorschach protocols of the couples who got divorced after they sought marital therapy, their marriages had, as proved, a poor prognosis. It is possible that they came for marital therapy so that they could say "even marital therapy did not save our marriage," or as a last resort. Their Rorschach protocols indicated psychopathology which was not addressed successfully.

The Rorschach protocols of the couples who did not complete the marital therapy

Rorschach protocols were obtained from the 30 couples who did not complete the course of marital therapy. The results are given in Table XIV.

TABLE XIV: RORSCHACH RESPONSES OF COUPLES* WHO DID NOT COMPLETE MARITAL THERAPY

Response	M	FM	m	FK	Fk	F	Fc	C'	FC	CF	C
	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W	H:W
1.	2:1	7:3	1:0	0:0	0:0	1:4	0:2	0:0	0:0	2:0	1:0
2.	0:1	2:4	3:0	0:1	2:0	6:1	0:1	0:0	0:0	1:0	1:0
3.	0:4	2:3	0:0	0:0	0:0	5:1	0:1	0:0	0:2	0:1	0:0
4.	3:0	4:4	1:1	1:0	0:0	3:3	1:0	0:2	1:2	0:0	2:1
5.	0:1	2:6	1:0	0:1	0:0	2:3	2:1	1:0	0:0	1:2	1:0
6.	1:0	2:2	2:0	0:0	0:1	4:6	0:1	1:0	0:0	1:0	0:2
7.	1:4	1:7	0:4	0:0	0:0	5:7	0:0	0:0	0:2	0:3	1:1
8.	4:3	1:7	3:0	1:0	0:0	1:3	2:1	0:0	1:6	0:0	3:1
9.	3:0	5:4	0:4	1:0	0:0	2:0	1:0	0:0	0:0	2:0	3:1
10.	0:0	1:5	2:0	0:0	1:0	3:2	1:2	0:0	0:0	2:0	0:0
11.	2:1	1:5	0:2	0:0	0:0	3:3	1:1	0:0	0:0	2:1	0:0
12.	2:2	1:2	0:1	0:0	0:0	4:5	2:0	1:0	0:0	2:3	0:1
13.	2:2	0:4	0:0	0:0	0:0	6:4	1:2	0:0	0:0	1:2	0:2
14.	0:1	3:4	1:2	0:1	0:0	4:3	1:1	2:4	0:0	1:2	1:1
15.	1:1	1:8	0:1	0:3	0:0	4:1	2:1	0:0	0:0	0:3	0:2
16.	3:1	5:2	7:1	5:0	0:0	3:4	1:1	1:0	0:0	1:2	4:2
17.	2:2	0:3	2:1	0:1	2:1	6:0	1:6	0:0	0:0	0:0	0:2
18.	- :1	- :6	- :1	- :0	- :0	- :9	- :3	- :0	- :1	- :3	- :1
19.	- :2	- :2	- :3	- :3	- :0	- :3	- :1	- :1	- :8	- :0	- :1
20.	- :1	- :3	- :0	- :0	- :0	- :3	- :1	- :0	- :0	- :0	- :0
21.	- :0	- :4	- :0	- :0	- :0	- :1	- :0	- :0	- :1	- :0	- :0
22.	- :1	- :2	- :0	- :0	- :0	- :7	- :0	- :0	- :0	- :0	- :1
23.	0:-	2:-	1:-	0:-	0:-	4:-	0:-	0:-	0:-	0:-	2:-

* Both partners : 17
Wives only : 5
Husbands only : 1
None : 7
Total : 30

In an analysis of the responses of the couples who did not complete the marital therapy, only the FC responses will be taken into consideration. These responses are indicative of control over emotional impact without loss of responsiveness. The FC responses were taken because these responses indicate the ability to get on well with other people — a prerequisite for a sound marital relationship. The fact that FC responses were the fewest given by the spouses who did not complete the marital therapy course, needs to be explained. Controlled responsiveness implies that a person can respond with both feeling and action appropriate to the emotional demands of a situation. The appearance of numerous FC responses suggests that a person is able to make pleasant, gracious and charming responses to social situations and to get along smoothly with other people. These factors are very important in a marital relationship.

From the responses of the couples who did not complete the marital therapy, it was evident that in 13 of the 17 couples neither the husband nor the wife had FC responses; two husbands had 1-FC response each; three wives had 2-FC responses and one wife 6-FC responses. The absence of FC responses might have been one of the reasons these couples did not complete the marital therapy, as they lacked the ability to get on well with other people, a prerequisite for a sound marital relationship.

13. DISCUSSION

The aim of this study was to illustrate that for marital therapy to be successful the psychodynamic functioning of each individual should be taken into consideration. Furthermore, to ensure success in marital therapy it is necessary to identify psychopathology and, should it be present, to address it prior to marital therapy.

The psychodynamic functioning as well as possible psychopathology was obtained by using the Rorschach Technique, a projective personality test. Marital adjustment had to be established before and after marital therapy in the manner described. Spanier's (1976) Dyadic Adjustment Scale was applied for a pre- and postevaluation of the marital therapy.

