



LOMA LINDA UNIVERSITY

Loma Linda University
**TheScholarsRepository@LLU: Digital
Archive of Research, Scholarship &
Creative Works**

Loma Linda University Electronic Theses, Dissertations & Projects

6-2014

Marital Selflessness Scale (MSS): An Exploratory Factor Analysis

Marj Buchholz-Castronova

Follow this and additional works at: <https://scholarsrepository.llu.edu/etd>



Part of the [Applied Behavior Analysis Commons](#), [Counseling Commons](#), and the [Counseling Psychology Commons](#)

Recommended Citation

Buchholz-Castronova, Marj, "Marital Selflessness Scale (MSS): An Exploratory Factor Analysis" (2014). *Loma Linda University Electronic Theses, Dissertations & Projects*. 231.
<https://scholarsrepository.llu.edu/etd/231>

This Dissertation is brought to you for free and open access by TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. It has been accepted for inclusion in Loma Linda University Electronic Theses, Dissertations & Projects by an authorized administrator of TheScholarsRepository@LLU: Digital Archive of Research, Scholarship & Creative Works. For more information, please contact scholarsrepository@llu.edu.

LOMA LINDA UNIVERSITY
School of Behavioral Health
in conjunction with the
Faculty of Graduate Studies

Marital Selflessness Scale (MSS): An Exploratory Factor Analysis

by

Marj Buchholz-Castronova

A Dissertation submitted in partial satisfaction of
the requirements for the degree
Doctor of Philosophy in Marriage and Family Therapy

June 2014

© 2014

Marj Buchholz-Castronova
All Rights Reserved

Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

_____, Chairperson
Brian Distelberg, Associate Professor of Counseling and Family Sciences

Winetta Baker-Oloo, Assistant Professor of Counseling and Family Sciences

Mary Moline, Counseling and Family Sciences

Colwick Wilson, Associate Professor of Nursing, University of Michigan

ACKNOWLEDGEMENTS

I would not even be here had it not been for a strong passion that the Lord placed on my heart to go back and get my doctorate. He deserves ALL the praise and I am SO grateful for all the relational blessings He has placed in my life to get me to this point. Please know that as I begin to acknowledge all the people who have supported and encouraged me through this process, I value each and every one of you and my life has been enriched because of you.

First, I want to thank Dr. Brian Distelberg for even being willing to chair my dissertation. I have a high regard for your research skills, statistical knowledge, and business wisdom. You have always treated me with the utmost respect even when it was clear that my skills were lacking! Thank you also for trusting me enough to teach classes in the Systems Consultation and Professional Relations concentration.

Dr. Colwick Wilson there really are not words to express the depth of my gratitude for your mentoring! You helped make the transition smooth as I put my student hat back on after so many years as a professional. Thank you for taking me under your wing. You have a soul that is filled with encouragement and never once doubted that I would survive this whole process.

I would also like to personally thank Dr. Baker and Dr. Moline for serving on my committee. Dr. Moline, I have enjoyed our conversations. Thank you so much for taking the time to share your wisdom on CO-AMFTE Accreditation with me and allowing me to participate in the process. Dr. Baker, I still remember you taking the time on my first day of school to help me figure out where I should be. Seriously, after so many years of being out of school finding my way around campus was a little intimidating and you were

so kind. You were always a warm, encouraging face for me at Loma Linda! The faculty at Loma Linda has provided me with an education that was worth its weight gold!

My family has been a huge source of strength behind my ability to complete a doctorate. My husband Mike supported me every step of the journey and often at the expense of himself. Thank you Babe for all the amazing meals, washed dishes, patience while I studied, understanding during our days apart and so much more. I could never have finished this past year had you not been willing to drive me to and from Loma Linda. I am grateful that at my age I was lucky enough to still have my parents here for the doctoral journey. I spent years trying to get you to move to Las Vegas, and just when I went back to school you decided to show up! Thank goodness, because you cooked meals, bought groceries, provided extra cash, helped with tuition...one would think I had just left home. I look forward to celebrating the completion of this journey with you. Dad, thank you for always encouraging me to get my doctorate, I guess it finally sank in. Mom thank you for your weekly hugs that always left me a little richer, literally and figuratively. Thank you both for staying on the phone with me on my long drive back to Las Vegas each week. Amanda, you are my greatest treasure and gift in life! I am SO proud of you and the woman you have become! Thank you for the care you take in making decisions in your life! You are wise beyond your years and have an abundance of gifts that will take you as far as you want in life. Greg, no sister could be more blessed. Seriously, you are the best brother in the world! Now we are both doctors...who would have thought...the religious radical and the long haired rocker. I am blessed to call you one of my best friends. Thanks also for your financial support in

so I could present at the IFTA Conference in Vancouver, Washington. I would never have been able to go if you hadn't helped.

One of the benefits of having married you Mike was three extra daughters, three son-in-laws and eight grandkids (and another on the way)! WOW! Never did I imagine a family this size, but you have all worked your way into my heart. Lezlie, you are a riot and always one step ahead of your dad in humor. Lauren your love of family, depth of faith, and genuine warmth has been a source of encouragement. Anna, you hold a special place in my heart! Your sweetness impacts all who encounter you! And finally, to my eight grandchildren, I have loved and been energized by every single hug, kiss, and "Grandma, I miss you!" from the last four years! You helped Grandma remember the simplicity of life!

My life has been abundantly blessed with wonderful friendships! First, I want to remember my dear, dear friend Sandy! You were there every step of the way! I would never have made it through my first three years without your faithfulness to meeting for lunch. Thank you for all the meals you paid for, for all the encouragement you gave, all the wisdom you shared! I miss you SO MUCH! I miss your wisdom! I know you are watching down from heaven and will be an angel in my life forever. P.S. Can you believe that Brighton discontinued the brief case; seriously what is up with that?

Natalie, Diane, Debbie, Irene, Kim, Sherri, Pam & Teddy, Jayne, Merlelynn, Isabelle & Kimberly...thank you, thank you, thank you (p.s. your names are listed in the order I met you)! While we have had only brief moments these past few years our friendships have and continue to stand the test of time! I know I have neglected you and hopefully in this new season of life, there will be more moments! I have also been

blessed with new friends who were willing to get to know a middle age women! Jessica, you were a God-sent! I look forward to a life-long friendship. Justine and Beth it has been a joy getting to know you! Amy, you are a woman full of surprises, it was nice to have someone who could dish it up and could take what was dished out! Barbara, thank you for your encouragement along the way!

Last, but not least thank you Dr. Toni Zimmerman for bringing your passion to systemic therapy and making me a believer! I am so blessed to have had you as a mentor for all these years and to now have your friendship and encouragement! I am sure my mind is failing me in naming others; if I have it is due to long hours of sitting in front of this computer writing, thinking, and staring at numbers. Please forgive me!

CONTENT

Approval Page.....	iii
Acknowledgements.....	iv
List of Tables	xiii
List of Abbreviations	xiv
Abstract	xvi
Chapter	
1. Introduction.....	1
Purpose Statement.....	2
Background	2
Specific Aims.....	6
2. Theory Behind the MSS.....	8
Understanding the Contextual Community of Christianity	8
Underlying Theories of MSS.....	12
Goals of Theory	14
Therapist Role in Creating Change.....	19
Intervention	24
3. Literature Review.....	29
Needs for Assessment in the MFT Therapy Field	29
Marital Adjustment, Satisfaction and Quality Assessments	30
Lock-Wallace Short Martial Assessment (LWMAT).....	30
Dyadic Adjustment Scale (DAS)	31
Kansas Marital Satisfaction Scale (KMSS)	31
Marital Satisfaction Inventory (MSI).....	31
Marital Commitment, Dependence and Dissolution.....	32
Marital Status Inventory (MSI).....	32
Measuring Marital Intimacy and Marital Complaint	33

Personal Assessment of Intimacy Relationship Scale (PAIR).....	33
Family Adaptability and Cohesion Evaluation Scale (FACES)	33
Standards of Quality Assessments Building	34
Arbitrary.....	37
Summated Scales (Likert-type Scale).....	38
Differential Scales (Thurstone-type Scale).....	38
Cumulative Scales (Guttman's).....	38
Factor Scales (Osgood Scale—Semantic Differential Scale)	38
Process of Developing Reliability and Validity in an Assessment.....	45
Assessments & Demographics for Validating the MSS	48
Dyadic Adjustment Scale.....	49
Spiritual Assessment Inventory	50
Narcissistic Personality Inventory	51
Demographics	52
Gender.....	52
Race/Ethnicity	53
Education	54
Denomination.....	54
Number of Marriages	55
Length of Marriage	55
Financial Stress	55
4. Methodology	57
Pilot Study.....	57
Participants.....	57
Instrumentation	59
Marital Selflessness Scale.....	59
Dyadic Adjustment Scale.....	60
Spiritual Assessment Inventory	61
Narcissistic Personality Inventory	61
Procedures	62
Data Processing and Analysis	63
Specific Aim I: Establishing Reliability of the MSS	64
Specific Aim II: Establishing Convergent and Predictive Validity of the MSS.....	65
Ethical Considerations	67

5. Paper I: The Marital Selflessness Scale: A Relational Assessment for Couples Therapy	69
Abstract	69
Introduction.....	70
Christianity and Family Theory for Couples Therapy	72
Strategic Therapy and Spirituality	73
Narrative Therapy and Spirituality	75
Marital Selflessness Scale.....	75
Scoring the MSS to use in Therapy	80
Consideration of Difference Scores	81
Integrating the Use of the MSS in Session	82
Creating the Goal of Therapy	84
Narrative Therapy	85
Strategic Therapy	85
The Role of the Therapist in using the MSS	86
Narrative Therapy	87
Strategic Therapy	88
MSS Guided Interventions.....	88
Narrative Therapy	89
Strategic Therapy	91
Limitations of the MSS	93
Conclusions.....	93
References.....	95
6. Paper II: The Initial Development and Factor Analysis of the Marital Selflessness Scale.....	97
Abstract	97
Introduction.....	98
Background and Development of the MSS for Use in Therapy	99
Method	103
Pilot Study.....	103
Participants.....	103

Instruments.....	104
Marital Selflessness Scale.....	104
Dyadic Adjustment Scale.....	106
Spiritual Assessment Inventory	107
Narcissistic Personality Inventory	107
Procedures.....	108
Results.....	109
Factor 1: Relational Expectations	109
Factor 2: Relational Empowerment	110
Factor 3: Relational Selflessness	112
Reliability and Validity.....	113
Discussion.....	120
Limitations of the MSS.....	125
References.....	127
7. Summary	132
Major Findings.....	134
Paper I.....	134
Paper II.....	135
Differences and Justifications	136
Implications.....	141
Future Directions of Research	142
Conclusion	144
References.....	146
Appendices.....	161
A. Marital Selflessness Scale	161
B. Informed Consent	174

TABLES

Tables	Page
1. Chapter 2—Table 1: Theory Integration of MSS Using Narrative and Strategic Therapy	15
2. Chapter 2—Table 2: Examples of Dealing with Hidden Agendas and Manipulations Using the MSS	16
3. Paper I—Table 1: Theory Integration of MSS Using Narrative and Strategic Therapy	83
4. Paper I—Table 2: Examples of Dealing with Hidden Agendas and Manipulations Using the MSS	90
5. Paper II—Table 1: Demographics Summary of Sample	105
6. Paper II—Table 2: Exploratory Factor Structure Results.....	111
7. Paper II—Table 3: Scale Benchmarks	115
8. Paper II—Table 4: Concurrent Validity of the Relational Expectation, Empowerment and Selflessness and Total Scores for Other Validated Measures	119

ABBREVIATIONS

MSS	Marital Selflessness Scale
DAS	Dyadic Adjustment Scale
SAI	Spirituality Assessment Inventory
NPI	Narcissistic Personality Inventory

ABSTRACT OF THE DISSERTATION

Marital Selflessness Scale (MSS): An Exploratory Factor Analysis

by

Marj Buchholz-Castronova

Doctor of Philosophy, Graduate Program in Marriage and Family Therapy
Loma Linda University, June 2014
Dr. Brian Distelberg, Chairperson

There has been an increasing momentum in the field of marriage and family therapy to attune the therapy process to the client's socio-culture influences; however when this socio-cultural influence includes spirituality there is often a restraint in the attuning. While there are several explanations for this, two rationales rise to the surface: therapist not feeling adequately trained to attune to spirituality and lack of validated tools to effectively measure this socio-cultural influence of spirituality. When working with couple's this can be even more complicated as validated dyadic measures are limited and those that exist usually measure spirituality through a global measure such as church attendance. Additionally, these measures were created and are often operationalized as individual assessment of spirituality/religion. The Marital Selflessness Scale (MSS) is a dyadic measure that was validated through an exploratory factor analysis revealing three latent factors: Relational Expectations; Relational Empowerment; Relational Selflessness. A therapist can utilize the MSS with confidence when working with a couple who are part of a Christian socio-cultural influence. The results of the dyadic MSS attune the therapist to the couple's values of unconditional love and selflessness in the marriage, provides direction for developing couple goals, and gives the therapist a language into creating effective interventions.

CHAPTER ONE

INTRODUCTION

The field of marriage and family therapy (MFT) values incorporating a client's belief system into therapy; including their spirituality and religious beliefs (McGoldrick, Giordano, Pearce, 1996; Walsh, 2009; Zimmerman, 2001). However, when it comes to actually integrating systemic theory with religious traditions, the field has oriented towards an all-inclusive view of spirituality rather than identifying the unique characteristics of one's spiritual beliefs. This orientation misses an opportunity to utilize the unique details of the client's specific spiritual values and ultimately their belief systems that influences their overall functioning (Walsh, 2009). An additional limitation is found when the therapist's and client's belief systems are incongruent or different. Doherty (1995) called for MFTs to consider their client's values and in this punctuated that therapists can be blinded by their own world views which can lead to their being unable to recognize their client's moral values. Pargament (2007), a noted researcher on the integration of therapy and spirituality, says "No decent clinician avoids the most private and sensitive topics; love, sex, death, jealousy, violence, addiction and betrayal are grist for the therapist's mill. Questions about spirituality and religion however are routinely neglected" (p. 7).

Similarly, assessments used within the therapy process often measure characteristics associated with religion and spirituality, but miss an opportunity to truly leverage these belief systems to create change. For example, the Dyadic Adjustment Scale (DAS, Spanier and Cole, 1976) is a widely recognized measure of the process of marital adjustment. Clinicians can use this assessment to gain an understanding of their

client's perception of the relationship, and help them to identify key areas to work within the couple's relationship. While religion is an area assessed in the DAS, it doesn't address how specific religious values of the client's faith may be underlying and influencing the adjustment of the marriage. To address these limitations this study is designed to validate an instrument that can be used by clinicians to address the spiritual and religious belief systems in a couple's marriage in a more detailed and robust way, ultimately providing the therapist with a better understanding and leverage point to help the couple improve their relationship in a way that is congruent with their belief system.

Purpose Statement

The purpose of this study is to call attention to the need for the MFT field to integrate the culture of a couple's spirituality into assessing and working with the couple dynamic by first considering the current literature. Next, an exploratory factor analysis will be done on the Marital Selflessness Scale (MSS) for the purpose of providing clinicians with a reliable and valid instrument to assess the spiritual construct of selflessness within a couple's relationship.

Background

To begin addressing a client's values of religion and spirituality, a common definition is needed. Froma Walsh (2009) provides a definitions in *Spiritual Resources in Family Therapy (2nd edition)*; which is currently a foundational spiritual resource in the MFT field. Walsh (2009) says "Religion is an organized belief system that includes shared, institutionalized, moral values, practices, involvement in a faith community, and,

for most, belief in God or a Higher Power” (p. 5). When considering the term spirituality she turns to Pargament (2007) who noted that “Spirituality is a dimension of human experience involving transcendent beliefs and practices. It is the heart and soul of religion” (Walsh, 2009, p. 5). Consistent with the spirituality and religion literature, these two terms are used intermittently throughout this paper where religion refers to the formalized practice and spirituality is the expression of the essence of its heart and its soul.

Although the MFT field states the importance of spirituality in the practice of marriage and family therapy; therapists have been trained to leave the spiritual out of the therapy process as it is personal to the client and has belonged to the restricted domain of pastoral care (Pargament, 2007; Walsh, 2009). However, there is a growing interest in the MFT field to incorporate a client’s spirituality (Walsh 2009). In the last twenty years the premise has been that spirituality is an important factor in clients’ lives, therefore MFTs should be considering the client’s spiritual beliefs (Stander, Piercy, McKinnon, & Helmeke, 1994; Doherty, 1995; Becvar, 1997; Haug, 1998; Walsh, 1999, 2009). The case for inclusion of spirituality is made even stronger when considering the importance of spirituality within some cultures (Boyd-Franklin, 2003; Cervantes & Parham, 2005; McGoldrick et al., 1996; Walsh, 1999, 2009).

Even with this openness to implementing spirituality into MFT practice, therapists are encouraged to be cautious and not to assume or impose Western European values on their clients (Walsh, 2009) and they are reminded that Christian views of “one-true religion” have led to catastrophic consequences throughout the ages (Marty, 2005). However, it is possible that in our attempts to be diverse and open we have neglected the

development of conceptual models that integrate Christian values. In the United States over 80% of the population identifies itself as Christian and 75-78% identify with a specific form of Christianity with approximately 50-55% being Protestant and around 23% identifying as Catholic (Gallup, 2008, Pew Forum 2012, U.S. Census, 2008). Given these results, it means that theoretically 7 out of every 10 clients who enter the therapy room hold a Christian belief system; however, Walsh (2009) notes that “There is a growing gap between personal faith and adherence to institutionalized religious systems” (p. 13). MFTs should be careful about drawing assumptions about client’s values based on the labels they may describe themselves with as often their labels may not have the same meaning as the therapist gives them (Walsh, 2009).

Therefore the MFT must balance their approach between incorporating the specific beliefs of their client, without imposing religious dogma or ideologies. If connecting with the client’s view is important, and the majority of clients are likely to operate from a Christian worldview, then there is a benefit to exploring this worldview in a more robust and targeted way for these Christian clients. One way this can be done is by leveraging the tenants of healthy relationships in the Bible. Many of the beliefs in regards to how to treat others in the Bible are quite in line with the current systemic understanding of healthy functioning relationship in the MFT literature. Therefore these tenants form the client’s spiritual beliefs and can be used to create change in the therapy process. One effective way to accomplish this task is through the assessment of these tenants. Therefore, this study will create an assessment that is built upon fundamental relational values within the Christian worldview. While there are many variations of how these values are played out within religious denominations as well as personal variations,

one consistent value within most Christian orientations is the use of Biblical scripture in wedding ceremonies. One popular passage holds a list of relational values; such as patience and kindness. This scripture is 1 Cor. 13:4-7 (New International Version, 1984) and it says

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trust, always hopes, always perseveres.

Many of the highlighted values in this text can be linked to theoretical concepts within the MFT theories. The creation of an assessment utilizing these concepts would create a medium of common language for the therapist and the client and would carry the extra strength from aligning the treatment with the worldview of the client (Blow, Sprenkle, & Davis, 2007).

Therefore, this study will validate a new assessment called the Marital Selflessness Scale (MSS). The MSS consists of 18 questions that are answered on a continuum ranging from 1 to 10 assessing the level of the integration of the values laid out in 1 Cor. 13:4–7. This includes questions around assessing commitment to the relationship, trust in God, actions of putting one’s self or the spouse first, demands of seeing a right way to do things, a self-reflection of anger, and an ability to forgive. A high score on the MSS reveals a commitment and actions toward the other in the relationship whereas a low score reveals a commitment and actions towards one’s self. The MSS was previously piloted with MFTs, academics, and pastors to determine the face and content validity of the items.

Specific Aims

Below are the aims of the study which parallel the common hypotheses used in reliability and validity studies for assessments (Tabachnick & Fidel, 2007). The specific hypotheses are further explained in chapter 3 (Literature Review) and chapter 4 (Methodology).

Specific Aim 1: Establish the internal validity and reliability of the Marital Selflessness Scale through an exploratory factorial analysis.

H1: The underlying latent structure of the MSS will converge with the original proposed face validity four factor structure; those being the Relational Expectation, Relational Commitment, Relational Selflessness, and Relational Forgiveness.

H2: The MSI will produce an acceptable level of reliability.

H3: There will be no significant differences on the MSS scores between common demographic variables (i.e. gender, ethnicity, and Christian religious affiliation).

H5: There will be no significant differences between couples who have been in therapy verses couples who have never been in therapy.

Specific Aim 2: Establish the external validity of the Marital Selflessness Scale through various methods of validity testing.

H1: Convergent validity will be considered through

- A positive correlation between the MSS; and the Dyadic Adjustment Scale (DAS).

- A positive correlation between the scores on the MSS and the Spiritual Assessment Inventory (SAI).
- A negative correlation between the score on the Narcissistic Personality Inventory (NPI) and the MSS.
- The Entitlement Subscale of the NPI will be negatively correlated with a presumed subscale within the MSS that would measure relational selflessness.
- The Dyadic Satisfaction Subscale of the DAS will be positively correlated with a presumed subscale with the MSS that would measure relational expectation with the partner.
- The Realistic Acceptance Subscale on the SAI will positively correlate with the subscale within the MSS that measures relational expectation and relational selflessness.
- The Entitlement Subscale on the NPI will negatively correlate with the subscale in the MSS that measures relational selflessness.
- The Grandiosity Subscale on the SAI will negatively correlate with the subscale in the MSS that measures relational selflessness.

H2: Construct validity will be considered when spouses' scores are significantly different and correlated with the other assessments (i.e. when Spouse 1 has a high score on the MSS and Spouse 2 has a low score on the MSS, Spouse 1 will have a high score on the NPI and the DAS and Spouse 2 will have a low score on the NPI and DAS.