Only 18,2% (eight couples) of the 44 couples who applied for marital therapy completed the course and could, therefore, fill in the Dyadic Adjustment Scale a second time. A comparison of pre- and postmarital adjustment according to this scale showed improvement in these couples' marital adjustment. If the psychodynamic functioning of an individual is taken into consideration and psychopathology addressed prior to marital therapy, the outcome of marital therapy can lead to an improvement in marital relationships. Only a tendency could be deduced, however, because the size of the non-random sample was too small.

An analysis of the Rorschach protocols of the couples later divorced as well as some of the spouses who did not complete the marital therapy course, indicated that the prognosis of marital therapy was negatively influenced by psychodynamic functioning as well as by identified psychopathology. Of the couples who did not complete the marital therapy course, 13,9% (five couples) obtained a divorce; in 83,3% of the cases (30 couples) no reasons were given for their not completing the course. The spouse of one couple died.

This study indicated the need to take the psychodynamic functioning of each individual in a marital relationship into account when marital therapy is applied. It also indicated the need to address psychopathology, if present, prior to marital therapy.

14. CONCLUSION

The subjects in this research study sought marital therapy themselves, although a small percentage were referred by other people. There was therefore no selection of a sample. Out of 44 voluntary couples only eight completed the marital therapy course. The study lacked the necessary control over the subjects, as the marital therapy was sought on a voluntary basis and some couples discontinued marital therapy without any explanation.

In the case of couples who completed the therapy it was clear that the psychodynamic functioning as well as psychopathology, when present, had contributed or was contributing to the marital conflict.

As a random sample could not be used in this study it is not possible to generalize from the results. One tendency, however, can be deduced from the results, i.e. that the psychodynamics of each spouse has to be taken into consideration when marital therapy with a couple is undertaken. A further tendency that emerged was that psychopathology, when present in an individual, has to be identified and addressed separately prior to marital therapy during individual and/or joint sessions. In this study the above procedure was followed with positive changes in the marital relationships, as confirmed by the results of Spanier's (1976) Dyadic Adjustment Scale.

As only tendencies can be deduced from this study, further research with greater control over variables is necessary. The variables to be controlled are:

* The obtaining of a random sample large enough to allow generalization.
* Control over the research subjects to ensure the completion of a marital therapy course.

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ADDENDUM A CONFIDENTIAL

NAME: ..... DATE: .....

ADDRESS: .....

DYADIC ADJUSTMENT SCALE

Mark the column which most accurately describes your opinion with an "X".

Subject	Always agree	Almost always agree	Occasio-nally disagree	Fre-quently disagree	Almost always disagree	Always disagree
Handling family finances						
Matters of recreation						
Religious matters						
Demonstrations of affection						
Friends						
Sex relations						
Conventionally (correct or improper behaviour)						
Philosophy of life						
Ways of dealing with parents or in-laws						
Aims, goals, and things believed important						
Amount of time spent together						
Making major decisions						
Household tasks						
Leisure-time interests and activities						
Career decisions						

	All the time	Most of the time	More often than not	Occa-sionally	Rarely	Never
How often do you discuss or have you considered divorce, separation, or terminating your relationship?						
How often do you or your mate leave the house after a fight?						
In general, how often do you think that things between you and your partner are going well?						
Do you confide in your mate?						
Do you ever regret that you married (or live together)?						
How often do you and your partner quarrel?						
How often do you and your mate "get on each other's nerves"?						

	Every day	Almost every day	Occa-sionally	Rarely	Never
Do you kiss your mate?					
Do you and your mate engage in outside interests together?					

How often would you do the following?	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
Have a stimulating exchange of ideas						
Laugh together						
Calmly discuss something						
Work together on a project						

These are some things about which couples sometimes agree and sometimes disagree.

Indicate if either item below caused difference of opinion or were problems in your relationship during the past few weeks (check yes or no)

	YES	NO
Being too tired for sex		
Not showing love		

The dots on the following line represent different degrees of happiness in your relationship. The middle point "happy" represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

o	o	o	o	o	o	o
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect

Which of the following statements best describes how you feel about the future of your relationship?

	I want desperately for my relationship to succeed, *and would go to almost any length to see that it does*
	I want very much for my relationship to succeed, *and will do all I can* to see that it does.
	I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
	It would be nice if my relationship succeeded, *but I can't do much more than I am doing* now to keep the relationship going.
	It would be nice if my relationship succeeded, *but I refuse to do any more than I am* doing now to keep the relationship going.
	My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

ADDENDUM B UITERS KONFIDENSIEEL

NAAM: ..... DATUM: .....

ADRES: .....

AANPASSINGSKAAL VAN HUWELIKSPAAR

Merk die kolom wat u mening die akkuraatste beskrywe met 'n "X".