CHAPTER TWO

THEORY BEHIND THE MSS

The theoretical foundation of the Marital Selflessness Scale (MSS) is built on the premise that “the whole is more than the sum of the parts” (Bertalanffy, 1968, p. 18). This is a foundational assumption in the field of marriage and family therapy (MFT) and it is also congruent with a similar belief in Christian marriages where the two become one (Matthew 19:5, Mark 10:8, 1 Cor. 6:16 and Eph. 5:3) as well as the Christian belief system of the Triune God where the Father, Son, and Holy Ghost are one. Additionally, metaphors in the scriptures highlight the same interdependence, for example Jesus is referred to as the vine and his followers are referred to as the branch (John 15:5); or in 1 Cor. 12:12 where all the parts of the Christian community form one body. Therefore, there is a natural fit between MFT’s systemic view of relationships and a Christian view of relationships. The purpose of this chapter is to assist MFTs to help clarify the connection between the systemic thinking and a Christian view of relationships; thus allowing the therapist to better work with Christian couples by first understanding the need for a social contextual understanding of their broader ecosystem and then by considering Strategic and Narrative Therapies and the role the MSS can play in therapy.

Understanding the Contextual Community of Christianity

In providing therapy for a Christian couple it is important to remember that their unique relational patterns have been influenced by the social contextual relationships in their life, including their faith. The couples’ religious community, its teaching on marriage, and the support system it provides all play an important role in the therapy

room especially if there is an inclusion of the couple's individual expressions of spirituality. Walsh (2009) says that "From a family systems perspective, there is a mutual influence between spirituality and the family: Meaningful spiritual beliefs and practices can strengthen families and their members; in turn their shared spiritual experiences strengthen member's faith" (p. 19). This positive impact of religion in an individual's life also extends to the family unit as 75% of families report being strengthened by religion (Gallup & Lindsay, 1999). Spouses with similar religious beliefs report greater personal well-being and relationship satisfaction, as well as a lower likelihood of abuse or divorce (Myers, 2006). Mahoney, et al. (1999) found that couples who viewed their marriages as sacred had significantly greater marital satisfaction and commitment as compared to the couples who did not perceive their marriages as sacred. These couples were also less prone to verbal aggression and other dysfunctional ways of resolving marital conflict.

When we exclude this fundamental element in our clients' lives we are missing a critical component that can help and hinder their healing process. The spiritual belief systems of our clients impact the way they define a problem, the way they cope, what solutions are acceptable, how they make meaning out of the problem, and where they turn to for support (Pargament, 2007; Walsh, 2009). Bergin and Payne (1991) say that "Ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth" (p. 201). Therefore, ignoring or not fully exploring a client's spiritual belief systems, significantly limits the therapist's effectiveness.

MFTs are uniquely equipped to work with all of the different levels of the system if they have theoretical concepts to help them with the integration. However, MFTs still wrestle with how to successfully integrate spirituality into therapy (Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Grams, Carlson, & McGeorge, 2007; Prest, Russel, & D'souza, 1999). Pargament (2007) notes that "virtually no research has been conducted on the efficacy of integrating spirituality into marital and family therapy..." (p. 332). Worthington, Kurusu, McCullough, and Sandage (1996) report that the most common problems religious counselors deal with are actually relational issues and suggest that the "...efficacy of religious marital counseling would be a garden of delight. Instead, it is a wasteland." (p. 477) as there is little understanding of how to utilize the client's spirituality to address the relational stress.

Given this, the MFT field would benefit from an assessment that could provide a roadmap for a therapist to work with a couple on integrating their spiritual beliefs into practical application in their marriage. This begins by defining spirituality. In an attempt to work within a construct that can be helpful in assimilate the idea of spirituality into clinical practice; Falicov's (1995) multidimensional definition of culture is a good starting point:

those sets of shared world views, meanings and adaptive behaviors from simultaneous membership and participation in a multiplicity of contexts, such as rural, urban or suburban settings; language, age, gender, cohort, family configuration, race, ethnicity, religion, nationality, socioeconomic status, employment, education, occupation, sexual orientation, political ideology; migration and stage of acculturation. (p. 370)

This definition of culture allows for the integration of religion within a cultural context. However, within this definition there isn't a definition of religion or spirituality. There is a debate in the literature as to whether, spirituality and religion are a one-

dimensional construct or two separate definitions (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Miller, 1999; Walsh, 1999, 2009). In this study, I am choosing to use Miller, Korink, and Ivey's (2006) summary of the literature to define spirituality "in the broadest sense as an overarching construct that includes a personal journey of transcendent beliefs and a sense of connection with other people, experiences either within or outside formal religious structures" (363). Spiritual and cultural sensitivity are uniquely tied together, as often times a client's culture is informed by their spirituality and their spirituality is informed by the culture (Boyd-Franklin, 2003; Cervantes & Parham, 2005; Ellison, Burdette, & Wilcox, 2010; McGoldrick, Giordano, & Pearce, 1996; Walsh, 1999, 2009;). For example, this can be observed in Hispanic culture and the influences of Catholicism (Matovina & Riebe-Estrella, 2002) and in the African American's long held tradition of spiritual integration as an essence of their culture (Boyd-Franklin & Lockwood, 2009). Cervantes and Parhan (2005) have proposed that when therapists are integrating spirituality and cultural sensitivity that they should seek advanced training and mentorship saying "the spirit of the person is manifest in multiple forms and cultural identities that demand that the essence be understood and the form be respected" (p. 72).

Providing a broader definition such as religion within culture and then narrowing it into an understanding of transcendence in the personal and in community allows for a therapist to begin to consider the idea of religion as a cultural/community experience as well as a personal journey of transcendence with a divine being. Pargament and Mahoney (2002) simply define spirituality as the search for the sacred; and at the core are our perceptions of the divine including the ways it extends into any aspect of our life with

significant and may take on the character or reflection of the divine (Pargament & Mahoney, 2005). The MSS is built on the understanding that in a Christian culture a married couple experience their relationship on multiple spiritual levels: their individual relationships with the divine; their marriage as an example to the world of Christ's love for His church; and finally within the context of their religious community.

The MSS is an assessment that is grounded in 1 Cor. 13:4-7 which provides a basic Christian understanding of what selfless love looks like. Each statement in the MSS presents a different reflection of the spiritual constructs of what loving and selfless behavior looks like. The therapist is able to use these statements in the MSS to join with clients, ask question about how they might apply these concepts into their Christian marriage, and to create interventions that fit within the couples' belief system.

Underlying Theories of MSS

While many agree that spirituality is important in the therapy process (Pargament, 2007), as noted above, the existing theories give little direction as to how spirituality can be accessed within the therapy room. Both Narrative and Strategic Therapy are good examples of this dilemma, as both provide basic foundations that could incorporate spirituality, but neither explicitly state how to incorporate spirituality. As such the MSS relies on the assumptions of Narrative Therapy (White & Epston, 1990) and Strategic Therapy (Haley, 1963, 1987; Madanes, 1981; Papp, 1983). Narrative Therapy and Strategic Therapy both hold to Bateson's (1972) identification of family patterns as an important premise in the development of both theories; and therefore they are compatible theories when working with Christian couples (see Table 1).

This compatibility of Narrative Theory and Strategic Theory began with Michael White's early years of practice where he utilized Strategic Therapy, as well as Structural Therapy (White, 1979). It is evident in these early writings that he was already formulating ideas that would eventually move him to the development of Narrative Therapy. Michael White discusses being exposed to Bateson (1972, 1979) and the idea of the "interpretive methods" of social science where in developing an objective reality there is an act of interpretation to make meaning (White & Epston, 1990). Bateson (1972, 1979) believed that in the development of this reality an understanding is formed based on what is already social constructed and the meanings we have given them; these in turn are influenced by the patterns we already have. When new events happen they are interpreted through these existing patterns. If the event doesn't fit the pattern, it will be dismissed. White saw this as a means of how the dominant story creates its life (White & Epston, 1990).

Similarly Strategic Therapy is grounded in the basic premise of patterns from systems theory and sees families' as having patterns of interaction. When events happen the marital systems will respond through its established patterns to integrate the new information (Papp, 1983). When working with a couple that committed in their marital vows to love one another unconditionally, it is important to consider how the socially constructed values of their religion are influencing their relational patterns. The MSS provides the therapist with a format that gives a common language in identifying the problem and any potential hidden agendas in order to create a successful intervention that is congruent with the couple's belief system.

In considering how to use the MSS in therapy and integrate it into Narrative and Strategic Therapy; first the goal will be considered, next the role of the therapist, and finally the intervention. Narrative and Strategic Therapy will be considered separately and then theoretically merged and applied to the MSS (see Table 1). Another consideration will be to take the specific theoretical construct of hidden agendas and manipulations within Strategic and Narrative Therapy and apply them to MSS through specific questions that related to scripture (see Table 2).

Goals of Therapy

The goals of Narrative and Strategic Therapy both begin with identifying the problem. In Narrative Therapy this is done by identifying the dominant story, deconstructing and mapping the influence of the problem, and then developing a preferred story. Similarly, Strategic Therapy begins by identifying the problem; however the focus is on mapping the negative repetitive sequences of the couple and then finding a sequence that is more adaptive and functional.

It is important to consider in defining the problem that Narrative and Strategic Therapy are both resistant to labeling an individual as the problem; rather the premise is that the system develops patterns which are functional at one point, but often fail to adapt to new interactional patterns due to homeostasis. It is this failure to adapt that often results in symptoms that on the outside seem problematic and at times are located within one or more individuals in the system. Strategic therapist Jay Haley (1987) says

Table 1

Theory integration of the MSS using Strategic and Narrative Therapy

	Strategic	Narrative	MSS
GOAL	Identify problem	Identify dominant story	Identifies the problem using Christian definition of marital love from 1 Cor. 13:4-7
	Map the Negative Repetitive Sequences	Deconstruct influence of the problem	Assess through 4 Relational Factors Expectations Commitment Selflessness Forgiveness
	Find a better sequence for couples	Develop a preferred story	Based on couple's specific challenge areas, help couple to develop more loving patterns
THERAPIST ROLE	Joins with couple in defining problem to create a new more useful pattern and then exposing the hidden agendas that contribute to the problems maintenance	Join the couple in co-creating a new story and taking stance against dominant and exposing the manipulations and tricks of dominant story	Therapist helps couple develop concrete ways to implement the 1 st Cor. 13:4-7 within the context of their unique relationship.
INTERVENTIONS	Direct Advice Explanation Suggestions Interpretations Prescribed Tasks	Mapping the Influence of the Problem	MSS can be used as direct/indirect interventions
	Indirect Paradox Defiance-Based	Externalizing Unique Outcomes	MSS can be used to explore Unique Outcomes MSS provides the foundation for a new relational story

Table 2

Examples of Dealing with Hidden Agendas and Manipulations Using the MSS

	Related Scripture Verse from 1Cor. 13:4-7	Strategically Exposing the Hidden Agenda	Narrative Exposing the Dominate Story
Putting Spouse Before self	Love cares more for others than self	Help me to understand how when you do ___, you are putting your spouse first.	When you choose to do ____, do you feel you are giving selflessness more of a say in your marriage or selfishness?
Pointing out when I am right	Love isn't always me first		
	Love doesn't strut	When you tell your spouse, "I told you this would happen", I am curious how this aligns with your belief that love doesn't revel when others grovel?	Do you think it is possible that when you point out to your spouse that you were right, the old dominant story might be tricking you? In what ways do you think this gives it more of a voice? What would give it less of a voice?
	Love doesn't have a swelled head		
My way is the best way	Love doesn't force itself on others	Tell me about your understanding of love not forcing itself on others (let client answer). So, when you tell your spouse your way is the best, is this forcing your way or are you considering their way?	When you come to the conclusion that your way is the best way, is their anyway that you may be giving voice to a love that forces itself on others?
I make sure things are done my way	Love doesn't have a swelled head		
	Love doesn't revel when other's grovel		
I consider my schedule, work, and needs first	Love cares more for others than self	Tell me the ways you practical put your spouse schedule first.	When you are choosing to do something, I am curious about how you are know you are caring more for your spouse than self?
	Love isn't always me first		
Quick to anger	Love doesn't fly off the handle	So I am confused, when you are quick to anger isn't that the same as love flying off the handle?	In your preferred story what does anger look like? Does it fly off the handle easily or does it pause and consider the other?

To label as child as....'schizophrenic' means that one is participating in the creation of a problem in such a way that change may be made more difficult...The way one labels a human dilemma can crystallize a problem and make it chronic." (p. 3)

In Strategic Therapy the approach is to see all behavior in couple as logical and normal given their uniqueness (Papp, 1983). In fact, any therapeutic intervention is a violation of the couple's functioning; so Strategic Therapy focuses on what the couple's frustration is with their normal functioning. The MSS is designed to have each person report on one's own behavior as a spouse in the context of the marriage as related to the principles of unconditional love laid out in 1 Cor. 13:4-7. This provides the therapist with each spouse's perspective of the marital problem and as well as how they are individually contributing to the breakdown of unconditional love in the relationship. The therapist then maps out interaction of the negative repetitive sequences and how they are playing out in the couple's relationship through the following four relational areas: expectations, commitment, selflessness, or forgiveness.

The MSS is congruent with White's interest in how people were "organizing their lives around specific meaning" and this is where he noticed problem saturated stories (White & Epston, 1990, p. 3). He was curious about what requirements the problem had to maintain its survival. White saw the couple's responses to the problem as requirements of the continuation of the problem; whereas Strategic Therapy saw the problem as being required by the system to survive. The strategic therapist is concerned with the function of the behavior and how the different pieces of behavior work and pattern together to keep the marriage balance (Papp, 1983). In the process of deconstructing the problem from a Narrative lens the focus is on how it has gained access to the couple system and became the dominant story.

Given the premises of Strategic Therapy and Narrative Therapy on the view of the problem, the question is if both are compatible for couples who identify themselves as Christians. In Christianity problems are viewed from a spiritual nature. They are a result of sin which leads to one's separation from God. One way this plays out is in the couple's difficulties in implement unconditional love in their marital relationship as the focus becomes on self rather than on the other. In considering if Strategic Therapy's way of defining a problem is compatible; the key is to remember that it is up to therapist to define the problem in such a way that will make change easier (Madanes, 1981). In working with a Christian couple this is by identifying the problem as selfishness and not thinking of one's spouse as laid out in 1 Cor. 13:4-7. Papp's (1983) concept of the ideational level in her practice of Strategic Therapy considers the couples' attitudes, perceptions, beliefs and historical perspective. In considering this, the therapist working with the Christian couple would benefit by having an understanding of the theology around sin and how it manifests into the problems within their marriage.

Narrative Therapy also holds to the premise that the couple's presentation of the dominant story is fundamental. In White's (1979) work with Strategic Therapy, he noted, "In order to gain access to the family system, it is necessary for the therapist to join with the family in their definition of the problem rather than to confront the system head on" (p. 304). This premise continued on in White's development of Narrative Therapy where the therapist is a co-creator of the story (Carr, 1998; White, 1995). In working with the system, the therapist is very intentional in making sure that the description of the problem saturated story is congruent with the person and the system's experience.

The MSS blends these theoretical constructs from Narrative Therapy and Strategic Therapy in defining the problem and incorporates them into how Christianity defines unconditional love within 1 Cor. 13:4-7 (see Table 1). It provides the therapist with a user friendly format that helps to identify the problem in a way that is easier to make change, values the couple's belief system, and helps them to find concrete ways to live in their preferred story or create more adaptable repetitive sequences for their relationship.

Therapist's Role in Creating Change

The role of the therapist in Narrative and Strategic Therapy is very active (see Table 1). In Narrative Therapy the therapist joins with the couple in co-creating a new preferred story and taking a stance against the dominant story. Similarly in Strategic Therapy the therapist joins with the couple to define the problem and then works to create a new, more useful pattern.

One issue the therapist needs to consider is the premise in Strategic Therapy that insight does not equals change; therefore the goal is to create more adaptive cycles (Papp, 1983). This means that there may never be a heart change. While this may seem incongruent with Christianity which is grounded in people's hearts transforming, the strategic therapist can leave the heart change up to God. The therapist's job is to work with the Christian couple to intentional identify and then prevent the negative repetitive sequences. Madanes (1991) talks about introducing complexity and alternatives to the system, so when working with Christian couples it is important to consider how the alternatives will also assist the couple in seeking forgiveness and reconciliation which

will then provide an avenue for possible transformation and heart change. In identifying negative repetitive sequences the therapist considers the hidden agendas of the problem. The belief from a Strategic Therapy perspective is that all persons have hidden agendas in relationships; including those that have rules of honesty or no hidden agendas. These are just considered higher forms of hidden agendas; therefore, manipulation is a natural consequence of being in a relationship (Papp, 1983). The therapist plays an active role in exposing the hidden agendas.

Transformation and heart change are an easier fit with Narrative Therapy. Foundational to Narrative Therapy is the couple's relational story. The therapist's role is to partner with the couple in understanding the influence of the dominant story and how it manipulates and tricks the couple into participating. The therapist then works with the couple to co-create a preferred relational story. In a Delphi study done by Wallis, Burns, and Capdevilla (2010) Narrative therapists saw themselves as "conversational architects" (p. 491). The idea of working with a couple to co-create a preferred story in their marriage is congruent with the core of Christianity as it is the story of God's work to reconcile His people back to right relationship with Him. In Christianity this is accomplished through Jesus Christ's death and resurrection. Once the person has been reconciled back into right relationship with God, the remainder of life is about being transformed more into Christ's image. Eph. 4:22-24 (New International Version) says

You were taught, with regard to your former way of life, to put off your old self, which is being corrupted by its deceitful desires; to be made new in the attitude of your minds; and to put on the new self, created by to be like God in true righteousness and holiness.

Narrative's use of the dominant story and the preferred story are a natural fit with Christian couples and their spiritual understanding of the old self and the new self. The

Narrative therapist needs to be aware of issues of subjugation and power within the religious context as well as and how the couple might be expressing these issues in their spirituality and relationship. This is accomplished through either social contextual influences such as religious beliefs of gender roles or individual selfish desires within the marriage. The therapist must be able to separate out the differences between human interpretation of religious practice that can lead to subjugation and power verses the call to love unconditionally in 1 Cor. 13:4-7. Essential to this is the therapist's awareness of their own blindness by preconceived social constructions about Christian couples. Therapist must always be intentional about considering the beliefs and values of their clients, as well as how their own beliefs and values can influence the system that they become a part of in the therapy process. Allen and Piercy (2005) say

When we strip away the layers of distortions imposed by our own limited perceptions, we allow ourselves to become edgy with the remainder that all knowledge is partial, and that there are flaws in the typical strategies we use to puss up our egos and distance ourselves from the 'subjects' of our inquiry. (p. 158)

In Narrative Therapy there is an on-going dialog to understand the clients' perspective paying close attention to any contexts, such as religion or spirituality that are a part of the experience. Within this is the premise in Narrative Therapy that the dominant story uses manipulations and tricks to maintain itself; and it is the therapist's role to continually listen for and expose how this is accomplished through the process of deconstruction. Again, this can be complicated by the therapist's own preconceived beliefs of Christianity and it is even possible for the dominant story to recruit the therapist as a means of maintaining power. For instance, within Christianity the husband is called to a sacrificial love meaning he puts his spouse's needs over his own and this is

compared to Christ's sacrificial love on the cross for humankind. However, if the therapist only focuses on the call for wives to submit to their husbands; the therapist can become a part of maintaining the dominant story.

The MSS is built on the sacrificial ideas of unconditional love in 1 Cor. 13:4-7 and provides the therapist with a framework that can assist the therapist in helping the couple recognize ways love has been manipulated for selfishness or control. If the therapist pushes from a perspective that assumes it is their religion causing the subjugation, rather than the couple's misinterpretation of unconditional love; the couple may discount the therapist as hostile to their faith and thus continuing surrender to the voice of subjugation. However, if the therapist has knowledge, understanding and language around unconditional love they can then play an influential role in exposing the manipulations and tricks of how control is maintaining itself. In accomplishing this it is important to consider whether the therapist has knowledge of the local privilege and contextual issues (Wallis et al., 2010) meaning that the therapist needs to have an understanding of the Christian context and practices. The MSS is designed to provide the therapist with this knowledge.

The MSS's Relational Selflessness subscale is a measure addressing issues of selfishness and control within the relationship from an insider language. Dickerson (2011) differentiates between local knowledge and insider knowledge. Local knowledge is an anthropological view (Geertz, 1983). It is what the local villagers know. In the case of Christianity it is what the couple has experienced within their local Christian community; whereas insider knowledge is a person's own experience with the local villagers. In this case the therapist's experiences with Christians. This is an important

consideration as insider knowledge impacts how questions are framed. Has the therapist's own personal experiences with Christianity been positive or negative? What about the therapist's view of past clients who were Christians, how has this informed the insider knowledge? These are important considerations in the process of using Narrative Therapy with Christian couples.

The MSS is built on insider knowledge by utilizing 1Cor. 13:4-7. This is a scripture that is consistently read at weddings of all Christian denominations to define what marital love looks like and it is a language that the couple will already be familiar with as well as one that has meaning in their relationship. However, couples often wrestle with the practical application of these verses. Understanding the manipulations and hidden agendas becomes a fundamental part of determining the best application of interventions to co-create the preferred couple story and develop sequences that are more amenable to the couple's desire for a quality marriage built on unconditional love (see Table 2). If the therapist doesn't have these understandings of basic beliefs behind Christianity; or has a belief system that Christianity is yet another attempt by society to have control over humans, they may miss out on components in constructing how the problem is viewed and thus lack the richness and depth that could benefit the couple.