	Altyd saamstem	Feitlik altyd saamstem	Soms verskil	Dikwels verskil	Feitlik altyd verskil	Altyd verskil
Hantering van die gesin se probleme						
Ontspanning						
Godsdienstige sake						
Liefdesbetuigings						
Vriende						
Seksuele verhouding						
Wat as reg of verkeerd beskou word volgens gewoonte						
Lewensuitkyk						
Hantering van ouers of skoon-ouers						
Doelwitte wat as belangrik beskou word						
Hoeveelheid tyd wat saam spandeer word						
Neem van groot besluite						
Huishoudelike take						
Ontspanning, belangstellings en ander aktiwiteite						
Besluite oor beroep en werk						

	Al die tyd	Meeste van die tyd	Meer dikwels as nie	Soms	Selde	Nooit
Hoe dikwels bespreek of oorweeg u egskeiding, verlating of beëindiging van verhouding?						
Hoe dikwels verlaat u of u huweliksmaat die huis na 'n rusie?						
In die algemeen, hoe dikwels dink u of u huweliksmaat dat dit goed gaan tussen u?						
Neem u u huweliksmaat in u vertroue?						
Is u spyt dat u getroud is/of saamwoon?						
Hoe dikwels baklei u en u huweliksmaat?						
Hoe dikwels "werk u en u huweliksmaat op mekaar se senuwees"?						

	Elke dag	Feitlik elke dag	Soms	Selde	Nooit
Soen u u huweliksmaat?					

	Al die belang-stelling	Meeste van die belang-stelling	Sommige belang-stelling	Baie min belang-stelling	Geen belang-stelling
Neem u en u huweliksmaat gesamentlik deel aan belangstellinge buite die huwelik?					

Hoe dikwels gebeur die volgende insidente tussen u en u huweliksmaat?	Nooit	Minder as een keer per maand	Een of twee keer per maand	Een keer per dag	Meer as een keer per dag
Stimulerende uitruil van idees					
Lag saam					
Bespreek dinge op 'n kalm manier					
Werk saam aan 'n projek					

Daar is sommige dinge waaroor egpare soms saamstem en soms verskil.

Toon aan of beide die items hieronder meningsverskille of probleme veroorsaak het in u verhouding gedurende die afgelope paar weke.

	JA	NEE
Om te moeg te wees vir seks		
Om nie liefde te toon nie		

Die punte op die lyn hieronder dui verskillende grade van geluk in u verhouding aan. Die middelste punt "gelukkig" dui op die graad van geluk van die meeste verhoudings. Maak asseblief 'n sirkel om die punt wat u graad van geluk voorstel as u al die faktore van u verhouding in ag neem.

o	o	o	o	o	o	o
Uiters ongelukkig	Redelik ongelukkig	'n Klein bietjie ongelukkig	Gelukkig	Baie gelukkig	Uiters gelukkig	Perfek

Welke van die volgende stellinge beskrywe hoe u voel oor die toekoms van julle verhouding?

	Ek voel desperaat dat my verhouding moet slaag, *en sal omtrent alle stappe neem om dit te laat slaag.*
	Ek wil baie graag hê dat my verhouding moet slaag *en sal alles doen wat ek kan om toe te sien dat dit slaag.*
	Ek wil baie graag hê dat my verhouding moet slaag, en *sal my redelike deel doen om dit te laat slaag.*
	Dit sal aangenaam wees as my verhouding slaag, maar *ek kan nie veel meer doen as wat ek doen om die verhouding te laat voortbestaan nie.*
	Dit sal aangenaam wees as my verhouding slaag, maar *ek weier om meer te doen as wat ek doen om die verhouding aan die gang te hou.*
	My verhouding kan nooit slaag nie, en *daar is niks meer wat ek kan doen om die verhouding aan die gang te hou nie.*

ADDENDUM C **Pr. Nr. 8611807**

Dr. Elizabeth M. Luttig

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11 Junie 1991

Geagte Meneer en Mevrou

Soos u seker sal kan onthou het u 'n hele tyd gelede na my gekom in verband met probleme wat u in u huwelik gehad het.

Beide van u het tydens u eerste onderhoud elkeen 'n vorm voltooi ten einde te bepaal hoe u u huweliksverhouding ervaar. U was ook in kennis gestel dat u gevra sou word om dieselfde vorms weer te voltooi na afloop van die huweliksterapie ten einde te bepaal of u verhouding verbeter het, of andersins.

Aangesien u nog nie hierdie tweede stel vorms voltooi het nie, was vorms aan u gestuur op 05-02-91 vir voltooiing. Hierdie tweede stel vorms wat aan u gestuur is, is egter nog nie, voltooid, terug ontvang nie.

Ingesluit is dus weer 'n stel vorms wat deur beide van u voltooi moet word en dit sal waardeer word indien u dit so gou as moontlik, voltooid, aan my kan terugbesorg. Dit sal ook waardeer word indien u u naam bo-aan die vorm kan aandui.

U vriendelike samewerking word opreg waardeer.

Die uwe

EM LUTTIG