Interventions

The therapist can strengthen the interventions they utilize in Narrative Therapy or Strategic Therapy by helping the couple to expose the manipulations and hidden agendas of the problem. Strategic Therapy utilizes two kinds of interventions: direct and indirect. Direct interventions are advice, explanations, suggestions, interpretations and prescribed

tasks. Indirect interventions are either paradoxical or defiance-based and are used when direct interventions didn't work (Papp, 1983). A simple defiance-based intervention would be for the therapist to tell the family to continue to solve the problem in the same way they have been or to tell the family they are not ready for change and therefore, should not do anything new or different before the next session. The hope being that they will defy the therapist. It is also in the context of paradoxical interventions that Papp (1980) turns to Foucault, she says

The secret rules of the game are made explicit and the family must take responsibility for its own actions. In the words of Foucault (1965), the family 'is lead through a state in which it is confronted by itself and forced to argue against the demands of its own truths.' (p. 46)

In Narrative Therapy the primary intervention is externalizing the problem. The therapist helps the couple identify and map the influences of the problem (White, 2007), identify the tricks and manipulations of the problem and look for unique outcomes of when the problem isn't present. White and Epston (1990) refer to it as an approach to objectifying the problem, which they refer to as the "oppressive experience" and in some cases actually personify the problem. In the process of externalizing the problem it becomes separate from the person or system. The premise is that the person or system will now have more options available. Externalizing puts the couple in a position where they are confronted with how the objectified problem is using them to maintain the problem, similar to Papp's description of the paradoxical intervention. In considering the use of unique outcomes; the therapist looks for exceptions to the problem saturated story. The stronger the dominant story, the harder it is for the couple to recall unique outcomes. The MSS can be used as a tool to recall these events by asking questions such as "When is a time that put your spouse's needs first?" (see Table 2). It is the responsibility of the

therapist to listen for and to be curious about historically unique outcomes; as well as any that take place between sessions. The unique outcomes are utilized to help the couple see that they already have experiences of the preferred story in their relationship and to then to build on these.

Strategic Therapy and Narrative Therapy both are aware of the problem of hidden agendas and manipulation and their influence on keeping the problem alive; however, they each view this differently. In Strategic Therapy the components of change and targets of clinical intervention are based on underlying assumptions. First, there is a belief that persons “cannot not behave” as well as “cannot not communicate”. Given this strategic therapists have a premise that clients will resist change. Erickson (1982) said,

Such resistance should be openly accepted, in fact, graciously accepted, since it is a vitally important communication of a part of their problems and often can be used as an opening into their defenses. This is something that the patients do not realize. (p. 299)

For example (see Table 2); in utilizing the MSS one continuum question on the assessment says “I put myself before my spouse” to “I put my spouse before myself.” This is based on the section in 1 Cor. 13:4-7 that says love cares more for others than self. In strategically applying a direct intervention the therapist might ask “Help me understand how when you do ____, you are putting your spouse first?” This then puts the client in a double bind. If the spouse continued to do ____ behavior; they continue to choose to put themselves first.

From a Narrative Therapy approach the therapist is working to expose the dominant story and consider ways it is being manipulative. In considering putting oneself or spouse first the Narrative Therapist can ask “When you choose to do ____, do you feel you are giving selflessness or selfishness more of a say in your marriage?” In

Narrative Therapy, the manipulations are part of the society's subjugation as well as the externalized problem's attempt to control. Manipulations are discovered in the process of mapping the influence of the problem (White, 2007; White & Epston, 1990). The therapist is intentional in asking broad questions of influence from the person to the problem's influence, relationships to the problem's influence, as well as the broader society and the problem's influence. When White and Epston (1990) ask questions or talk about the problem they use words like trick, tranny and undermining; all of which imply manipulation of the problem. This all happens as the dominant story is deconstructed and the problem saturated story is externalized.

In this process the therapist is also searching for unique outcomes when the problem had less of a say. This is the process of mapping the person's influences on the problem. The therapist helps the persons in the system to recognize what was different in their stance against the problem saturated story that led to this unique outcome. This process of mapping goes back to White's statement of how Bateson influenced the development of Narrative Therapy in terms of the patterns that systems have. If a system has a pattern and a new event happens the system will only recognize it if it fits with the current pattern otherwise it will be dismissed (White & Epston, 1990). Questions like "How does the problem alter your relationship with yourself?" or "What effect does the problem have on your relationship with each other?" (Freeman & Combs, 2002, p. 311) lend toward the understanding of the problem in the relationship and exposing how the problem manipulates. In utilizing the MSS it helps the therapist to identify where to look for unique outcomes that will fit their preferred marital story of unconditional love and selflessness. So for example, when one spouse's answer "I bring up my spouse's

past mistakes”; this is related to 1 Cor. 13:4-7 where love doesn’t keep score of the sins of others. The therapist can ask a question like “I am curious about what was different in your relationship when you didn’t keep score of your spouse’s past mistakes?” (see Table 2).

One additional consideration is whether the concepts of hidden agendas and manipulations can be integrated into a Christian perspective. The answer is a resounding yes. Jer. 17:9-10 (MSG) says

The heart is hopelessly dark and deceitful, a puzzle that no one can figure out. But I, God, search the heart and examine the mind. I get to the heart of the human. I get to the root of things. I treat them as they really are, not as they pretend to be.

In Strategic Therapy one can introduce the concept of selflessness and selfishness with the Christian couple and talk about the human’s natural desire to consider one’s self first. Couples easily point the finger at the other spouse and their flaws or sinfulness; the Strategic therapist holds a stronger position when they use the language of the couple’s ideational level (Papp, 1983) to find ways to expose each person’s own behaviors in the negative repetitive sequences. The Narrative therapist can view the dominant voice of self and selfishness and the preferred voice of selflessness and one flesh as these are areas considered in each of the items on the MSS.

The challenge for the therapist is to find scriptures that bring issues of the heart to the surface as neither Narrative nor Strategic Therapy naturally do this; however the MSS provides a format to do this. If the pattern in their relationship isn’t Christ-like then the Christian couple has to deal with the heart issues of what might be happening instead. Strategic Therapy and Narrative Therapy are compatible to working with Christian couples when it comes to hidden agendas and manipulations that are a part of the

negative sequences or dominant story. The MSS provides the therapist with a tool that is easily transferable into the couple's belief system and the possible hidden agendas and manipulations that may be influencing the relational problem. Individual questions on the MSS provide the therapist with language that can help to uncover how the spouses may be manipulating their religious values for their own gain.

In utilizing the MSS as a tool to integrate into Strategic or Narrative Therapy the MSS is built on a section of scripture that is commonly read within Christian weddings regardless of the religious denomination. This scripture is 1Cor. 13:4-7 and it gives a picture of what a loving relationship looks like. The MSS takes these different words used to define love and puts them on a polar opposite continuum; where each spouse measures his or her own behavior of loving actions toward the spouse. The focus is on intentionally shifted the couple's focus from what the other is doing wrong to self-reflecting and considering one's own concrete actions of loving in the relationship. Another reason for having each spouse reflects on their own actions is it addresses potential issues of power and subjugation within the marriage. When 1Cor. 13: 4-7 is used as a self-reflection there is no longer room for power in the relationship because according to this scripture love doesn't demand its own way nor is it self-seeking. Thus built into the MSS is a way to address issues of power imbalance within a language that acknowledges the couple's values system and how they make meaning in their relationship.

CHAPTER THREE

LITERATURE REVIEW

The development of quality assessments in the field of marriage and family therapy (MFT) has improved over the last couple of decades; however there is still substantial room for improvement. Straus and Brown (1978) reviewed marriage assessments that met the criteria of any measure that assessed thoughts, feelings, or behaviors in the marriage relationship and found 813 instruments. Given this it is important to first consider where a new assessment, such as the Marital Selflessness Scale (MSS) could best impact the field. Next, a review of the standards for building quality assessments will be discussed. Finally, issues of reliability and validity will be considered.

Need for Assessments in the Marriage and Family Therapy Field

Snyder, Wills, and Keiser (1981) referred to the majority of marital assessments as “construction solely by ‘seat of the pants’ or ‘armchair’ methods” leading the field to inferential conclusions with little evidence to support the findings (p. 262). Sabatelli (1988) reviewed and critiqued several measures utilized in the MFT field and said “No longer may an atheoretical, ‘shotgun’ approach to measurement construction be tolerated” (p. 912). Since Sabatelli’s (1988) review, no other reviews of MFT assessments were discovered in a search on *Ebsco* and *PsycINFO*. Gottman and Notarius (2002) proposed a research agenda for the field of MFT and the only recommendation for the development of assessments was specific to observational coding. In more recent years there has been little discussion about developing quality tools for clinical practice

even though few currently exist (Foran, O’Leary, & Williams, 2012; Pinsof, Zinbarg, & Knobloch-Fedders, 2006).

In Sabatelli’s (1988) review of marital measurements he highlighted several assessments used in the MFT field and summarized them into the following three categories: 1) marital adjustment, satisfaction, and quality assessments; 2) marital commitment, dependence and dissolution potential assessments, and 3) measures of marital intimacy and marital complaints. Following is a summation of a few assessments that were highlighted.

Marital Adjustment, Satisfaction and Quality Assessments

Locke-Wallace Short Marital Assessment (LWMAT)

The LWMAT (Locke & Wallace, 1959) was the first measure of marital adjustment and satisfaction developed. The premise of marriage in the LWMFT is that it is a process of adaptation where conflict is either avoided or resolved to assure marital and spousal satisfaction. The 15-item assessment measures a spouses’ happiness with their spouse and marriage, the degree of agreement on various marital issues, the level of companionship experiences, and the couples’ ability to resolved conflict. For years this was the most widely used measure of marital satisfaction. However, one critique of this assessment is that the conceptualized base is a 1960’s premise of a well-adjusted marriage (Sabatelli, 1988). For example, the highest level of adjustment was assigned to those couples’ who like to stay at home rather than be on the go (Sabatelli, 1988).

Dyadic Adjustment Scale (DAS)

The DAS (Spanier, 1976) is the most widely used marital instrument (South, Krueger, & Iacono, 2009). It measures marital satisfaction, consensus, cohesion and affectional expression. It is a 32-item scale. The development of this instrument was intended to measure adjustment over time, rather than at a single time point. Criticisms of this measure have been raised around its ability to be a strong measure when working with nondistressed couples (Crane, Busby, & Larson, 1991).

Kansas Marital Satisfaction Scale (KMSS)

The KMSS (Schumm, et al., 1986) measures a spouses' satisfaction with their spouse, marriage, and relationship. It was specifically designed to be short, direct and consists of only three items. The criticism with this measure revolves around its tendency toward skewness and kurtosis in the distribution of scores as well as the respondent's tendency to answer in socially favorable ways (Schumm et al., 1983a, 1983b).

Marital Satisfaction Inventory (MSI)

The MSI (Snyder, 1979) assesses an individual's attitudes and beliefs in ten areas of marriage: global distress, affective communication, problem solving communication, time together, disagreement about fiancés, sexual dissatisfaction, role orientation, family history of distress, dissatisfaction with children, and conflict over child rearing. The instrument has 280 true/false questions. The primary criticism of this instrument has to

do with the validity issues as many of scales correlate with global distress (Sabatelli, 1988).

While this is not an exhaustive list of marital adjustment, satisfaction, and quality scales; they are the most widely recognized. When considering marital commitment, dependence, and dissolution one scale is worth noting.

Marital Commitment, Dependence and Dissolution

Marital Status Inventory (MSI)

The MSI (Weiss & Cerreto, 1980) assess the potential for dissolution of the marriage and is based on the assumption that the end of a marriage is based on a series of discrete acts. This assessment consists of 14-items. Crane, Newfield, and Armstrong (1984) found that couples who had been in therapy and eventually divorced scored higher on the MSI than couples who didn't divorce. Sabatelli (1988) critique of the MSI was its inability to consider the frequency of the divorce thoughts and behaviors. For example one responds to a question like "I have discussed the question of my divorce or separation with someone other than my spouse." The result is a person answering yes or no, however there is no measure of the frequency of such conversations.

Other assessments noted by Sabatelli (1988) that focus on marital commitment, dependence, and dissolution include the Lund Commitment Scale (Lund, 1985), the Broderick Commitment Scale (Beach & Broderick, 1983) and the Marital Instability Index (MII, Booth, Johnson, & Edwards, 1983).

Measuring Marital Intimacy and Marital Complaint

The last category covered by Sabetilli's review (1999) was marital intimacy and complaints. While several assessments were discussed such as the Miller Social Intimacy Scale (MSIS, Miller & Lefcourt, 1982) and the Waring Intimacy Questionnaire (WIQ, Waring & Reddon, 1983); the most notable and widely used assessment in this area of marital measurements are as follows.

Personal Assessment of Intimacy Relationships Scale (PAIR)

The PAIR (Schaefer & Olson, 1981) assesses each partner's experience of the following types of intimacy; emotional, social, sexual, intellectual, and recreational. This assessment has 36-items and was designed specifically for clinical use. One critique of the PAIR assessment is that the difference between expectation and experience may not reflect discontentment with the relationship (Sabatelli, 1988). In line with the PAIR measurement are two other assessments that Sabatelli (1988) didn't review as they were in the process of being developed; however they are worth noting.

Family Adaptability and Cohesion Evaluation Scale (FACES)

FACES (Olson, Portner, & Bell, 1986) developed this measure to address family cohesion and adaptability based on Olson's (1994) Circumplex Model. Currently FACES is in its fourth revision (Olson, 2011) with 42-items representing six dimensions: enmeshed, disengaged, balanced cohesion, chaotic, balanced flexibility, rigid adaptability, and balanced cohesion. One of the debates is if enmeshment is part of the cohesion continuum (Minuchin, 1974) or if it is a separate scale (Barber & Buehler,

1996). A modification of FACES has also been done to design the Marital Adaptability and Cohesion Evaluation Scale III (MACES III, Olson, Portner, & Lavee, 1985) which is a 20-item measure of adaptability and cohesion within the marital relationship.

Given this summation of marital assessments, there appears to still be a need for further quality assessments in the MFT field that continue to measure various constructs of marriage. Sabatelli's (1988) review raised awareness to the fact that the MFT field focused its attention on the construct of marital adjustment, satisfaction, and quality rather than broader constructs of marriage. This left the MFT field with a dearth of considering other ways of operationalizing marriage and measuring the various social contextual views that influence marriage.

The Marital Selflessness Scale (MSS) has a unique place in that it considers the social contextual view of a selflessness and unconditional loving in Christian marriage. It is grounded in MFT theory and is designed within the social contextual tenants of Christianity. The MSS is built off of 1 Cor. 13:4-7 which is a consistent scriptural passage used across multiple Christian denominations as a depiction of what unconditional love and selflessness look like within a relational and marital context. Given this, it has the potential to play a unique role in the MFT clinical field of working with Christian couples to help them define how they want the actions of love and selflessness practically applied in their marriage.

Standards of Quality Assessment Building

The beginning point of best practices in developing assessments is the concept of construct validity. It has long been held as essential in the development of psychometric

measures (Cronbach & Meehl, 1955; Devillis, 2003; Loevinger, 1957). In general, construct validity is the theoretical bases used to develop an assessment. Cronbach and Meehl (1955) said that without an articulate theory there is no construct validity. This beginning point of scale development is referred to as the logical-content or rational (Friedenberg, 1995) or theoretical-rational or deductive method (Clark & Watson, 1995); however, others (Worthington & Whittaker, 2006) have argued for a more empirically driven approach led by deductive methods and devoid of theoretical bias. While an intriguing argument, the lack of theory has produced other limitations in the current proliferation of un-validated clinical tools within the MFT field (Sabatelli, 1988; Snyder, Wills, & Keiser, 1981). Given this limitation MFTs should still consider theoretical grounding as a gold standard when developing assessments.

Clark and Watson (1995) recommend that when developing an assessment one must determine the theoretical concepts and the interrelations of the concepts. The more precise and detailed the concept, the better the measurement (Clark & Watson, 1995). DeVellis (2003) proposes that the foundational step in scale development is determining what you clearly want to measure. This includes a literature review of how the construct has been conceptualized as well as reviewing any other assessments that measure similar constructs. Another consideration at this point is determining the conceptual boundaries of the construct being measured. Clark and Watson (1995) propose that the literature review provides clarification on the nature and range of the construct as well as identifies any problems with current measurements and whether the measurement is even needed. In developing an assessment best practice is being able to demonstrate the need for a new instrument or an improved instrument.

The recommendation in Loevinger's (1957) seminal work is that the next critical step in the development of an assessment is creating a pool of possible content items. This is still the best practice today (DeVillis, 2003). Worthington and Whittaker (2006) propose that items should be "clear, concise, readable, distinct, and reflect the scales purpose" (p. 813). Clark and Watson (1995) recommend that the initial pool of items be broader and more comprehensive than the theoretical view of the target construct. The pool should include peripheral items as well as this will assist in determining the boundaries around the specific construct you are wanting to measure.

Another consideration in the development of the item pool is the need to ensure that each content item is sufficiently represented. Loevinger (1957) recommends providing enough content items relevant to how important they are to the target construct, for example in the DAS Spanier (1976) most items are in the satisfaction domain. Best practice has changed over time in this area. While it was initially recommended to have a sufficient pool of items to begin with, this recommendation has become debatable (Clark & Watson, 1995; Smith & McCarthy, 1995). One consideration is the length of the questionnaire as participants are more likely to complete shorter surveys (Converse & Presser, 1986). Worthington and Whittaker (2006) also suggest that

Nothing is more difficult to measure than an ill-defined construct because it leads to the inclusion of items that may be only peripherally related to the construct of interest or to the exclusion of items that are important components of the content domain. (p. 813)

Whether the construct is theoretically based or utilizes the most common definition in the literature, it is still imperative to consider how the items are written. Clark and Watson (1995) recommend that the items should be simple, straightforward, and easy to read. Questions for a clinical population should be written with care so the questions are

understandable. Things that should be avoided are trendy words or jargon, questions that most people would answer a certain way, or complex items that could be interpreted in multiple ways as there are implications for measurement error when questions aren't clear (Quintana & Minami, 2006).

Another consideration in writing the items is determining the format. Devillis (2003) describes this as the third step in best practice of developing new instruments. Two formats that are available are dichotomous or scaling instruments; such as the Likert-scale, both can secure high reliable and valid scales (Clark & Watson, 1995). The dichotomous response format is yes-no or true-false. However, this type of format has been criticized as being less reliable and can lead to distorted correlational results (Comrey, 1988). One way to manage this criticism is to remove questions that have a 95% response rate of similarity (Clark & Watson, 1995). The main advantage of a dichotomous response is the ability to have more questions.

The scaling format is another option when you are interested in subject variability on attitudes, feelings, or personal opinions. There are several formats available and they include the following approach: arbitrary, consensus scale, item analysis, cumulative scale, and factor analysis. Following is a summary of each method.

Arbitrary

The arbitrary approach is based largely on a researcher's own subjective selection of items. Statements are created that are clear and directed toward the topic the researcher is curious about. Participants agree or disagree with the items (Kothari, 2004).

Summated Scales (Likert-type Scale)

The Likert-type is the most widely used format and is a summated scale where the items are designed to discriminate between respondents high and low scores on attitudes, beliefs or behaviors. The range of answer use such terminology as strongly agrees, agree, neutral, disagree, strongly disagree and are each assigned a numeric value (Kothari, 2004).

Differential Scales (Thurstone-type Scale)

In the development of a Thurstone-type scale a panel is used to evaluate whether a list of statements are relevant to a specific topic of research. When participants complete the Thurstone-type scale they check off statements they agree with and each of these statements has a numeric value. These scores are then totaled and the final number reflects their overall position on the issue being measured (Kothari, 2004).

Cumulative Scales (Guttman's)

Guttman type scales are a series of statements to where participants either agree or disagree with each item. The scale is constructed to have a cumulative effective where statements are related to one another so when a person answers in agreement, they should also answer in agreement to the next statement (Kothari, 2004).

Factor Scales (Osgood Scale – Semantic Differential Scale)

The use of factor scaling in developing an assessment is based on the intercorrelation of items where items are broken out into related constructs. This

approach is used to uncover latent dimensions. The semantic differential scale also referred to as the Osgood Scale attempts to measure psychological meaning of an object or an idea. The premise is that the item being studied can have different dimensions of meaning. The scale usual consists of a set of bipolar ratings and respondents rate each item on a semantic pairing continuum (Kothari, 2004). Given this, the semantic differential scale was utilized in developing the MSS as each statement in the MSS is a bipolar opposite of the various tenants of unconditional love and selflessness that are presented in 1 Cor. 13:4-7.

Once the format has been defined and the items have been written, it is recommend that the initial item pool be reviewed by experts (DeVillis, 2003). Experts are utilized in several ways in the development of an instrument. First, they are used to consider the content validity, face validity and redundancy of the items. The experts also review items for reading level, clarity, length and precision. Experts can also make recommendations for other questions to be considered. Worthington and Whittaker (2006) reviewed 10 years of scale development in *The Counseling Psychologist Journal* and found 23 assessments; all but two used experts prior to using statistical methods for developing the assessment. In Sabatelli's (1988) review of MFT measurements he noted when panel of experts were used in the development of the assessments. In the development of the MSS a panel of experts including MFT researchers, MFT clinicians and pastors reviewed the items.

Next Devillis (2003) recommends scale development steps for determining the underlying latent structure of an assessment. These steps include determining which items to include, utilizing a developmental sample, evaluating the data from the sample

and creating the optimal scale length. One of the first statistical methods that is often used in developing an assessment is an exploratory factor analysis (EFA). There are two types of extraction methods; one is the principle component analysis (PCA) and the other is a common-factors analysis (FA). The major difference between these two approaches is how the factors are statistically constructed via a principle-axis factor or a maximum-likelihood factoring. The PCA keeps as much of the variance as possible while it reduces the number of items; whereas, the FA accounts for the shared variance in the latent factors (Worthington & Whittaker, 2006). It is debatable which method is better for determining the latent factor structure of an assessment (Field, 2009; Gerbing & Hamilton, 1996; Gorsuch, 2003). In this study a PCA will be used to determine the factor structure.

Another consideration in the extraction method is determining which rotation method to use. There are two general types: orthogonal and oblique. Generally the factor structure will not efficiently approximate the original, unrotated, eigenvalues. Therefore, most statisticians agree that one of these rotation methods should be evaluated for a more parsimonious fit to the data in relationship with the unrotated solution. While there is clear direction as to the need for rotated solutions, there is less direction in regards to which type of rotation to employ. In practice, an orthogonal rotation is used when the items are known to be unrelated and independent (Fields, 2009). An oblique rotation is used when the factors are assumed to be correlated. When an assessment is built on a solid theoretical foundation it is easier to determine if the factors are related or unrelated and thus which rotation to utilize. Worthington and Whittaker (2006) recommend even if theory suggests the factors are uncorrelated, it is best practice to use

oblique rotation first as this provides empirical data that they weren't correlated, in this case a follow up orthogonal rotation should be fit for reporting the final model solutions.

Determining which factors to retain is based on several approaches that are considered best practice. Kaiser (1958) recommends retaining only those factors that demonstrate eigenvalues greater than 1.0. Jolliffe (1986, 1972) however felt that this number was too strict and recommends eigenvalues of more than 0.7. Most statisticians no longer solely subscribe to this Kaiser rule but employ a number of additional criteria (Fields, 2009). Cattell (1966) suggests also using the scree plot by examining descending eigenvalues and finding the obvious point where the values level off (or the point of inflexion). Fields (2009) proposes considering the communalities of the factors by first beginning with communalities of $<.5$ being retained due to the assumption that all variance is common. Next discovering what common variance really exists so the meaningful factors are maintained and the inconsequential factors are removed. The closer the communalities are to 1 the stronger the factor is at explaining the data and thus, become a reliable measure in determining if we have retained the best option of factors (Fields, 2009).

One consideration in determining which factors to retain has to do with which tests are more vulnerable to sample size. The sampling size and population are important considerations in the development of an assessment. Clark and Watson (1995) advice using a preliminary pilot-testing on a heterogeneous convenience sample. If the scale is being developed for clinical purposes it is imperative to obtain data on a client population as there may be different properties with different samples. This was the case in the development of the Dyadic Adjustment Scale (DAS; Spanier, 1976). Crane, Busby, and

Larson (1991) tested the DAS on distressed couples verses nondistressed couples and found that the DAS is highly questionable in measuring marital quality with nondistressed couples. Determining which populations you are developing your assessment for is an important consideration.

In terms of the sample size there is an ongoing debate as to what constitutes a solid sample size (Comrey & Lee, 1992; de Winter, Dodou, & Wieringa, 2009; Gorsuch, 1983; MacCallum, Widaman, Preacher, & Hong, 2001; MacCallum, Widaman, Zhang, & Hong, 1999; Mundfrom, Shaw, & Ke, 2005; Tabachnick & Fidell, 2001, 2007). This debate raises questions about the current recommendations saying that small samples can be utilized given the correct conditions of sample size, number of variables per factor and size of the communalities. Devillis (2003) references two risks to having a small sample; first, when the ratio of participants to items is low there is a risk to the stability of the patterns of covariation, and second, the sample may not represent the population. Velicer and Fava (1998) produced some evidence that any ratio less than three participants per item is a problem. Best practice recommendations by Worthington and Whittaker (2006) recommend the following: 1) sample should be over 300, 2) sample sizes of 150 to 200 or a 10:1 ratio on participant-to-item will contain higher communalities of .50 and in this case it is recommended to use communalities of greater than .60 and a 4:1 ratio of participant-to-item, and 3) sample sizes less than 100 or a 3:1 ratio on participant-to-item ratio are inadequate. Field's (2009) recommends that a sample of 300 or more be used but cautions that researchers to be intentional in measuring enough variables to measure all the theoretical factors.

Another consideration to the size of the sample is the EFA process as it is vulnerable to sample size. Field's (2009) suggests that because the Kaiser criterion overestimates one needs to be cautious. However, it is accurate when the sample size is over 250, the communalities are greater than 0.6 or when the number of items on the assessment are less than 30, and after the extraction process the communalities are greater than 0.7. Outside of these two exceptions, Stevens (2002) recommends using the scree plot for sample sizes greater than 200. Bartlett's (1950) test of sphericity is another consideration as it estimates the probability that items are correlated. It is also vulnerable to large sample sizes where there are small correlations (Tabachnick & Fidell, 2001). Worthington and Whittaker (2006) recommend the best practices of scale development is a significant Bartlett's test of sphericity with participant ratios between 3:1 and 5:1 and a Kaiser-Meyer-Olkin (KMO) measure of .60. While many simulation studies are currently engaged in determining the power issues of factor analysis, Tabachnick and Fidell (2007) recommend 5 to 10 participants per item on the assessment will yield a conservative sample size.

One problem that can arise during this phase of the scale's development is that the factors do not correlated with the conceptualization of the factors. Best practice is to retain factors based on the empirical criteria methods. If the results are not what the researcher hoped for, then best practice is to; either look for a meaningful interpretation of the empirical results of the EFA or return to new item generation and repeat the process that has been discussed. This is something that was done in the development of the Spiritual Assessment Inventory (SAI, Hall & Edwards, 1996, 2002). There is a level of subjectivity in this part of the process as the developer of the assessment needs to

consider the items in each factor and determining the construct they are measuring. Worthington and Whittaker (2006) recommend at this point it may be useful to consult with experts who can also consider what is being measured.

The final recommendation from Devillis (2003) in scale development is determining the optimal length of the assessment. While this part of the process may appear simple, there are many things to consider. Again, the sample size needs to be considered in the factor loadings. Stevens (2002) recommends the following factor loadings based on sample size: sample sizes of 50 use factor loading of .722, sample sizes of 100 use loadings of 0.512, samples sizes of 200 use factor loadings of 0.364. The larger the sample size the smaller the loading can be considered for significance. His final recommendation is that the factor loadings considered should explain at least 16% of the variance which is an absolute value of 0.4. It is common to also delete items that have cross-loadings. Worthington and Whittaker (2006) recommend "...researcher should attempt to set their minimum values for factor loadings as high as possible and the absolute magnitude of for cross-loading as low as possible..." (p. 823). This recommendation leads to fewer lower magnitude cross-loadings of lower magnitudes as well as a better approximation of simple structure. After these considerations the issue comes down to figuring out the benefit between length and reliability; and this is a subjective call. In Worthington and Whittaker's (2006) best practice recommendations scales should take 15 to 30 minutes to complete for optimal results. In determining which items to delete to make the assessment an optimal length the following criteria should be used: lowest factor loadings, highest cross-loadings, contribute least to internal consistency and lowest conceptual consistency. Once these deletions have been made it

is best practice to do a final EFA to ensure the factor solution hasn't changed during the process (Worthington & Whittaker, 2006).

Process of Developing Reliability and Validity in an Assessment

Once one has determined a statistically valid measure using the EFA process, reliability becomes the next consideration. Clark and Watson (1995) raise the issue of the "attenuation paradox" (Loevinger, 1954, 1957) meaning when internal consistency increases there becomes a point where it isn't enhancing the construct validity anymore and may negatively be impacting the reliability. Reliability is a measure that reports whether the scale is reflecting the construct being measured. Nunnally (1978) recommends that the scales reach a coefficient alpha of at least .80 otherwise revisions are needed. However, Cortina (1993) says caution should be used because the Cronbach's alpha value is dependent on the number of items, so as the number of items increases in the scale so does the alpha and this would not necessarily mean the scale was more reliable. It is best practice for the Cronbach's alpha to be conducted on each subscale as well as the overall scale with a desired value of .7 or .8 (Field, 2009).

The beginning stages of developing a solid instrument are expansive; however an EFA is only the beginning of a long-term process in furthering the validity of an assessment. Sabatelli's (1988) review of measurement issues in marital research recommended that it was imperative for marital assessments to be subjected to multiple tests of validity before there is a widespread adoption; specifically with predictive or discriminant validity. Throughout the process of developing a quality scale the concept of validity is an important consideration. There are several kinds of validity (Kothari,

2004). The first two kinds of validity, face and content validity, consider the operationalization of what the scale is intended to measure. More specifically, face validity means that when someone reads the questions, its face value appears to fit with the construct being measured. Content validity, on the other hand, assures that the operationalization of the items fit with their content domain and provides adequate coverage of the domain. For instance, there is debate in reference to the content validity of the DAS's four subscales. The argument is that satisfaction, consensus, cohesion, and affectional expression are unidimensional and represent only one content scale rather than four (Carmines & Zeller, 1979).

Even when one does have face and content validity this is not sufficient evidence of validity as one must also be able to demonstrate a relationship (Carmines & Zeller, 1979). This is the function of criterion-related validity where the relationship between the measure and the construct being measure can be determined. Criterion-related validity is the ability to predict an outcome or estimate the existence of a domain. Fields (2009) says "criterion validity is whether the instrument is measuring what it claims to measure" (p. 11). In considering criterion related validity of the MSS, the question is whether it is measuring selflessness in a marital context. There are two types of criterion-related validity; concurrent or convergent validity and predictive validity (Kothari, 2004). Concurrent or convergent validity is "determined by correlating a measure and the criterion at the same point in time" (Sabatelli, 1988, p. 892). This is often determined by whether it correlates to other known measures that are valid and measure the same or similar constructs. For example, if the MSS correlates positively with the DAS and SAI

and negatively with the NPI, then a case will be made that the MSS has convergent validity.

The second type of criterion-related validity is predictive validity and reveals whether a measure can predict the occurrence of something at a future time point. For example; the Marital Status Inventory (MSI, Weiss & Cerreto, 1980) measure was designed to predict the dissolution potential of a marriage. Another type of validity is construct or discriminant validity that assures the measure relates or does not relate to another construct as anticipated. Construct validity is demonstrated overtime as the results of the scale being empirically sound and as evidence is provided that there is a theoretical relationship between the items and the hypothesized relationship (Sabatelli, 1988). For example, the DAS has consistently, overtime been a measure of marital adjustment, correlated with other instruments and given to various demographical groups (South et al., 2009; Spanier, 1988).

In working toward the empirical validation of the MSS the next major phase after the EFA is a confirmatory factor analysis (CFA) for the purpose of determining reliability and validity across multiple populations. This process provides further construct validity as it authenticates and scrutinizes the assumptions in the development of the factor structure. Ideally, a new diverse sample would be taken for the CFA and other assessments would be collected for the correlation process. In the past FA and PCA were used as confirmatory approaches (Gerbing & Hamilton, 1996); however structural equation modeling (SEM) has become the new norm in CFA.

If building a scale is likened to building a home, the blue prints (or questions in this case) are devised from theory and literature. The EFA provides the foundation for

the scale and the CFA provides the frame for the scale's home. A home that has a solid foundation and proper structure is one that can stand the test of time. However, a home needs more than a foundation and a framework. It needs furniture and a family and this is developed over the years. As the assessment is used on various population samples and continues to build its validity through a cross section of race, culture, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity and relationship status its value to the field will increase. The life span of an assessment may need revisions when new statistical measures are developed. An assessment may also need revisions when it encounters differences that were not anticipated in the literature or variables that were unknown; a remodel to modernize your home if you will.

Assessments and Demographics Used for Validating the MSS

Three assessments will be used in this study for the purpose of providing validation of the MSS. They are Dyadic Adjustment Scale (DAS, Spanier, 1976), Spiritual Assessment Inventory (SAI, Hall & Edwards, 1996) and the Narcissistic Personality Inventory (NPI, Raskin & Hall, 1979). While these assessments appear to have no common ground, the purpose in choosing each of them is very intentional. First, the development of each of these assessments was from a theoretical basis in their respective fields of study. Secondly, they were chosen as there are years of research behind each of these assessments; including exploratory factor analysis and confirmatory factory analysis. Thirdly, each assessment is recognized as one of the most valid and commonly utilized instruments within their respective fields. Fourth, each one has gone

through modifications to improve the quality of the instrument, with additional exploratory and confirmatory factor analysis on the new revisions. Finally, these instruments will be used in establishing the predictive and convergent validity characteristics of the MSS in reference to the marital concepts of spirituality, selflessness and marital adjustment in a relationship.

Dyadic Adjustment Scale

The DAS is proclaimed as one of the most widely used instruments in the field of MFT (Busby, Christensen, Crane, & Larson, 1995; Crane et al., 1991; Sabatelli, 1988) and it measures the couple unit. Each partner reports their perception of the relationship and then a composite score is provided. The DAS was developed as a measure of marital adjustment based on the literature and theoretical development of the construct (Spanier, 1976). The premise is that marital adjustment is a process that is influenced by “events, circumstances and interactions” (Spanier, 1976, p. 17). Spanier (1976) defined it as “...a process, the outcome of which is determined by the degree of: (1) troublesome dyadic differences; (2) interpersonal tensions and personal anxiety; (3) dyadic satisfaction; (4) dyadic cohesion; and (5) consensus on matters of importance to dyadic functioning” (p. 17). There are four subscales within the DAS; satisfaction, consensus, cohesion and affectional expression. The majority of the items are geared toward a couple unit of analysis that attempts to assess the participant’s perception of the relational functioning and anticipate some difference in partner’s responses. Similarly, the MSS will be used to look at differences in the spouse’s scores. When there is a significant difference the premise is that one of the spouses will score low on the DAS. In addition, the DAS will

be a strong measure of convergent validity with the MSS as overall scores between the two assessments should positively correlate. The Relational Expectation Subscale of the MSS should also positively correlate with the Dyadic Satisfaction Subscale.

Spiritual Assessment Inventory

The SAI is an individual measure of one's perception of their interactive relationship with God that is based in the integration of psychology, theology and anthropology theories (Carter, 1974; Erickson, 1985; Saucy, 1993). From this theoretical orientation Hall and Edward, (1996) focused their instrument's development in two relational dimensions; awareness of one's relationship with God and quality of one's relationship with God. The awareness of God dimension was a measure of "developing awareness of God conjointly communicating to us and through us, as well as communicating to us through our own thoughts and feelings and through others" (Hall & Edward, 1996, p. 237). The quality of relationship with God dimension was developed on the premise of object relations and assessed three types of relationship levels; unstable, grandiose and realistic acceptance.

These two theoretical relational dimensions produced five subscales; awareness, defensiveness/disappointment, realistic acceptance, grandiosity and instability. Hall and Edward (1996) proposed that individuals with a grandiose level relationship with God would alternate between extremes of either idealizing God or devaluing God as their self-esteem was contingent on the other object, in this case God. Hall and Edward noted that "Relating to people as self-objects makes it difficult to maintain a mutual relationship in which both parties give and receive and value the other in his or her own right" (p. 237).

This was an important consideration in the construction of the MSS as 1 Cor.13:4-7 defines what selflessness looks like in a relationship. In considering the SAI as a means of convergent validity, a positive correlation is anticipated between the overall SAI and MSS scores. In addition a positive correlation is anticipated between the SAI's Realistic Acceptance Subscale and the MSS's Relational Expectation and Relational Selflessness subscales. When one spouse scores high on the SAI's Grandiose Subscale it is presumed that they will score low on the MSS Relational Selflessness Subscale.

Narcissistic Personality Inventory

The NPI is the most widely used measure of the construct of narcissism (Barelds & Dijkstra, 2010; Kubarych, Deary, & Austin, 2004). It is utilized as a self-report to measure narcissism as a personality trait in the general population (Wallace & Baumeister, 2002) where respondents reflect on how they feel about others as well as themselves. The focus of the NPI is not to measure narcissistic personality disorder; rather it is "regarded as a measure of the degree to which individuals differ in a trait we have labeled 'narcissism'" (Raskin & Hall, 1979, p. 590). The subscales in the NPI include authority, self-sufficiency, superiority, exhibitionism, exploitativeness, vanity and entitlement. In this study the NPI is being considered as a means of validating the construct of selfishness and selfishness with the overall scores being negatively correlated between the NPI and the MSS. In addition the NPI's Entitlement subscale will negatively correlate with the MSS's Relational Selflessness subscale.

Demographics

Sabatelli's (1988) review of measurement issues in marital research recommended that it was imperative for marital assessments to be subjected to multiple tests of validity before there is a widespread adoption. This is also in line with the ethical consideration in the MFT field to not discriminate "on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status" (AAMFT Code of Ethics, 2012). The following demographics will be considered within the analysis: gender, race/ethnicity, education, denomination, number of marriages, length of current marriage and financial stress.

Gender

Gender differences are found when measuring marital satisfaction; men report significantly higher levels of marital happiness than woman (Jose & Alfons, 2007; Faulkner, Davey, & Davey, 2005; Henry, Miller, & Giarruso, 2005; Kaufman & Taniguchi, 2006). It has long been argued that gender should be considered when assessing marital satisfaction (Gilligan, 1982; Hare-Musti, 1987). For example, Sharpley and Cross (1982) found a four-factor solution better for women and a three factor solution better for men on the DAS. Kazak, Jarmas, and Snitzer (1988) considered gender in their evaluation of the DAS and reported finding a three-factor solution with one factor accounting for 78.1% of the variance. The first factor was composed of items from the Consensus and Satisfaction Subscales of the DAS and the women's data showed a strong first factor in regard to marital satisfaction. However when t-tests were

conducted no sex differences for the total score or subscales were revealed. The gender differences appeared to be related to conceptual groupings rather than individual items; where women tended to view interpersonal relationships as important to their overall relational satisfaction and men's relational satisfaction was tied to cohesion and consensus (Kazak et al., 1988). South, Krueger and Iacona (2009) report that the DAS is a gender invariant measure and the differences between men and women should be viewed as mean differences rather than gender bias. Given this gender is an important variable to consider and a separate factorial analysis will be done with each gender and then compared for any significant differences.

Race/Ethnicity

Kail and Cavanaugh (2002) reported that marital relations are perceived more positively in a collectivist culture as compared to an individualistic culture. However, there is ongoing debate whether ethnicity impacts marital satisfaction (Broman, 2005; Faulkner et al., 2005; Mitchell 2010). For example, it has been reported that black wives have statistically significant lower levels of marital satisfaction than white wives, but no differences were reported among men (Broman, 1993; Rank and Davis, 1996). Corra, Carter, Carter, and Knox (2009) reported that white men have the highest level of marital satisfaction and black females report the lowest level; however, in their trend analysis of four decades of research they reported that there is some evidence that this is diminishing. They also reported that the trend also reveals that white and black men's level of marital happiness is on the decline, white women's level of marital happiness

hasn't changed overtime and black women's level of marital happiness has recently increased.

Education

Kaufman and Taniguchi (2006) found that less educated individuals report lower levels of satisfaction in marriage. Gender also played a part in how educational levels were impacted. For example woman with college or graduate degrees report significantly higher levels of marital satisfaction than women with less than a high school education. Both genders reported less marital satisfaction if the educational level was below high school. Men with some training after high school report less marital satisfaction than those who graduated from high school. Amato, Johnson, Booth and Rogers (2003) found greater levels of education promote greater levels of marital happiness.

Denomination

Research has indicated that religion can also influence marital satisfaction (Mahoney, 2010) and religiousness impacts marital satisfaction positively (Hunler & Gencoz, 2005; Mahoney et al. 1999; Mitchell 2010; Musick & Wilson, 2003). Corra et al. (2009) reported that couples who attend church more frequently have higher levels of martial satisfaction. Another study considered marital satisfaction in couples who serving jointly as missionaries; if the couple experiences marital dissatisfaction early on it persisted through the years whereas those couples who experienced marital satisfaction early on reported that it continued overtime (Rosik & Pandzic, 2008). Hunler & Gencoz

(2005) found that religiousness only predicted marital satisfaction when spouses held similar beliefs.

Number of Marriages

Persons in first marriages report higher levels of marital satisfaction than persons in second marriages (Kaufman & Taniguchi, 2006). Mirecki, Chou, Elliot, and Schnieder (2013) found that those in second marriages report lower levels of marital happiness. When education levels were considered in second marriages, marital satisfaction increased (Mirecki et al., 2013). Length of a second marriage did not increase marital satisfaction (Mirecki et al. 2013).

Length of Marriage

There is some indication that marital satisfaction changes overtime with it decreasing at the beginning of the marriage, reaching its low point when the children are in their teen years, and then marital satisfaction increase significantly when the children leave home (Olson, McCubbin, Barnes & Larsen, 1983). Umberson, Williams, and Powers (2005) reported that marital quality declines over time; whereas other researchers report it stays constant (Johnson, Amoloza, &Booth, 1992). Mirecki et al. (2013) found that length of marriage was a predictor of marital satisfaction in first marriages.

Financial Stress

Given the economic state of the United States over this past decade a measure of financial stress was imperative. Pearlin, Menaghan, Lieberman and Mullan (1981) identified questions that punctuated the heart of measuring how finances impact the

family and their questions will be utilized in this study. There is some evidence that not having enough money at the end of the month contributes to marital conflict (Voydano, 2004, 2007). Young and Schieman (2012) report that when individuals experience high levels of economic stress there is an increase in family-to-work conflict. Given this high levels of financial stress may influence a person's view of their marital quality when considering Pearlin's (1991) stress process model.

Given the research on these demographics there is the possibility of significant difference being found in the results of the MSS. However, based on the assumption that the MSS is grounded in 1 Cor. 13:4-7; and that scripture is applicable across demographics, no differences are anticipated. Therefore, gender, ethnicity, denomination, length of marriage, number of marriages and financial stress would not predict answers on what selflessness looks like.

In conclusion the best practices in scale development include theoretical consideration, item development based on the theoretical constructs, involving experts in developing initial items, collecting a homogeneous sample, conducting an EFA to determine the latent structure, as well as collecting another homogeneous sample with additional empirically validated instruments to conduct the CFA and confirming a model fit. Once the scale has gone through the EFA and CFA, it is important to continue to see if the measure is sound in multiple social contextual environments. When these best practices are followed the scale will have a solid foundation and a potential home among other quality assessments in the MFT field.

CHAPTER FOUR

METHODOLOGY

The chosen format of this dissertation is a publishable paper. The first paper will be a theoretical conceptualization that clinicians can use in incorporating and understanding the Marital Selflessness Scale (MSS). The second paper will be the results of the exploratory factorial analysis (EFA); including the reliability and validity of the new assessment by correlating it with several assessments.

Pilot Study

An early pilot study of the MSS was conducted with the professional groups completing the scale and providing written feedback. These individuals included pastors, therapists, faculty and persons who were not involved in the profession of marriage and family therapy. The process resulted in added face validity of the assessment. This study will move the MSS forward by assessing the internal reliability and validity as well as explore predictive and concurrent validity.

Participants

A convenience sample will be use. Several churches from around the United States will be contacted and asked to distribute the assessments through their couple's small group ministries. The author has contact with pastors in Nevada, Colorado, Washington, Michigan, Minnesota, Texas, Wisconsin, and Arizona. In addition, the author has connections with individual members of congregations in all of the above

mentioned states as well as California, North Dakota, Montana, New Jersey, Oregon, Illinois and Idaho. These persons will be contacted via email or social media and informed about the study. They will then be asked if their churches would be willing to either distribute the assessments through their couple's ministry or provide them information about how to participate in the study. These persons will also be asked to forward this information to other possible participants. Another method of recruiting participants will be contacting private practice marriage and family therapists or therapy clinics via email or social media. Therapists will be asked to make available the opportunity for their clients to participate in the research by either making the assessments available to the clients at intake or by providing them with the website address. The author also speaks at events throughout the year and will be passing around email sign-up list of persons who are either interested in participating in this study or have connections with churches who would be willing to participate in the study.

When it comes to determining sample size for factor analysis there is an ongoing debate as to the number of participants needed for the analysis (de Winter, Dodou, & Wieringa, 2009; MacCallum, Widaman, Preacher, & Hong, 2001; MacCallum, Widaman, Zhang, & Hong, 1999; Mundfrom, Shaw, & Ke, 2005). Within the debate is a premise that with the correct conditions of sample size, number of variables per factor and size of the communalities it is possible to have a small sample (MacCallum et al., 1999). Traditionally, best practice recommendations are 1) sample should be over 300, 2) sample sizes of 150 to 200 or a 10:1 ratio on participant-to-item will contain higher communalities of .50 and in this case it is recommended to use communalities of greater than .60 and a 4:1 ratio of participant-to-item, and 3) sample sizes less than 100 or a 3:1

ratio on participant-to-item ratio are inadequate (Worthington and Whittaker, 2006).

While many simulation studies are currently engaged in determining the power issues of factor analysis, Tabachnick and Fidell (2007) suggest that 5 to 10 participants per item on the assessment will yield a conservative sample size. Given this suggestion and over sampling to accommodate potential missing data 99-198 couples will be the targeted sample size for this study.

The primary eligibility requirement for this study is that the persons are currently legally married (as per the state's statute of what constitutes marriage) and each person in the couple is willing to complete the assessments. Beyond being married; anyone of over the age of eighteen or persons with multiple past marriages can participate. The exclusion requirements would be married couples where one person is under the age of eighteen or marriages where the person is legally married to one person but practice polygamy.

Instrumentation

The Marital Selflessness Scale (MSS) is being evaluated through an exploratory factor analysis using a principle component analysis. The Dyadic Adjustment Scale (DAS, Spanier, 1976), Spiritual Assessment Inventory (SAI, Hall & Edwards, 1996) and the Narcissistic Personality Inventory (NPI, Raskin & Hall, 1979) will be used to establish predictive and convergent validity.

Marital Selflessness Scale

The MSS (see Appendix I) is an 18-item scale that is self-administered. Given

the previous discussion in chapter 2, four factors are anticipated: Relational Expectation, Relational Commitment, Relational Selflessness and Relational Forgiveness. The unit of analysis is a combination of the couple's total score as well as a difference score. Scores can range from 0 to 360 for the combined score and difference scores will range from 180 to 360. Analysis of the data will determine what combined scores and differences scores are considered a selfless marriage verses a selfish marriage. The factors will assist in identifying the area for the therapist to focus in on as well as major differences in individual item scores. As noted below in the data preparation section, this will result in three different ways that the aggregate score can be calculated; therefore three datasets will be created and analyzed to determine which dyad pairing method provides the best explanation for the latent concepts within the MSS.

Dyadic Adjustment Scale

The DAS is proclaimed as one of the most widely used instruments in the MFT field (Busby et al., 1995; Crane et al., 1991; Sabatelli, 1988) and measures the couple unit. Spanier (1976) provides a clear description of the DAS as a 32-item scale that is a self-administered questionnaire with four dyadic factors: satisfaction, consensus, cohesion and affectional expression. The majority of the items are geared toward a unit of analysis that attempts to assess the participant's perception of the relational functioning and anticipate some difference in partner's responses. Scores range from 0 to 151; with the higher numbers favorable for marital adjustment. Scores less than 97 are considered stressful relationships (Eddy, Heyman, & Weiss, 1991) although Crane et al. (1991) suggests that the cutoff for distressed verses nondistressed couples is 107.

Reliability for the overall scale using Cronbach's alpha was .96. The different dyadic factors also demonstrate high reliability with Consensus = .90, Satisfaction = .94, Cohesion = .86, and Affectional Expression = .73.

Spiritual Assessment Inventory

The SAI is an individual measure of one's perception of their interactive relationship with God that is based in the integration of psychology and theology theories that were grounded in relational anthropology (Carter, 1974; Erickson, 1985; Saucy, 1993). The SAI is a 48-item five point Likert scale with a five factor solution with Cronbach's alphas on the subscales of Awareness = .95, Defensiveness/Disappointment = .90, Realistic Acceptance = .83, Grandiosity = .73, and Instability = .84. A confirmatory factor analysis was conducted on the 48 items within this assessment (Hall & Edwards, 2002). The five-factor model produced a $\chi^2 (1065) = 1100.41$ ($p < 0.22$) which is a good fitting model. The CFI was .99 and all the residuals were between -0.10 and +0.10.

Narcissistic Personality Inventory

The NPI is the most widely used measure of the construct of narcissism (Barelds & Dijkstra, 2010; Kubarych et al., 2004). It is utilized as a self-report to measure narcissism as a personality trait in the general population (Wallace & Baumeister, 2002) where respondents reflect on how they feel about others as well as themselves. The NPI has been referred to as a gold standard in measuring the tendencies of narcissistic behaviors (Corry, Merritt, Mrug, & Pamp, 2008). The NPI has 40 dichotomous items. Raskin and Terry (1988) reported that studies have consistently produced reliability

estimates on the NPI ranging from .80 to .86. Several researchers have proposed that the NPI be changed to a Likert-scale (Kubarych et al., 2004; Corry et al., 2008). Bareld and Dijkstra (2010) altered the NPI from a dichotomous instrument to a Likert-scale and found no effects to the results. Raskin and Terry's (1988) version will be used since a Likert-scale has not been consistently accepted or used to date.

Procedures

The assessments will be made available in two formats. The first format will be place the survey on-line for the convenience of those recruited through social media methods. The second format will be paper assessments which will either be mailed via the postal service or emailed for the participants to print off and then passed out in small groups or therapy offices. During the initial data analysis these two methods will be screened for missing data patterns and compared using a t-test to determine if there is a significant difference in data collection methods. If none is found the two collections methods data will be merged; however if significance is found, further exploration will be conducted to determine whether the missing data limitations can be overcome with imputation methods. For the paper format of the survey, each person in the couple will complete an individual assessment and will then place their assessment in a sealed envelope. The sealed envelope will be given to the small group leader, therapist or secretary who will then mail the surveys to the researcher. For the online format couples will include the state they currently live in as well as their wedding date. Using these two pieces of information the researcher will pair the husband and wife's surveys prior to analysis.

Data Processing and Analysis

In the initial analysis of the proposed 18-item MSS the scores for the participants will be computed in three ways; first a combined summative score of the couple will be calculated, second, a difference score will be computed between the couple's answers, and finally an average score between the two will be computed. The computing of these scores will initial begin at the item level prior to the total score calculation. The pairing of scores in these ways will result in three separate data sets that will be analyzed. These three ways of computing the score address the issue that codes that govern statistics maintain that participants are independent of one another. In this case, they are married so they are not independent of one another. MFT researches have had to be creative in terms of how to deal with the validity that results from blending units of analyses within a single measure (Sabatelli, 1988) as systems theory is built on variables that are dependent (two people in the same house or same marriage). Given this the MSS is being computed in various ways and each method will be evaluated for its ability to provide the strongest face validity as well as the conceptual consistency with the predictive and concurrent validity steps discussed below. Each method will also be analyzed to determine the data's ability to conform to the assumptions of an EFA using a PCA (Fields, 2009). The shared communalities and factor loadings (Nunnally & Bernstein, 1994) will be used with a cut off of factor loadings for .4 or lower and communalities of less than .6. The remaining items will be examined through an oblique rotation since it is assumed theoretically that the items of the MSS might correlate. Items will also be evaluated using a scree plot (Cattell, 1966b), eigenvalues (Kaiser, 1958) and variance explained. This evaluation process will produce a factor solution for the MSS.

Within this factor solution, based on theoretical ground, the following four themes will be looked for Relational Expectation, Relational Commitment, Relational Selflessness and Relational Forgiveness.

Specific Aim I: Establishing Reliability of the MSS

The first aim in this study is to establish the internal validity and reliability of the MSS through an EFA. First, it is anticipated through this analysis that there will be an underlying latent structure with four proposed subscales: Relational Expectation, Relational Commitment, Relational Selflessness and Relational Forgiveness as well as acceptable levels of reliability. The internal consistency reliability of the MSS will be considered using Cronbach's α (1951), which is the most common method of measuring reliability in a scale. A value of .7 to .8 is generally the acceptable value (Fields, 2009). However, Cortina (1993) cautions that when there are more than 12 items on a scale or when items are significantly correlated the Cronbach's α can be influenced; therefore individual Cronbach's α will also be considered for each of the subscales.

In accordance with this aim it is also proposed that there would be no significant differences on the MSS scores between common demographic characteristics; such as gender, educational level, financial stress, ethnicity and Christian religious affiliation. The purpose of this is to assess for any predictable difference between demographic characteristics and the MSS scores. Independent t-test will be done with the demographic variables to determine whether any of them reveal differences in person's answers to the MSS items. The MSS is also being considered as a tool that either churches or therapists can use in assessing couples; therefore it is proposed that there will not be a significant

difference between a clinical sample and non-clinical sample. An independent sample t-test will be used to assess for reliability between the clinical population and the non-clinical population.

Specific Aim II: Establishing Convergent and Predictive Validity of the MSS

In the initial piloting of the assessment two types of validity were considered. First, face validity. In this case the assessment was evaluated by professionals to determine if the MSS was conceptually measuring marital selflessness. Ages of persons completing the pilot questionnaire ranged from 41 to 73 and the range of years married was from 16 to 51. Males and females both completed the pilot assessment. Second, content validity of marital selflessness was also considered. Academic professionals in the field of marriage and family therapy, marriage and family therapist and pastors all completed the assessment and were given an opportunity to provide feedback on the assessment in terms of if it was consistent with Biblical views of marriage based on 1 Cor13:4-7. In addition, lay persons (those not in either of the professional fields) also completed the assessment and provided feedback. The challenge presented by the professionals was the double bind nature of balancing constructs such as is it loving to have boundaries and limits, but believe that love is limitless or that love bears all things. This opportunity for feedback contributed to the face and content validity of the MSS.

In the current study the aim is to establish external validity of the MSS through methods of validity testing. Criterion-related validity of the MSS will be assessed through concurrent validity, convergent validity and construct validity. The convergent

validity of the MSS will be examined through how it converges with other assessments that are recognized as the “gold standard” in their respective fields. A positive correlation is hypothesized between the Dyadic Adjustment Scale (DAS) and the MSS as well as the Spiritual Assessment Inventory (SAI) and the MSS. A higher score on the MSS should correlate with a higher score on the DAS and the SAI. A negative correlation is hypothesized between the Narcissistic Personality Inventory (NPI) and the MSS. The higher a person’s score on the NPI will result in a lower score on the MSS. A Pearson’s correlation will be computed to assess the relationship between the MSS and the relationship with the DAS, SAI, and NPI.

Convergent validity will also be assessed by correlating the subscales of the MSS and the subscales of the “gold standard” assessments being used in this study. A Pearson’s correlation will be computed to assess the relationship between the MSS and the following subscales. The Entitlement Subscale of the NPI is hypothesized to be negatively correlated with the MSS’s subscale on Relational Selflessness, meaning the higher the score on the Relational Selflessness the lower the person’s score on the Entitlement subscale. The Satisfaction subscale of the DAS will correlate positively with the MSS subscale of Relational Expectation. The Realistic Acceptance subscale of the SAI will positively correlate with the MSS of Relational Expectation and Relational Selflessness subscales and the Grandiosity subscale of the SAI will negatively correlated with the MSS Relational Selflessness subscale.

Another hypothesis to the aim addressing validity was construct validity of the MSS when spouse’s scores are significantly different and how it then correlates to the other assessments. In considering this for the MSS when spouses score significantly

different from one another there should also be similar findings with the other assessments. For example, when Spouse 1 scores high on the MSS and Spouse 2 scores low on the MSS; the premise of this study is that Spouse 1 will have a high score on the NPI and DAS, whereas Spouse 2 will have a low score on the NPI and the DAS.

First, a paired sample t-test will be done to determine significant differences between Spouse 1 and Spouse 2 scores. When significant differences are found between the scores of spouses; an ANCOVA will be conducted. Spouses with non-significant score differences will be assessed to spouses with significant score differences against the conditions of the scores on the DAS, SAI and NPI. Given that the MSS is new assessment for discriminant validity a Pearson's correlation will be conducted with the MSS, DAS, NPI, and SAI.

Ethical Considerations

All researchers involved with this study will complete the U.S. Department of Health and Human Services "Human Participants Protection and Education for Research Teams" certification. Participants will be informed that their participation in this study is strictly voluntary and they may choose to withdraw their participation at any point during the completion of the assessments. Very little, if any, harm is anticipated since this study uses quantitative assessments to gather data. However, while participants are completing the assessments they may experience some heightened emotional discomfort as they answer sensitive questions. The following website will be made available to participants, www.therapistlocator.com for those participants who feel they may want to follow up with counseling. One of the recruitment methods for this study is through pastors at the

churches. Pastors of these congregations will also be provided with this website for referring members of their congregation who may seek out pastoral counseling after completing this assessment. The other participants in this study will already be involved in therapy. This study will commence upon approval for the Loma Linda University IRB, which insures a safe and ethical design.

CHAPTER FIVE

PAPER I: THE MARITAL SELFLESSNESS SCALE: A RELATIONAL ASSESSMENT FOR COUPLES THERAPY

Abstract

This paper introduces the Marital Selflessness Scale (MSS) as a tool that therapists can utilize in the therapy process to work with couples who value a socio-cultural context of Christianity. Presented are the theoretical foundations the MSS was built from relational systemic theories and Christian theology. From here we will present the Marital Selflessness Scale (MSS) and the three subscales of Relational Expectation, Relational Empowerment and Relational Selflessness and how they can be utilized in the therapy process with couples. The scoring of the MSS is presented and how this provides the therapist with goals and directions for therapy within the context of Strategic Family Therapy or Narrative Family Therapy. The purpose of this paper is to offer a theoretically grounded assessment for use in therapy with Christian couples.

Introduction

Mental Health professions are beginning to heighten the importance of accessing and integrating a client's belief system into the therapy process (Walsh, 2009; Zimmerman, 2001; McGoldrick, Giordano, Pearce, 1996). Individual, couple and family belief systems are all influenced significantly by their spirituality (Walsh, 2006); yet Pargament (2007) notes, "No decent clinician avoids the most private and sensitive topics; love, sex, death, jealousy, violence, addiction and betrayal are grist for the therapist's mill. Questions about spirituality and religion however are routinely neglected" (p. 7). One of the reasons why many therapists may struggle to access spirituality within the therapy context is that there is little direction as to how a therapist can/should do this. This then leads the therapist to an all-inclusive understandings of spirituality; thus overlooking unique, religious specific contexts of an individual family's beliefs (Walsh, 2006). In addition, a therapist's own religious theology can create barriers for the therapist to fully engage in their client's belief systems (Doherty, 1995). Finally, assessments used within the therapy process often measure characteristics associated with spirituality, but fail to go into the deeper contextually relevant details within each unique religious ideology (Mahoney, 2010). In summary, spirituality is often left out, or only talked about at global level of spirituality, thus leaving out the unique practice of the couple's specific religious ideology. This limitation is further exacerbated by potential biases in therapist, as well as a lack of tools to help therapists integrate specific religious theology.

For therapists who work with couples these limitations become even more paramount as a couples' religious community, ideology, and shared beliefs all play a

significant role in the therapy room (Walsh, 2009). Conversely, spouses with similar religious beliefs report greater personal well-being and relationship satisfaction, as well as a lower abuse or divorce prevalence which many have interpreted to be a resilience characteristic of religion and spirituality (Mahoney, 2010; Myers, 2006). Because of this potential strength, therapists have often argued that spirituality should be a significant component of the therapy process. More specifically the spiritual beliefs of a couple impact the way they define the problem that brought them to therapy, how they cope with the problem and which solutions they will accept in addressing the problem (Pargament, 2007; Walsh, 2009).

Therefore, we agree with Bergin and Payne (1991) who noted that “Ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client’s life which may impact significantly on adjustment or growth.” (p.201). We also suggest that relationally trained therapists are uniquely equipped to work with all the various community systems that influence the couple, including their religious community and associated religious theology. However relationally trained therapists still wrestle with how to successfully integrate spirituality into therapy (Carlson, Kirkpatrick, Hecker, & Killmer, 2002; Grams, Carlson, McGeorge, 2007) largely because there has been very little research on the matter (Mahoney, 2010; Pargament, 2007).

To this end, this paper introduces an assessment tool that can be used with Christian couples in the therapy process. We will first present the important concepts of Christianity as they relate to couples therapy. We will then highlight the overlapping assumptions and process from relational systemic theories and Christian theology. From

here we will present the Marital Selflessness Scale (MSS) and explain how the scales within this tool measure the overlapping processes. Finally, we provide instruction for the use of the tool in the therapy session as well as contraindications for this assessment. The purpose of this paper is to offer a theoretically grounded assessment for use in therapy with Christian couples. This assessment can also be further developed and validated for empirical measurement purposes.

Christianity and Family Theory for Couples Therapy

The Marital Selflessness Scale (MSS) is an assessment grounded in the tenants of both systemic relational family theories as well as Christian theology. Although there are many variations of beliefs across all Christian denominations one consistent value is present in all and is fundamentally important to couples therapy, this being the values and characteristics noted in the passage in 1 Cor. 13:4-7 (New International Version) and it says

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trust, always hopes, always perseveres.

Here the religious theology clearly gives definition and direction to what a loving couple relationship does and does not look like. So, while diversity exists in Christian denominations; the idea of expressing virtues of love, unselfishness, commitment and integrity are embraced across religions (Onedera, 2008). Interestingly, as we will discuss later, these directions are not all that dissimilar to existing systemic family therapy theories (Haley, 1987; White & Epstein, 1990). Yet few theories have given explicit direction as to how one would incorporate a religious belief system; leaving the clinician

to understand the integration on their own. Both Narrative and Strategic Therapy are good examples of this challenge as they provide basic theoretical foundations that value a client's worldviews, but neither explicitly states how to incorporate spirituality (Haley, 1987; Madanes, 1981; Papp, 1983; White & Epston, 1990).

Strategic Therapy and Spirituality

Strategic Therapy holds the view that the problem is required for the system's survival; and begins identifying the problem through mapping out the negative, repetitive sequences. The goal is to find a sequence that is more adaptive and functional than the current one, thus resulting in the identifying problem. The Strategic therapist resists labeling an individual in the system as the problem; rather the assumption is that the relational system has developed patterns which are functional or protective, but have failed to adapt to the ongoing development of the relationships. This homeostatic failure to change and adapt often results in symptoms that seem problematic. Strategic therapist Jay Haley (1987) says "To label a child as....'schizophrenic' means that one is participating in the creation of a problem in such a way that change may be made more difficult...The way one labels a human dilemma can crystallize a problem and make it chronic" (p. 3). Given this, in Strategic Therapy the approach is to see all behavior as logical and normal given the uniqueness of the relationship (Papp, 1983). In this case, given the second order functioning of the system (the rules of the relationships); the first order behavior is seen as a logical response to the second order function. Although still problematic and needing attention, the work focuses on changing the second order systemic patterns that maintain the first order problem.

In a related way the Christian view of problems assume that they are spiritual in nature and therefore a result of sin. This sin leads to one's separation from God.

Conversely, healthy marriages are seen as relationships that display the characteristics of 1 Cor. 13:4-7. In this case a selfless relationship where both individuals value the other partner above one's self is the ideal and represents the love of Christ and his bride, the Church. Therefore problematic relationships display negative, repetitive patterns where the focus becomes centered on the individual self (what am I getting out of the relationship) rather than on the other (what am I giving to the relationship).

These two assumptions (systemic and spiritual) can be integrated and used in relational therapy for couples that ascribe to the spiritual assumption of 1 Cor. 13:4-7 and in doing this we keep in mind the premise of Strategic Therapy to define the problem in such a way that the definition itself makes change easier (Madanes, 1981). In working with a Christian couple change can be made easier by identifying the problem as selfishness, where one is thinking of self rather than the other as reflected in 1 Cor. 13:4-7 which is often the verse a couple has chosen to represent their love at their wedding. This integration fits well with Papp's (1983) expanded view of Strategic Therapy where she incorporates the ideational level into Strategic Theory. The ideational level is the couple's attitudes, perceptions, beliefs and the historical perspectives and they are vitally important to the therapy process, and should be reflected in the definition of the problem and prescribed solution. Utilizing the ideational level of Strategic Therapy when working with Christian couples, 1 Cor. 13:4-7 can be a useful tool in defining the problem as selfishness. To this end the prescribed solution becomes a process of shifting from individualized lens of self to relational views of selflessness.

Narrative Therapy and Spirituality

Although the integration of spirituality with Strategic Theory is possible and, we argue effective, it can be helpful to also keep in mind assumptions, as well as tools, from Narrative Therapy. In this case the problem is defined by identifying the dominant story, deconstructing and mapping the influence of the problem, and then developing a preferred story. White (1979) noted, “In order to gain access to the family system, it is necessary for the therapist to join with the family in their definition of the problem rather than to confront the system head on” (p. 304). The theoretical idea of a dominant story or preferred story is a natural fit for a couple who embrace Christianity. Therefore 1 Cor. 13:4-7 becomes the vehicle of developing the preferred story of selfless love and deconstructing the dominant story of selfish love. Important in this action is the Narrative assumption that the therapist is a co-creator of the story, and therefore guides the narrative or definition intentionally to assure that the description of the problem saturated story is congruent with each person’s view of the problem and the system’s experience with it (White, 1995). Together both strategic and narrative therapies assume that the beginning of the therapeutic relationship must focus on the development of a defined problem. This definition must resonate with the couple, but also offer a reframe to the situation which gives direction as to how change can occur.

Marital Selflessness Scale

The primary objective of the MSS is to assist the therapist and the couple in defining the problem in a way that is congruent with a Christian assumption of a healthy, loving relationship. Specifically the tenants of 1 Cor. 13:4-7. In this regard the goal of the

MSS is to provide the therapist, regardless of their own belief system, with a user friendly format to identify the problem in a way that makes it easier to influence change. Easier in this case is due to the new frame being in line with the couple's religious theology and worldview. In practice the MSS incorporates the couple's belief system and assists the therapist in constructing each spouse's perspective of the marital problem. This is done through the lens of Christian theology which assumes marital relationships are dependent on unconditional, selfless love.

Solid assessments are developed on a theoretically rational (Clark & Watson, 1995). Weber's (1905) classic idea of "verstehen" focused on the idea that it is important to consider the purpose and meaning an individual attaches to one's experiences, interactions and actions and this is important to understanding the role that one's Christian beliefs plays. Mahoney (2010) noted that we need to move beyond global descriptors of religion, such as church attendance, and begin to clarify "specific spiritual beliefs and practices centered on family relationships" (p. 806). Given that, Mahoney (2010) proposes a framework of three spiritual mechanisms that integrate religion into family life: family members relying on a relationship with the divine, relationships within the family being cognitively and behaviorally invested with spiritual properties; and family members relying on relationships with spiritual communities. The MSS is a measure that is constructed to address the investment of the couple's relationships cognitively and behavioral as it relates to 1 Cor. 13:4-7. Further, Pargament (2007) proposed three dynamic and recursive states as to how one integrates spirituality into life: discovery, where one seeks to understand the sacred; maintenance, where one seeks ways to experience the sacred in daily life; and transformation, where one seeks

different ways of experiencing the sacred. The 10-item self-administered MSS provides a measure of how a spouse is experiencing the sacred in daily marital life and how a spouse is transforming their experience of marriage via three factors: Relational Expectations, Relational Empowerment, and Relational Selflessness. The three theoretical constructs of expectations, empowerment and selflessness provide a framework for defining the problem more concretely and drawing out the complexities of a Christian relationship. Questions are designed from 1 Cor. 13:4-7 (The Message; MSG) and describe various beliefs, behaviors, and attitudes within the relational dynamic.

Relational Expectation is based on the idea of a spouse's expectations of the relationship. The idea of relational expectations is in line with two of Mahoney's (2010) relational spiritual mechanisms: the divine and seeing the relationship as sacred and Pargament's (2007) ideas of experiencing and transforming the sacred in daily life. In considering each partner's perceived relationship with the divine, there is a journey of coming to know the divine that involves cognitive and behavior paths that have individual as well as relational meaning for the couple as each turns to the divine for insight into creating relational goals or overcoming relational obstacles (Mahoney, 2009); thus creating relational expectations of self or other. The second spiritual mechanism of family relationship as spiritual includes the understanding that the couple sees the relationship as sacred; and thus has an expectation of behaviors that would support treating the relationships as sacred.

For Christian couples this expectation is formed through sermons, books, media, church beliefs, and family-of-origins, etc. One might assume that expectations include how each spouse ought to behave in their respective roles as husband and wife; however

there is great diversity and flexibility in how these roles are adapted within a religious couple (Mahoney, 2010). Rather the MSS builds off the definition of marital love in 1 Cor. 13:4-7 (MSG) and the Relational Expectations factor considers the ideas sacred ideas of the divine's call for a "love never gives up", a love that "doesn't keep score of the sins or others" or a that "love doesn't want what it doesn't have" and "always looks for the best." Fincham, Beach, Lambert, Stillman and Braithwaite, (2008).found that when prays focus on a romantic partner's well-being or are benevolent in nature, they facilitate relationship satisfaction longitudinally; thus providing a healthy selfless relational expectation. Questions in the MSS measure this idea and include items such as "My spouse needs to change" to "My spouse doesn't need to change." The Relational Expectations subscale of the MSS provides the therapist with a measure of how expectations are impacting the relationship.

Relational Empowerment is the second theoretical construct of the MSS and is based on the idea that a spouse values the other person as someone uniquely made by God and created in His image. The idea of relational empowerment again is congruent with Mahoney's (2010) relational spiritual mechanisms of the divine and seeing the relationship as sacred. A healthy relationship would embrace an empowering attitude toward the other and encouraging them into the fullness of who God created them to individually be in the relationship; and therefore a relationship with a high level of empowerment would allow for and accept differences in the other. Mahoney (2010) called for research that illuminated distinctive beliefs and practices that may be adaptive or maladaptive beliefs based on Scriptures or religious teachings. The Relational Empowerment factor considers the idea of the divine's call for a love from 1 Cor. 13:4-7

(MSG) where love “doesn’t strut”, a love that “doesn’t have a swelled head” and a love “doesn’t force itself on others.” (1 Cor. 13:4-7; MSG)

Another important consideration in considering Relational Empowerment is the agreed upon understanding of headship of the family from Eph. 5:21 -25 where spouses are each called to submit to one another; husbands are called to love their wives sacrificially as Christ loved the church and wives are called to submit to their husbands. The meaning and interpretations of headship vary vastly based on the couple’s religious community’s cultural norms. In cases where the couple’s dominate story is saturated with the idea that there is one way or a right way, control can become a rule of operation in the relationship and scripture can be used as a means of controlling beliefs and thoughts; where as in marriages that value differences empowerment becomes the couple’s dominant story.

Relational Selflessness is the third theoretical construct of the MSS and is based on the idea that the spouse will put the other’s needs first. The idea of relational selflessness is congruent with Mahoney’s (2010) relational spiritual mechanisms of the divine and seeing the relationship as sacred. In the process of spiritual transformation through daily activities, one experiences the expression of selflessness. For instance the spiritual mechanism of connecting with the divine through pray and then specifically praying for one’s spouse (seeing the relationship as sacred) facilitates selfless concern as well as gratitude and forgiveness for the spouse (Lambert, Fincham, Braithwaite, Graham, & Beach, 2009; Lambert, Fincham, Stillman, Graham, & Beach, 2010). Relational Selflessness considers the idea of the divine’s call for a love from 1 Cor. 13:4-7 (MSG) that “cares more for others than self” a love that “puts up with anything;” a love

that “isn’t always ‘me first’,” a love that “takes pleasure in the flowering of truth” and “trusts God always.” (1 Cor. 13:4-7; MSG)

The idea of selflessness is foundational within the core of Christian culture as a depiction of Jesus Christ’s love for humanity which was ultimately expressed through his death on the cross for our sins. In the MSS this idea is measured through questions on a continuum, such as “I put myself before my spouse” to “I put my spouse before myself” or “I believe love shouldn’t put up with anything” or “I believe that love should put up with anything.”

Scoring the MSS to use in Therapy

The therapist provides each spouse with their own copy of the MSS, a 10-item assessment utilizing bipolar opposites on a semantic differential scale and measuring three relational areas: expectation, empowerment and selflessness. Spouses should not converse during the administering of the MSS as to not influence the other’s answers. The MSS can either be monitored by an administrative assistant or by the therapist during a session.

For each individual score the MSS has a score that ranges from 1 to 10 at the item level. The Relational Expectation subscale has four questions and therefore the total score for this scale ranges from 4 to 40. The Relational Empowerment subscale has three questions (range = 3 to 30), the Relational Selflessness subscale has three questions (range = 3 to 30) and the total combined scores of the three subscales for the MSS range from 10 to 100. Each individual spouse’s subscales scores are first totaled. Next the wife’s and husband’s scores on the Relational Expectations subscale are added together

for a total range of 8 to 80. The same computation is done on the Relational Empowerment Scale for a total range of 6 to 60 and the Relational Selflessness Scale for a total range of 8 to 60. Again, the totaled score of each subscale is then added together for a final score that ranges from 20 to 200.

Scoring can result in a variety of patterns that may need to be considered at multiple levels. The couple's total score on the MSS will range from a low of 20 to a high of 200. While the total score is important in determining a basic understanding of the relationship's functioning it only expresses the overall picture. The higher the score the more the relationship is grounded in a healthy, loving 1 Cor. 13:4-7's marriage and the lower the score the less the relationship is grounded in principles of love portrayed in this scripture. Similarly, in the subscales, the higher the score on Relational Expectation (8 to 80), Relational Empowerment (6 to 60) and Relational Selflessness (6 to 60) the stronger the relationship is in these constructs. It is important for the therapist to also verify the individual spouses overall MSS score as well as their subtotal scores to assure that spouses are contributing similarly to items as differences in couple's scores are an important consideration.

Considerations in Difference Scores

When the therapist sees that there are differences in the spouse's total MSS scores it is imperative that consideration be given to where these differences are located. We would also note that it is not safe to assume that when a couple have a high combined score they are in agreement; rather this may be reflective of a large disagreement. In these cases the therapist should review the subscale scores to determine whether the difference

is global (across all subscales) or specific (unique to one subscale). Subscales that have notable difference in their scores should then be evaluated at the individual item/question level. In this case these differences provide the therapist with a potential direction to explore relational troubles associated with beliefs and attitudes in the areas of Relational Expectations, Relational Empowerment or Relational Selflessness.

Integrating the Use of the MSS in Session

Integrating the MSS into therapy first begins with therapist considering the couple's socio-contextual influences; meaning is the MSS a relevant tool to use. The therapist needs to consider if the couple identify themselves as Christians and if they do, are scriptures such as 1 Cor. 13:4-7 reflective of their beliefs about love in the context of marriage. If this is the case, the therapist can proceed to implement the MSS into the therapy process. The MSS is constructed to allow the therapist great maneuverability in how they utilize it; including when to administer the assessment as well as how to integrate it into the therapist preferred theoretical orientation and personality style. In considering how to use the MSS in therapy and integrate it into theoretical orientation; the following marriage and family therapy theoretical orientations will be demonstrated, Narrative and Strategic Therapy when considering: the goal of therapy, the role of the therapist, and interventions (see Table 1).

Table 1

Theory integration of the MSS using Strategic and Narrative Therapy

	Strategic	Narrative	MSS
GOAL	Identify problem	Identify dominant story	Identifies the problem using Christian definition of marital love from 1 Cor. 13:4-7
	Map the Negative Repetitive Sequences	Deconstruct influence of the problem	Assess through 4 Relational Factors Expectations Commitment Selflessness Forgiveness
	Find a better sequence for couples	Develop a preferred story	Based on couple's specific challenge areas, help couple to develop more loving patterns
THERAPIST ROLE	Joins with couple in defining problem to create a new more useful pattern and then exposing the hidden agendas that contribute to the problems maintenance	Join the couple in co-creating a new story and taking stance against dominant and exposing the manipulations and tricks of dominant story	Therapist helps couple develop concrete ways to implement the 1 st Cor. 13:4-7 within the context of their unique relationship.
INTERVENTIONS	Direct Advice Explanation Suggestions Interpretations Prescribed Tasks	Mapping the Influence of the Problem	MSS can be used as direct/indirect interventions
	Indirect Paradox Defiance-Based	Externalizing Unique Outcomes	MSS can be used to explore Unique Outcomes MSS provides the foundation for a new relational story

Creating the Goal of Therapy

The MSS provides the therapist with a user friendly format to assist in identifying the problem in a way that makes change easier, values the couple's belief system, and helps them find concrete ways to live in their preferred story from a Narrative Therapy framework or create more adaptable repetitive sequences for their relationship from a Strategic Therapy framework. In working to identify a problem and create a goal for the couple, the therapist can utilize the MSS by referring to the total joint MSS score as well as subscale scores. Midrange scores, low scores and differences scores all provide answers to where goals can be focused. For instance, if a couple has a mid-range score on the overall MSS, the therapist will next consider the subscale scores and assess for similarities and differences. If both spouses' scored low to mid-range on the Relational Expectation Scale, the therapist can explore questions around if spouse's are accepting each other, pointing out past mistakes, or focusing on the relational strengths or weakness. Similarly with the Relational Empowerment scale the therapist explores questions about how each spouse insists on their way as the right way verses encouraging the other's uniqueness and allowing the relationships to have many ways. Low to mid-range scores on the Relational Selflessness Scale can lead the therapist to address questions in the areas of how each spouse is thinking of the other first, trusting God, and putting up with and respecting boundaries in areas of difficulty in the relationships. When a couple has difference scores where one is high and the other is low in any of the subscales, the therapist then explores and negotiates the possibility of the couple moving toward a common goal.

Narrative Therapy

The Goal of Narrative Therapy is to co-create a preferred story for the couple.

The MSS becomes the outline of a preferred story of love as defined by 1 Cor. 13:4-7 and is a guide to identify the dominant story, deconstructing it and then map the influence of the problem. In deconstructing the dominant story through the three theoretical constructs of the MSS specific areas are exposed in the couple's unique dominant story. 1Cor. 13:4-7 sets an expectation of love where a relationship is built on encouragement and selflessness toward the other; however it clearly directs a person to reflect on their own behaviors of how love is expressed rather than a measure of how the other. In using the MSS as a format to begin the story, the couple will typically quickly reveal how the other person isn't living up to this 1 Cor. 13:4-7 ideal. This provides the foundation for the therapist to begin to deconstruct the relevant problem saturated areas for the couple. The MSS becomes the tool that provides the therapist with language to assist in making sure the description of the problem saturated story is congruent with the experience of the problem.

Strategic Therapy

The Goal of Strategic Therapy begins by identifying the problem by mapping the negative repetitive sequences of the couple and then working to find a sequence that is more adaptive. In Strategic Therapy, the therapist resists labeling an individual within the relationships as the problem; rather the premise is that the marital system has developed patterns that were functional at one point, but have since failed to adapt to changes in the relationship. Utilizing the MSS can assist the Strategic therapist in normalizing the

problem and finding an easier way to make change; such as the problem is labeled as learning to become selfless in marriage which can be seen as a normal developmental issue as two learn to become one. The therapist uses the MSS to focus on what the couple's frustration are with their normal functioning as each person reports on their individual spousal behavior as related to the principles of unconditional love in 1 Cor. 13:4-7. This is congruent with Papp's (1983) concept of the ideational level which considers the couple's attitudes, perceptions, beliefs, and the historical perspectives; thus the MSS provides the therapist with each spouse's perspective of how they are individually contributing to the breakdown of a relationship that they desire to be grounded in 1 Cor. 13:4 – 7. For instance in Strategic Therapy you have the couple enact their problem cycle, so the rules of their relationship become explicit (Papp, 1980); by utilizing their results on the Relational Selflessness Scale you are able to make explicit the rules of selflessness in the relationship, thus leaving each spouse in a position of having to confront and take responsibilities for the level of their own selflessness.

The Role of a Therapist in using the MSS

As noted above the MSS assists the Narrative and Strategic therapist in playing an active role in assisting the couple in defining the problem and setting the goals of therapy. The MSS can also be used to assist the change process, from both a narrative and strategic point of view. In all cases the MSS is meant to illicit the couple's story of spirituality and religion in their relationship. In this case the MSS should be used with a client centered position. Although the MSS does provide some direction for common stories and directives, this is in line with both theories as they are somewhat more

directive than some other theoretical positions of the therapist. For example we briefly discuss how a narrative and strategic therapist might utilize the MSS within their given theoretical frames.

Narrative Therapy

The role of the therapist in Narrative Therapy is very active as the therapist joins with the couple in co-creating a new preferred story and taking a stance against the dominant story (Carr, 1998; White, 1995). Wallis, Burns, and Capdevilla (2010) found that many Narrative therapist view themselves as “conversational architects” (p. 491) and the can be used MSS to provide an outline in this co-construction. Specifically the MSS can be used to help the therapist and couple to understand the influence of the dominant story and how it manipulates and tricks the couple into participating in a relationship that involves misleading expectations, controlling behaviors and selfishness. The idea of working with a couple to co-create a preferred story in their marriage is congruent with the core of Christianity’s own story of God’s work to reconcile His people back to right relationship with Him. The MSS is the outline to expose the dominant story and construct the preferred story.

For instance the Relational Empowerment subscale is a way to address issues of power in the relationships in a way that will fit for the couple’s worldview as it honors the importance of addressing the core constructs of subjugation and power within Narrative Therapy Theory. The Narrative therapist assists in deconstructing the differences between human interpretation of marital practices that may have led to subjugation and power verses the call to love unconditionally in 1 Cor. 13:4-7. This is

done by paying close attention to differences or low scores in the Relational Empowerment subscale and then hearing the couple's story and looking for how the dominant story of control has used manipulations and tricks to maintain itself.

Strategic Therapy

The strategic therapist joins with the couple in defining the problem and working to create a new, more useful pattern. The belief from a Strategic Therapy perspective is that all persons have hidden agendas in relationships; including relationships that have rules of honesty or no hidden agendas. These are just considered higher forms of hidden agendas; therefore, manipulation is a natural consequence of being in a relationship (Papp, 1983). The therapist plays an active role in discovering and exposing the hidden agendas; and the MSS provides a format for the therapist with a mechanism to do this by considering the Relational Expectations, Relational Empowerment and Relational Selflessness Subscales scores and working with the couple to create alternative patterns that are more congruent with the couple's understanding of 1 Cor. 13:4-7. For instance, if the couple is struggling with living out ideas of headship and submission in the relationship such as in a way that is enforcing love demanding its own way rather than a love that doesn't demand its own way; the Relational Empowerment scale can be used to identify this. It then opens the door for the therapist to engage the couple in a conversation of what love looks like when it doesn't demand its own way.

MSS Guided Interventions

The MSS can also be used to assist the Narrative and Strategic therapist in

developing interventions to assist the couple in creating change. For the Narrative therapist the couple's total MSS scores, subscale scores, and individual items scores, as well as the similarities and differences assist in telling their dominant story and providing the therapist with possible direction on looking for unique outcomes as well as where to externalize the problem. Similarly, the Strategic therapist considers the various MSS scores and utilizes the information to create directives and paradoxical interventions as needed (see Table 2).

Narrative Therapy

The narrative therapist's interventions can be strengthened by utilizing the couple's answers to the MSS as a means of identifying and exposing beliefs of Relational Expectation, Relational Empowerment and Relational Selflessness that have been used as a manipulation by the dominant story to keep it alive. In Narrative Therapy the primary intervention is externalizing the problem where the therapist assists the couple in identifying and mapping the influences of the problem (White, 2007), identifying the tricks and manipulations of the problem and looking for unique outcomes of when the problem isn't present. Depending on the couple's individual and couple scores on the subscale scores the therapist can externalize anyone of the relational subscales. For instance, if the couple has a low score in relational selflessness; the therapist can externalize the idea of selfishness or a "me first" attitude. The Narrative Therapist can view this as the dominant voice of self and selfishness and the preferred voice of selflessness.

Table 2

Examples of Dealing with Hidden Agendas and Manipulations Using the MSS

	Related Scripture Verse from 1Cor. 13:4-7	Strategically Exposing the Hidden Agenda	Narrative Exposing the Dominate Story
Putting Spouse Before self	Love cares more for others than self	Help me to understand how when you do ___, you are putting your spouse first.	When you choose to do ____, do you feel you are giving selflessness more of a say in your marriage or selfishness?
Pointing out when I am right	Love isn't always me first		
	Love doesn't strut	When you tell your spouse, "I told you this would happen", I am curious how this aligns with your belief that love doesn't revel when others grovel?	Do you think it is possible that when you point out to your spouse that you were right, the old dominant story might be tricking you? In what ways do you think this gives it more of a voice? What would give it less of a voice?
	Love doesn't have a swelled head		
My way is the best way	Love doesn't force itself on others	Tell me about your understanding of love not forcing itself on others (let client answer). So, when you tell your spouse your way is the best, is this forcing your way or are you considering their way?	When you come to the conclusion that your way is the best way, is their anyway that you may be giving voice to a love that forces itself on others?
I make sure things are done my way	Love doesn't have a swelled head		
	Love doesn't revel when other's grovel		
I consider my schedule, work, and needs first	Love cares more for others than self	Tell me the ways you practical put your spouse schedule first.	When you are choosing to do something, I am curious about how you are know you are caring more for your spouse than self?
	Love isn't always me first		
Quick to anger	Love doesn't fly off the handle	So I am confused, when you are quick to anger isn't that the same as love flying off the handle?	In your preferred story what does anger look like? Does it fly off the handle easily or does it pause and consider the other?

In considering the use of unique outcomes; the therapist looks for exceptions to the problem saturated story, so for instance the answer to an individual question within a subscale may reveal a hidden strength that can be used. Or, the therapist can take a questions such as “When is a time that put your spouse’s needs first?” and ask if there has been an exception to their typically way of responding. Another way would be to say, “When you choose to do ____, do you feel you are giving selflessness or selfishness more of a say in your marriage?” The narrative therapist could also say “I am curious about what was different in your relationship when you put your spouse’s needs over your own?”

Utilizing the MSS helps the therapist to identify where to look for unique outcomes that will fit their preferred marital story of unconditional love and selflessness that is portrayed in 1 Cor. 13:4 – 7. In addition it can be used to assist the narrative therapist in intentional asking broad questions of influence from the person to the problem’s influence, relationships to the problem’s influence, as well as the broader society and the problem’s influence.

Strategic Therapy

The strategic therapist’s interventions can be strengthened as the MSS is a means of exposing hidden agendas of the problem that may not otherwise surface, since the MSS is focusing on the couple’s beliefs about how 1 Cor. 13:4-7 should be lived out in a marital relationship. Strategic Therapy utilizes two kinds of interventions: direct and indirect. Direct interventions are advice, explanations, suggestions, interpretations, and prescribed tasks. Indirect interventions are either paradoxical or defiance-based and are

only used when direct interventions didn't work (Papp, 1983). For instance, after administering the MSS and assess the couple's scores, a directive for a low score on the Relational Selflessness scale might look like noting their answers to the question in reference to putting self or spouse first. Next, the therapist could read 1 Cor. 13:4-7 and highlight the phrase that says "Love isn't always 'me first'" (MSG). The therapist could then say "Every day I want you to pick a situation where you are ready to choose 'me first.' I want you to stop and wonder what it would like if you thought about your spouse first and then I want you to do that." If direct interventions weren't working with the couple, a defiance-based intervention would look similar except in the final step where the spouse is assigned to act toward the other spouse, the therapist could assign them to act as they normally would. The therapist might say "Every day I want you to pick a situation where you are ready to choose 'me first.' I want you to stop and notice this and then I want you to say to your spouse that you realize this is one of those instances where you are choosing between self and other and tell them you are going to intentionally choose self." The hope being that they will defy the therapist; note Papp (1980) turns to Foucault in describing the power behind paradoxical interventions saying

The secret rules of the game are made explicit and the family must take responsibility for its own actions. In the words of Foucault (1965), the family 'is lead through a state in which it is confronted by itself and forced to argue against the demands of its own truths.' (Papp, 1980, p. 46)

Utilizing the MSS and the couple's respective answers provides targets for clinical interventions that are based on Strategic Therapy's underlying assumptions that that persons "cannot not behave" as well as "cannot not communicate." Given this strategic therapists have a premise that clients will resist change, Erickson (1982) noted that "Such resistance should be openly accepted, in fact, graciously accepted, since it is a

vitally important communication of a part of their problems and often can be used as an opening into their defenses” (p. 299). The bi-polar structure of the MSS questions provides a format where this behavior and communication is made clear and then allows for targeting interventions to the couple’s specific area of problems within the realms of Relational Expectations, Relational Empowerment and Relational Selflessness.

Limitations of the MSS

The MSS has been designed to specifically work with couple’s who are a part of religious communities that embrace 1 Cor. 13:4-7 as a portrayal of relational love. Therefore; caution should be utilized when trying to implement it into socio-contextual cultures that don’t reflect this definition of love based on this scripture. Caution should also be considered when working with couples where other presenting issues are impacting the relationship; such as where one spouse is a caregiver to another spouse who has a chronic illness. In cases such as these utilizing a measure of selflessness may create more harm due to the health limitations of the spouse with the illness. Couple’s also have different seasons or transitions in their relationships where one person may be giving more than the other; the MSS isn’t intended to be utilize as a measure of a temporary situations (such as grieving, a recent diagnosis of an illness, etc.); but rather an overall pattern that has been established in the relationships.

Conclusion

The challenge for the therapist working with a Christian couple is to find spiritual references that can expose the repetitive sequences that are contributing to a problem

saturated story. If the couple believes that 1 Cor. 13:4-7 depicts a preferred story of marital love, the MSS can be used as a tool by the therapist to easily understand the couple's relational belief system. The questions are designed so each spouse measures his or her own behavior of loving and selfless actions toward their spouse. 1 Cor. 13: 4-7 becomes the outlined goal and serves as the foundation for creating more adaptive repetitive sequences of the couple's preferred story. When both spouses are living out this kind of love there is no longer room for expectations that leave spouse's disappointed because according to 1 Cor. 13:4-7 love doesn't want what it doesn't have; nor is there room for power in the relationship because according to 1 Cor. 13:4-7 love doesn't strut, it doesn't have a swelled head and doesn't force itself on another; nor is there room for selfishness because according to 1 Cor. 13:4-7 love isn't always me first and it trusts God always.

References

- Bergen, A. E., & Payne, I. R. (1991). Proposed agenda for a spiritual strategy in personality and psychotherapy. *Journal of Psychology and Christianity*, 10, 197-201.
- Carlson, T. D., Kirkpatrick, D., Hecker, L., & Killmer, M. (2002). Religion, spirituality, And marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *The Journal of Family Therapy*, 30, 157-171.
- Carr, A. (1998). Michael White's Narrative Therapy. *Contemporary Family Therapy*, 20(4), 485-503.
- Clark, L. A. & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7(3), 309-319.
- Doherty, W. (1995). *Soul searching: Why psychotherapy must promote moral responsibility*. New York: NY: Basic Books.
- Erickson, M. (1982). *The nature of hypnosis and suggestions: collected papers of Milton A. Erickson on hypnosis (Volume 1)*. New York, NY: Irvington Publishers
- Fincham, F. D., Beach, S. R. H., Lambert, N. M., Stillman, T., & Braithwaite, S. (2008). Spiritual behaviors and relationship satisfaction: A critical analysis of the role of prayer. *Journal of Social and Clinical Psychology*, 27, 362 – 388.
- Foucault, M. (1965). *Madness and civilization: A history of insanity in the age of reason*. New York: Random House.
- Grams, W. A., Carlson, T. S., & McGeorge, C. R. (2007). Integrating spirituality into Family therapy training: An exploration of faculty members' beliefs. *Contemporary Family Therapy*, 29, 147-161.
- Haley, J. (1987). *Problem-solving therapy*. (2nd ed.). San Francisco, CA: Jossey-Bass, Inc.
- Kothari, C. R. (2004). *Research Methods and Techniques*. New Age International.
- Lambert, N. M., Fincham, F. D., Braithwaite, S. R., Graham, S., & Beach, S. R. H. (2009). Can prayer increase gratitude? *Psychology of Religion and Spirituality*.
- Lambert, N. M., Fincham, F. D., Stillman, T. F., Graham, S. M., & Beach, S. R. H. (2010). Motivating change in relationships: Can prayer increase forgiveness? *Psychological Science*.

- Madanes, C. (1981). *Strategic family therapy*. San Francisco, CA: Jossey-Bass.
- Mahoney, A. (2010). Religion in families, 1999-2009: A relational spiritual framework. *Journal of Marriage and Family*, 72, 805-827.
- McGoldrick, J., Giordano, J., & Pearce, J. K. (Eds). (1996). *Ethnicity and Family Therapy*. New York, NY: Guilford Press.
- Onedera, J. D. (Ed.). (2008). *The role of religion in marriage and family counseling*. New York: Routledge.
- Papp, P. (1980). The Greek chorus and other techniques of paradoxical therapy. *Family Process*, 19, 45-57.
- Papp, P. (1983). *The process of change*. New York: Guilford Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and Addressing the sacred*. New York, NY: Guilford Press.
- Wallis, J., Burns, J., & Capdevila, R. (2010). What is Narrative Therapy and what is not? The usefulness of Q methodology to explore accounts of White and Epston's 1990 approach to Narrative Therapy. *Clinical Psychology and Psychotherapy*, 18, 486 – 497.
- Walsh, F. (Ed.). (2009). *Spiritual resources in family therapy*. (2nd Ed). New York, NY: Guilford Press.
- Walsh, F. (Ed.). (2009). Religion, spirituality, and the family. (2nd Ed). In Froma Walsh (Ed.), *Spiritual resources in family therapy*. (pp. 3 – 30). New York, NY: Guilford Press.
- White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton & Company, Inc.
- White, M. (1995). *Re-Authoring lives: Interviews and essays*. Australia: Dulwich Centre Publications.
- White, M. (1979). Structural and strategic approaches to psychosomatic families. *Family Process*, 18, 303-341.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. Australia: Dulwich Centre Publications.
- Zimmerman, T. S. (Ed.). (2001). *Integrating gender and culture in family therapy training*. Binghamton, NY: Haworth Press.

CHAPTER SIX

PAPER II: THE INITIAL DEVELOPMENT AND FACTOR ANALYSIS OF THE MARITAL SELFLESSNESS SCALE

Abstract

This study reports on the development, validity, and reliability of the Marital Selflessness Scale (MSS) a dyadic measure that is designed to assess the construct of unconditional love within the socio-cultural context of a Christian marriage. Provided within this study is the rationale for therapists to attune to the couple's spirituality. Also presented are the results of an exploratory factor analysis of 128 couples which confirmed three latent factors: Relational Expectations; Relational Empowerment; and Relational Selflessness. Concurrent validity of the MSS was assessed through the Dyadic Adjustment Scale, the Spiritual Assessment Inventory and the Narcissistic Personality Inventory.

Introduction

Over the last couple of decades there has been an increased understanding in the various mental health fields about the importance of considering cultural influences in a client's life and as awareness has come to fruition, there has also been the realization that spirituality is also an essential consideration (Boyd-Franklin & Lockwood, 2009; Pargament, 2007; Walsh, 2009; Zimmerman, 2001). Evidence of this relevance is that 85% of the population in the United States reports being religious (Gallup, 2009) and 75% of those professing this report themselves as Christians (Linder, 2008). Given this growing awareness the various accrediting bodies that train mental health professionals have revised their standards for training programs to consider the complexities of a client's socio-contextual influences; including their spirituality (American Psychological Association - Commission on Accreditation, APA-CoA, 2013; Commission on Accreditation for Marriage and Family Therapy Education, COAMFTE, 2005; Council for Accreditation of Counseling & Related Educational Programs, CA-CREP, 2013).

While the literature and the accrediting bodies are calling for attention to spirituality as an important element to be considered in therapy, the practical integration of this lags. There are two main reasons for this: clinician struggle with how to integrate a client's spirituality into the therapy process (Grams, Carlson, & McGeorge, 2007) and the development of theory and research for integrating a couple's spirituality is limited (Mahoney, 2010; Pargament, 2007). When it comes to training on spirituality and how to practically incorporate it into therapy, 66.7 percent of marriage and family therapy (MFT) faculty members say they integrate spirituality into their courses per requirements of accreditation; however 92.9% of MFT students and 67% of AAMFT clinical members

reported they did not receive training on integrating spirituality into their clinical work (Grams, Carlson, & McGeorge, 2007). This isn't surprising when one considers that even students from religious therapy training programs wrestle with the practical integration of theology into clinical practice (Walker, Gorsuch & Tan, 2005).

The practical application of spirituality into the therapy room is only part of the problem; it is further complicated by the fact that the field does not have solid theories developed on families and spirituality (Chatters & Taylor, 2005; Sprey, 1988). In Mahoney's (2010) decade review of the research on spirituality and family, it was punctuated that global measures of religion have led to ambiguous results and misleading interpretations. These global measures are typically a single item, such as church attendance and a meta-analysis of 94 articles focusing on religion revealed over 80% of these articles measured religion in this way (Mahoney, Pargament, Tarakeshwar & Swank, 2001). The result has left a dearth of practical ways to assess how religion is influencing the lives of clients and thus Mahoney (2010) has called for measures that reveal the breadth and depth of one's spirituality and its impact on the marital relationship.

Given these, the therapeutic call for attunement to spirituality in therapy, the practical skills to integrate spirituality into therapy and the need for measurements that consider the depth of spirituality in marriage; the MSS is a new, dyadic marital instrument that assists the therapist in accomplishing these goals in therapy.

Background and Development of the MSS for use in Therapy

The MSS is a dyadic marital assessment that measures the spiritual construct of

unconditional love with more depth as well as providing the clinician with a way to attune to the couples spirituality and practically utilize the results to provide effective, spiritually sensitive interventions. First, the MSS is a measure of a deeper spiritual concept in marriage of unconditional, selfless love. Mahoney et al. (1999) found that when spiritual constructs were more closely connected to the couple's perceptions and experiences of marriage; such as measuring their spiritual practices and beliefs, the greater the increase in the couple's marital functioning. Lambert and Dollahite (2006) found that couples who embrace spirituality in their lives have better conflict management skills stating "Religious beliefs and practice helped couples prevent conflict by assisting them in developing a shared sacred vision and purpose, which in turn reduced marital conflict by decreasing stress levels in marriage and unifying couples" (p. 448).

Given this, the MSS was designed to measure the spiritual construct of unconditional love in marriage. Since the majority of those professing a religious belief in the United States note themselves as Christians, a passage, 1 Cor. 13:4-7 from the New Testament was used as the foundation for the definition. This scripture is often read at couples' weddings in a wide range of Christian denominations and depicts what a marital love looks like. This passage stated:

Love is patient, love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trust, always hopes, always perseveres (New International Version; NIV).

By utilizing the MSS in assessing the couple, the therapist is providing the foundation for attuning the therapy to the couple's spiritual beliefs about how love is

defined for the couple. It then provides the therapist with the means for practical integration of spirituality into the couple's work. The MSS provides the therapist with the means of developing a shared vision and purpose of marital love as well as the practical applications of daily application.

Previously we have published an article outlining the conceptual grounding and practical application of the MSS (Castronova, Distelberg, & Wilson, 2014, in submission). Briefly, the MSS provides a dyadic measure for a couple in the areas of Relational Expectations, Relational Empowerment, and Relational Selflessness. In general, higher overall dyadic scores on the MSS are indicative of a couple who is living out practical ideas of unconditional love and lower scores reflect a couple struggling with living out these ideas.

In addition to providing a deeper measure of the spiritual construct of unconditional love in marriage, and providing the therapist with a practical means of attuning the couple's therapy to their spirituality, the MSS is a dyadic measurement. The majority of marital assessments use a single element to measure religion (Mahoney, 2010); and they utilize an individual level of the marriage rather than the dyadic level. Specifically within the dynamic of working with married couples there are several assessments that measure the couple's relationship in various ways. One widely used measure is the Dyadic Adjustment Scale (DAS; Spanier, 1976) which is a dyadic measure; however there is only one question specific to the couple's agreement of religion. The PREPARE/ENRICH (Olson & Olson, 1999) assessment measure marital strength including a stronger measure of spirituality; however it measures the couple on an individual level. While both are solid marital assessments with the DAS utilizing

dyadic measurement and ENRICH measuring spirituality at a deeper level; the DAS lacks in measuring spirituality and ENRICH lacks in being a dyadic marital measure. The MSS is designed to do both.

Furthermore, in working with couples therapy and assessing them, dyadic measuring is a must. In marriage there are two people and their individual scores only represent one individual's perspective; however it is important to create a measure of the marriage that is reflective of both spouse (Kenny, Kashy & Cook, 2006). This concept of dyadic measurement is also congruent with Christianity's belief that in marriage the two becoming one; Matthew 19:5, Mark 10:8, 1st Corinthians 6:16 and Ephesians 5:3. Dyadic measurement is essentially the idea of measuring the oneness in relationships. The MSS measures this oneness by creating an aggregated score of both spouse's responses prior to running the principle component analysis; thus in this study we evaluate the dyadic (aggregated) score, rather than individual scores.

The purpose of this study is to test the factor structure of the Marital Selflessness Scale (MSS) for the purpose of providing clinicians with a reliable and valid instrument to assess the spiritual construct of selflessness within a couple's relationships. This will be done by establishing the internal validity and reliability of the MSS through

- 1) An exploratory factorial analysis that will validate a three factor structure measuring Relational Expectation, Relational Empowerment and Relational Selflessness including acceptable levels of reliability.
- 2) Testing the convergent validity of the MSS with three "gold standard" assessments: Dyadic Adjustment Scale (DAS, Spanier, 1976), Spiritual Assessment Inventory (SAI, Hall & Edwards, 1996), and the

Narcissistic Personality Inventory (NPI, Raskin & Hall, 1979). It is proposed that these three assessments will significantly correlate with the MSS as well as various subscales within the assessments.

3) Identifying the consistency of the MSS (as well as subscales) across various demographic characteristics of couples.

Method

Pilot Study

Prior to the focus of this study, the developers of the MSS conducted a small scale professional face validity study which included pastors, therapists, faculty and persons not formally trained in mental health, taking as well as evaluating the items within the MSS. Specifically, these individuals were asked to self-administer the MSS and note any items that were difficult or confusing for them to answer. From this initial evaluation eighteen items were determined to have strong face validity as well as offer a sufficient variance associated with psychometric characteristics.

Participants

Within this study the current 18 item version of the MSS was administered in a convenience sample of married couples. These couples were recruited from churches, small group ministries, couples retreats, therapy clinics and various social media outlets resulting in participants from six geographic areas across the United States as well as outside the United States (see Table 1 below). Four hundred and seventy six individuals participated in the study by completing an online survey which included the MSS and

associated measures (listed below). From the 476 participants 128 couples could be matched (both husband and wife completed the entire survey and were linked together as husband and wife).

Instruments

Marital Selflessness Scale

The MSS (Castronova, Distelberg, & Wilson, 2014, in submission) is an assessment built on the tenants of systemic relational family theories and Christian theology with the primary objective to assist clinicians in defining the problem in a couple's marriage in a way that is congruent with the Christian assumption of a healthy, loving relationship. One consistent value presented across denominational lines and fundamentally important to couples therapy is the value of unconditional love (Onedera, 2008). Its characteristics are noted in the passage in 1 Cor. 13:4-7, it says

Love never gives up. Loves cares more for others than self. Love doesn't strut, doesn't have a swelled head, doesn't force itself on others, isn't always 'me first,' doesn't fly off the handle, doesn't keep score of the sins of others, doesn't revel when others grovel, takes pleasure in the flowering of truth, puts up with anything, trust God always, always looks for the best, never looks back, but keeps going to the end. (The Message; MSG)

The theoretical foundation of the Marital Selflessness Scale (MSS) is built on the premise that "the whole is more than the sum of the parts" (Bertalanffy, 1968, p. 18).

This idea is a foundational assumption in the field of marriage and family therapy (MFT).

As previously mentioned it is also congruent with a similar belief in Christian marriages where the two become one. Additionally, the Christian belief system of the Triune God

Table 1

<i>Demographic Summary of Sample</i>				
		<i>f (%)</i>		
Gender			Ethnicity	<i>f (%)</i>
	Male	128(50.0)	African	10(3.9)
	Female	128(50.0)	American/Black	
Age			Hispanic	12(4.7)
	18-29	43(16.8)	White	207(80.9)
	30-44	93(36.3)	Asian/Pacific Islander	13(5.1)
	45-69	61(23.8)	Native	
	60+	59(23.0)	American/Alaskan	4(1.6)
			Bi-racial	6(2.3)
			Other	2(0.8)
			Missing	1(0.04)
Education			Geographic	
	< High School	2(.78)	Southwest	158(62.1)
	High School/GED	30(11.7)	Midwest	48(18.8)
	Vocational School	13(.05)	East Coast	16(6.3)
	Some	76(29.7)	South	10(3.9)
	College/Associates	61(23.8)	West Coast	14(5.5)
	Bachelors	54(21.1)	Out-of-Us	10(3.9)
	Masters	17(6.6)		
	Doctorate	3(.01)		
	Missing			
Length of Current Marriage			Either Spouse Change Religion When Married	
	0 to 7 years	70(27.3)	Yes	18(14.1)
	8 to 21 years	100(39.1)	No	110(85.9)
	22 + years	86(33.6)		
Currently Attend Same Church			Religious Affiliation	
			None	23(0.09)
			Catholic	26(10.2)
	Yes	108(84.3)	Protestant	81(31.6)
	No	20(15.6)	Non-Denominational	101(39.5)
			LDS	12(4.69)
			Seventh-day Adventist	6(2.34)
			Other	7(2.73)
			TOTAL	256

where the Father, Son, and Holy Ghost are one is systemic as are many of the metaphors referred to in scriptures that highlight the same interdependence. For example Jesus is referred to as the vine and His followers are referred to as the branch (John 15:5); or in 1 Cor. 12:12 where all the parts of the Christian community form one body.

The MSS was developed along these lines and is an 18-item self-administered assessment that measures the spouse's experience of marriage via three factors: Relational Expectations, Relational Empowerment, and Relational Selflessness. These three theoretical constructs provide a framework for defining the problem more concretely and drawing out the complexities of unconditional love in a Christian marital relationship. Questions are designed from 1 Cor. 13:4-7 and describe various beliefs, behaviors, and attitudes within the relational dynamic.

Dyadic Adjustment Scale

The DAS is noted as one of the most widely used instruments in the field of couples therapy for measuring marital satisfaction (Busby, Christensen, Crane & Larson, 1995; Crane, Busby & Larson, 1991; Sabatelli, 1988). It was developed as a measure of marital adjustment (Spanier, 1976) and specifically measures marital adjustment as a process that is influenced by "events, circumstances and interactions" (Spanier, 1976, p. 17). The DAS offers four important subscales: satisfaction, consensus, cohesion and affectional expression. Each partner reports their perception of the relationship and then a composite score is provided. Scores range from 0 to 151; with the higher numbers favorable for marital adjustment and scores that are less than 97 are considered stressful relationships (Eddy, Heyman, & Weiss, 1991) although Crane et al. (1991) suggest that

the cutoff for distressed versus nondistressed couples is 107. Reliability for the overall scale using Cronbach's alpha was .96. The dyadic factors within the DAS demonstrate high reliability with Consensus = .90, Satisfaction = .94, Cohesion = .86, and Affectional Expression = .73.

Spiritual Assessment Inventory

The SAI is an individual measure of one's perception of their interactive relationship with God. It is based in the integration of psychology and theology theories that are grounded in relational anthropology (Carter, 1974; Erickson, 1985; Saucy, 1993). The SAI focuses on two relational dimensions in spirituality, awareness of one's relationship with God and quality of one's relationship with God. The SAI is a 48-item five point Likert scale with a five factor solution. The reliability of the subscales range from: Awareness = .95, Defensiveness/Disappointment = .90, Realistic Acceptance = .83, Grandiosity = .73, and Instability = .77. A confirmatory factor analysis has been conducted and confirmed the five factor structure (Hall & Edwards, 2002).

Narcissistic Personality Inventory

The NPI is the most widely used measure of the construct of narcissism (Barelds & Dijkstra, 2010; Kubarych, Deary, & Austin, 2004) and utilizes a self-report to measure narcissism as a personality trait in the general population (Wallace & Baumeister, 2002) where respondents reflect on how they feel about others as well as themselves. The NPI has been referred to as a gold standard in measuring the tendencies of narcissistic behaviors (Corry, Merritt, Mrug, & Pamp, 2008). The focus of the NPI is not to measure

Narcissistic Personality Disorder; rather it is “regarded as a measure of the degree to which individuals differ in a trait we have labeled ‘narcissism’” (Raskin & Hall, 1979, p. 590). Subscales within the NPI include: authority, self-sufficiency, superiority, exhibitionism, exploitativeness, vanity, and entitlement. Raskin and Terry (1988) reported that studies have consistently produced reliability estimates on the NPI ranging from .80 to .86.

Procedures

Each individual’s data were first linked into a couple dyads through their self-report of their anniversary date, gender and residing state. One hundred and twenty eight couple dyads or 256 individuals are included in the analysis connected to this study. Using only these 256 individuals (128 dyads) the data were then grouped into three datasets, one for the husbands, one for wives and a combined dataset (husband-wife dyad). All items in each dataset were evaluated for missing data and conformity to the univariate and multivariate assumptions of principle component factor analysis (Tabachnick & Fidell, 2007). Through this evaluation it was noted that one item on the MSS resulted in greater than 20% missing. This item was evaluated to identify if any patterns existed which could explain this level of missing data. No patterns were identified and the missing data was found to be missing at random. This item was removed from the subsequent analysis.

Each EFA process followed the guidelines for EFA presented in Tabachnick and Fidell (2007). Specifically, factor were extracted based on the Kaiser rule (Kaiser, 1958) as well as an evaluation of the scree plot (Cattell, 1996b). Items were evaluated and

subsequently retained by considering the communality score and factor loading $> .40$ (Nunnally & Bernstein, 1994). Ultimately seven items were removed from the MSS due to their failure to achieve these criteria. The three data sets were then exposed to both an oblique (promax) and orthogonal (varimax) rotation. The Orthogonal rotation paralleled the oblique rotation solution and therefore the subsequent solutions presented in the results section reflect the orthogonal solutions. Additionally, the husband, wife and dyad datasets produced similar solutions (number of factors and specific items on each factor) and therefore the combined dyad solutions were considered the most appropriate level of analysis and evaluation. These measures were then evaluated against the other assessments noted above to determine the level of convergent and predictive validity of the MSS subscales.

Results

The final solutions resulted in 10 items being retained in the MSS and allowed for three factors to be extracted at the dyadic level. These three factors accounted for 63.34% of the variance (See Table 2).

Factor 1: Relational Expectation

A total of 4 items loaded on the first factor extracted, accounting for 24.57% of the variance. The total possible dyadic score on the combined average for the Relational Expectations subscale is 80 and the higher the score the healthier the couple's level of relational expectation. It was determined that this subscale measured the idea of relational expectation as defined by the idea of expectations a spouse places on the other

spouse in terms of how they should be or shouldn't be. Since the idea of roles in a relationship can vary vastly between Christian couples (Mahoney, 2010), the Relational Expectation builds off of 1 Cor. 13:4-7 (MSG) where an individual is called to a self-reflective love from the divine. In other words, love "never gives up," "doesn't keep score of the sins or others" nor "revel when other's grovel" rather it "always looks for the best." Thus the expectation is on one's own behaviors in the relationship rather than focusing on the others. This is congruent with Mahoney's (2010) idea that we have relational spiritual mechanisms where religious couples see relationships as sacred.

Pargament (2007) proposes that these ideas are also experienced in practical daily life. This involves cognitive paths where a spouse turns to the divine for insight in creating relational goals as well as overcoming obstacles (Mahoney, 2010).

In practice, the higher the individual's score the less discouraged they are in their marriage; as they are accepting their spouse the way God created them to be. They don't focus on the spouse's past mistakes and they focus on their spouse's strengths. When a spouse does fail, they accept their apology and let it go. A high combined, dyadic score would indicate a couple where both couples hold this value/belief.

Factor 2: Relational Empowerment

There were 3 items that loaded on the second factor, accounting for 19.69% of the total variance. The total possible score on the combined average for Relational Empowerment subscale is 60 and the higher the score the healthier the couple's level of relational empowerment. It was determined that this subscale measured the idea of relational empowerment as defined by the idea that a spouse is uniquely created by God.

Table 2

Exploratory Factor Structure Results

MSS Couple Average Items					
	<i>A</i>	<i>M (SD)</i>	1	2	3
Factor 1: Relational Expectation	.78	31.98 (5.14)			
I easily get discouraged or I rarely get discouraged (1)	.66	7.84 (1.69)	.85		
I want to give up on my marriage or I want to fight for my marriage (2)	.77	9.33(1.34)	.61		
My spouse needs to or doesn't need to change (5)	.71	7.45 (1.84)	.79		
I bring up or I never bring up my spouse's past mistakes (11)	.75	7.36 (1.72)	.67		
Factor 2: Relational Empowerment	.70	18.43 (3.79)			
When I am right, I point it out or I don't point it out to my spouse (6)	.72	5.33 (1.49)		.61	
I often think that my way is the best way or I believe there is always more than one way (7)	.65	6.66 (1.73)		.82	
I make sure things are done my way or it doesn't matter how things are done (8)	.45	6.44 (1.55)		.80	
Factor 3: Relational Selflessness	.68	24.04 (4.02)			
I believe that love shouldn't or should put up with anything (14)	.60	7.40 (1.32)			.72
I don't trust God when it comes to my marriage or I trust God no matter how difficult my marriage may be (15)	.57	8.45 (1.89)			.78
I believe that love has limits or I believe love is limitless (18)	.58	8.19(1.86)			.78
Total for Marital Selflessness Scale (MSS)	.81	74.45 (10.00)			
Eigen value			3.77	1.41	1.16
% of Variance	63.34%		24.57	19.69	19.08

Given this, differences are valued in one's spouse rather than limitations to be addressed. Relational Empowerment builds off of 1 Cor. 13:4-7 (MSG) where an individual is called by the divine to a love that is humble and gentle rather than prideful and controlling as revealed in it being a love that "doesn't strut," "doesn't have a swelled head" nor "force itself on others" (1 Cor. 13:4-7; MSG).

In reference to the actual items within the Relational Empowerment subscale couples with higher scores will regard and respect each other and the uniqueness they bring to the total relationship, whereas lower scores are reflective of couples who fight to determine who is right and who is wrong. For example, one of the questions in the Relational Empowerment subscale asks if the spouse makes sure things are done their way or if it doesn't matter to them how things are done. Butler, Stout, and Gardner (2002) found that when a spouse prays to a deity about conflict in the marriage, it ultimately results in the couple decreasing their emotional reactivity, increasing empathy and the ability to see their spouse's perspective.

Factor 3: Relational Selflessness

Factor 3 is a measure of Relational Selflessness and accounts for 19.08% of the total variance. The total possible score on the combined average for Relational Selflessness subscale is 60. Higher scores indicate a higher level of selflessness whereas lower scores indicate a tendency toward thinking of one's self first. It was determined that this subscale measured the idea of relational selflessness as defined by the idea that a spouse will put the other's needs first in the relationships. Relational Selflessness builds off of 1 Cor. 13:4-7 (MSG) where an individual is called by the divine to a selfless love that "cares more for others than self," "puts up with anything," "isn't always 'me first,'" "takes pleasure in the flowering of truth," "doesn't keep score of the sins of others" and "trusts God always" (1 Cor. 13:4-7; MSG).

The Relational Selflessness subscale measures the degree to which each spouse believes that love has limits. For example, one of the questions in the Relational

Selflessness subscale asks if you put yourself before your spouse or your spouse before yourself. Lambert, Fincham, Braithwaite, Graham and Beach (2009) found that selfless concern for others mediates the relationship between prayer and forgiveness in relationships. This is also congruent with the finding that when a spouse prays to deity in relational conflict that there is a great sense of responsibility for self-change, thus implying selfless behavior toward the other (Butler, Stout & Gardner, 2002). Congruent with their findings, another item on the Relational Selflessness subscale measures a spouse's ability to trust God when it comes to difficult matters in the relationships; thus trusting the deity's work in each spouse's heart.

Reliability and Validity

The overall Chronbach's α of the dyadic level of the MSS is .81 with each of the relational subscales having acceptable levels as can be seen in table 2 the alpha coefficients ranged from .68 to .78. Internal validity was estimated by assessing where the scale scores varied across demographic characteristics of the sample. Table 3 illustrates the consistency of the MSS to offer stable measurements for many different populations and no difference in the overall MSS scores were noted based on gender, race/ethnicity, educational level, geographical area or religious affiliation.

While these were all anticipated demographics that wouldn't reveal significant differences, we also considered variables where the research suggests that there would be a difference. These categories included: whether or not the couple had been in therapy, whether or not there were children at home, length of marriage and financial stress. In regards to couple's therapy, it was assumed that couples who participate in couple's

therapy have higher levels of marital dissatisfaction (the reason that brought them to therapy) and therefore would have had lower scores on the MSS (Synder, Heyman & Haynes; 2005). An independent t test was used to assess if there were differences in couples who had been in therapy as compared to those who had not [Couple's Therapy (M 69.80, SD 11.80); No Couple's Therapy (M 75.08, SD 12.49)]. A significant differences was found $t_{(117)} = -2.11, p < .05$. Interestingly, this significant difference was only in the Relational Expectations subscale $t_{(117)} = -2.27, p < .05$. It was also predicted that with more children in the home the MSS score would decrease slightly due to the added stress. As anticipated, couples with children at home (M=72.87, SD 12.14) had lower MSS scores in comparison to couples with no children at home (M=76.03, SD 11.94) and this was a statistically significant difference $t_{(249)} = -2.08, p < .05$. This difference was seen in the Relational Expectation $t_{(249)} = -2.14, p < .05$ and Relational Empowerment $t_{(249)} = -2.38, p < .05$ subscales; however it was not noted in the Relational Selflessness subscale. Again, this is consistent with the research around marital satisfaction and children (White, Booth & Edwards, 1986; White & Edwards, 1990). In regards to the length of marriage, research continues to reveal that the divorce rate remains at approximately 50% among couples and half of these divorces are within the first 7 years of marriage (Kreider & Fields, 2002). To assess this issue with the MSS the sample was divided into three groups; newly married to 7 years ($n = 70$); 8 to 21 years ($n = 100$); and over 22 years ($n = 86$). There was a notable and significant difference in the MSS across these three groups with a significant difference in the MSS [newly married to 7 years (M=71.52, SD 11.29); the second was 8 years to 21 years (M=73.65, SD 13.49); and the third was over 22 years (M=77.89, SD 10.07)]. This difference was

Table 3

Scale Benchmarks

		Relational Expectation	Relational Empowerment	Relational Selflessness	Total MSS
M(SD)		31.98(5.14)	18.43(3.79)	24.04(4.02)	74.45(10.00)
MSS Version					
	On-line	32.48(5.37)	18.56(5.47)	23.12(5.21)**	74.16(12.15)
	Paper	31.53(6.53)	18.34(5.58)	24.97(3.87)**	74.84(12.02)
Gender					
	Male	32.50(6.08)	18.86(5.44)	24.07(4.76)	75.42(12.37)
	Female	31.46(5.94)	18.03(5.59)	24.12(4.53)	73.61(11.73)
Race/Ethnicity					
	Caucasian	32.11(5.67)	18.46(5.35)	23.92(4.70)	74.48(11.84)
	Diversity	31.29(7.59)	18.44(6.36)	25.22(4.33)	74.94(13.53)
Education					
	Some High School or Graduate/GED	31.11(6.60)	19.07(5.57)	24.45(4.51)	74.63(13.39)
	Trade School/ Associates/Some College	30.85(6.85)	17.87(5.86)	24.37(4.73)	73.09(13.94)
	College Graduate	33.33(4.81)	19.05(5.85)	24.39(4.25)	76.77(9.72)
	Post-Graduate Degree	32.23(5.54)	18.22(4.70)	23.36(5.01)	73.86(10.78)
Geographic Area					
	Southwest	31.74(5.94)	19.48(4.80)	24.33(3.46)***	75.55(10.54)
	Midwest	31.90(6.29)	18.05(5.56)	25.01(4.03)***	74.96(11.99)
	East Coast	32.64(5.80)	18.13(6.23)	18.79(6.61)***/*	69.56(14.71)
	South	32.00(5.87)	19.60(5.89)	24.30(5.42)*/**	75.90(11.93)
	West Coast	32.93(4.45)	20.10(5.29)	23.10(4.48)*	76.13(11.52)
	Out of United States	31.16(5.25)	16.24(6.71)	17.64(5.48)***/**/*	65.03(14.36)
Religious Affiliation					
	None	30.26(7.16)	17.03(5.77)	20.31(4.73)*/**	67.60(14.47)
	Catholic	33.12(5.74)	19.24(6.15)	23.20(5.88)	75.56(14.37)
	Protestant	32.54(5.63)	19.33(5.27)	23.98(4.80)*	75.85(11.62)
	Non-Denominational	31.81(5.65)	18.17(5.41)	25.27(3.67)***	75.25(10.12)
	Other	31.29(7.65)	17.81(5.77)	23.43(4.97)	72.53(14.93)
Couple's Therapy					
	Yes	29.19(9.53)*	16.93(5.74)	23.68(6.10)	69.80(11.80)*
	No	32.13(6.25)*	18.89(5.46)	24.06(4.68)	75.08(12.49)*
Children in Home					
	Children under 18 at home	31.09(6.51)*	17.59(5.69)*	24.19(4.38)	72.87(12.14)*
	No Children under 18 Home	32.71(5.52)*	19.24(5.28)*	24.08(4.89)	76.03(11.94)*
Marital Length					
	Newly Married to 7 years	31.02(6.01)	17.30(5.21)*	23.20(5.52)	71.52(12.29)**
	8 to 21 years	31.62(6.79)	18.04(5.96)	23.99(4.83)	73.65(13.49)*
	22+ years	33.15(4.85)	19.82(4.97)*	24.93(3.84)	77.89(10.07)*/**
Financial Stress					
	Overwhelming	32.22(6.55)	19.27(5.96)	25.00(4.36)	76.50(8.38)
	Severe	28.71(8.70)*/***	16.59(6.20)*	22.68(5.76)	67.98(17.07)***
	Moderate	31.45(6.14)*	18.55(5.23)	24.57(3.98)	74.57(11.25)
	Low	32.48(4.85)*	18.08(5.38)	23.82(5.10)	74.38(11.40)
	None	35.45(4.20)*/***	21.42(5.54)*	24.05(4.27)	81.45(9.82)***
Money at End of Month					
	Some left over	32.30(5.63)	18.61(5.36)	24.09(4.61)	74.99(11.57)
	Just enough	31.79(5.97)	18.33(5.62)	24.46(4.80)	74.57(12.04)
	Not enough	29.40(9.39)	17.81(7.08)	23.16(4.90)	70.37(17.11)

Between group comparisons by One Way ANOVA or Independent t test

Tukey HSD post hoc comparison significant difference with $p < 0.05^$ or $p < 0.01^{**}$ or $p < 0.001^{***}$*

evaluated with a one-way ANOVA (Welch $F_{(2, 159.78)} = 7.25, p < .001$). Finally, we compared the MSS score with varying levels of economic status and stress (Pearlin, 1999; Pearlin, Menaghan, Lieberman & Mullan, 1981). Specifically, two measures were

used to assess financial strain. One measure of financial stress was the questions of “What do you feel is your level of financial stress today?” This item was used to create four groups within the sample: overwhelming ($M=76.50$, $SD\ 8.38$); severe ($M=67.98$, $SD\ 17.07$); moderate ($M=74.57$, $SD\ 11.25$); low ($M=74.38$, $SD\ 11.40$); none ($M=81.45$, $SD\ 9.82$). There was a significant difference on the MSS for these four groups [Welch $F_{(4, 42.40)} = 3.68$, $p < .01$]. Planned contrasts revealed that financial stress was significant in all contrasts (see Table 3). However, in measuring financial stress through the question “In general, how do your finances usually work out at the end of the month?” there were no significant differences [$F_{(2, 248)} = 1.018$, $p = .363$] between the groups[some money left over ($M=74.99$, $SD\ 11.57$); just enough to make ends meet ($M=74.57$, $SD\ 12.04$); not enough to make ends meet ($M=70.37$, $SD\ 17.11$)].

While there was not a significant difference on the overall MSS between the online version and the paper version, there was an unexpected finding of significance between the online version ($M=23.11$, $SD\ 5.21$) and the paper version ($M=24.97$, $SD\ 3.87$) that occurred in the Relational Selflessness subscale $t_{(218.21)} = -3.18$, $p < .01$. Upon further investigation, similar unexpected differences were found in the demographics and the Relational Selflessness Scale. For instance, geographic location impacted the answers on Relational Selflessness. Those persons living in the Midwest ($M=24.33$, $SD\ 3.46$) scores were significantly higher than those in the East ($M=18.79$, $SD\ 6.61$) and those who lived out of the country ($M=17.64$, $SD\ 5.48$). Similar significant findings were found between the Southwest ($M=25.01$, $SD\ 4.03$) and the East Coast ($M=18.79$, $SD\ 6.61$) and the Southwest and out of the country ($M=177.64$, $SD\ 5.48$). The South ($M=25.30$, $SD\ 5.42$) also had significantly higher medium than the East Coast ($M=18.79$, $SD\ 6.61$)

and out of the country ($M=17.64$, $SD\ 5.48$). There was also a significant difference between the West coast ($M=23.10$, $SD\ 4.48$) and out of the country ($M=65.03$, $SD\ 14.36$). Another place where these significant findings were discovered in the Relational Selflessness Subscale was also in differences between persons reporting no religion ($M = 20.31$, $SD\ 4.73$) and persons reporting Protestant ($M = 23.98$, $SD\ 4.80$). There was also a significant difference between no religion ($M = 20.31$, $SD\ 4.73$) and Non-Denominational ($M=25.27$, $SD\ 6.67$)

The concurrent and predictive validity of the MSS (as well as the relational subscales) was evaluated by comparing the MSS with three different “gold standard” assessments: the DAS, SAI, and the NPI. In line with our didactic development of the MSS we created didactic scores for each of these assessments. A Pearson’s correlation was used to assess for significance (see Table 4). The first hypothesis was that there would be a positive correlation between the DAS and the MSS. The DAS and MSS overall scores did positively correlate ($r = .695$, $p = .01$). We also hypothesized that the DAS and MSS would have a similar correlations between some of their subscales; specifically the DAS Satisfaction subscale and the MSS Relational Expectation subscale and this was upheld in this evaluation as well ($r = .787$, $p < .01$). Interestingly all the subscales within the DAS and the MSS were significantly related at the $p < .01$ level (See Table 4 below). This provides a strong argument for the concurrent validity between the MSS and the DAS.

A second hypothesis was that the overall SAI and MSS total scores would correlate significantly; however they did not. It is likely that as a total score, the two

measures are not related, but as can be seen in table 4, certain subscale within the SAI do correlate with the MSS total score. Specifically the SAI Awareness Subscale ($r = .413, p < .01$); SAI Disappointment ($r = -.281, p < .01$); SAI Instability Subscale ($r = -.248, p < .05$). This means that the MSS does converge with some elements of spirituality shared within the SAI. In other words the higher the MSS score the higher the spiritual awareness and the lower the spiritual disappointment and instability a person will report on the SAI. In addition, the Relational Selflessness subscale positively correlated with the over SAI score ($r = .486, p < .01$), revealing that the higher someone scores on the Relational Selflessness subscale the higher overall score is on the SAI. Since the SAI is designed to measure both the spiritual and psychological aspects of a person's spiritual as revealed in their experienced relationships with God (Hall & Edwards, 1996); this is a promising result as the ability to be selfless is hopefully a reflection of one's experience of God, such as a practical application of daily practice in one's faith (Pargament, 2007).

Furthermore, certain subscales with the MSS also correlated with subscales within the SAI. The strongest correlations were between the MSS Relational Selflessness subscale and the SAI Awareness subscale ($r = .641, p < .01$) and SAI Grandiosity subscale ($r = .218, p < .05$). The Awareness subscales measures a "person's tendency to experience God's presence and communication patterns" (Hall et al., 2007, p. 158). The SAI's Impression Management subscale is a measure of exaggerated virtues to assess the level of test-taking attitude and it correlates highest with the SAI's Awareness Subscale and the Grandiosity subscale (Hall & Edwards, 2002) The strong positive correlations between the MSS Relational Selflessness Scale and the SAI Awareness and Grandiosity subscales provides strong promise of this measure.

Table 4

Concurrent Validity of the Relational Expectations, Empowerment, Selflessness and Total scores with other validated measures

	Relational Expectation Scale	Relational Empowerment Scale	Relational Selflessness Scale	MSS TOTAL SCORE
Dyadic Adjustment Scale				
Consensus	.650**	.400**	.276**	.597**
Satisfaction	.787**	.336**	.407**	.695**
Cohesion	.469**	.371**	.149	.441**
Affectional Expression	.433**	.249**	.263**	.420**
Total	.763**	.432**	.356**	.695**
Spiritual Assessment Inventory				
Awareness	.141	.190*	.641**	.413**
Realistic Acceptance	-.138	-.103	.147	-.053
Disappointment	-.279**	-.279**	-.074	-.281**
Grandiosity	-.089	.034	.218*	.051
Instability	-.332**	-.173	-.002	-.248*
Impression Management	.183*	.262**	.533**	.406**
Total	-.048	-.055	.486**	.139
Narcissistic Personality Inventory				
Authority	.033	-.124	-.096	-.067
Self-Sufficiency	-.010	-.044	-.108	-.065
Superiority	-.030	-.044	.129	.019
Exhibitionism	-.100	-.219*	-.015	-.139
Exploitive	-.214*	-.270**	-.166	-.275**
Vanity	-.048	-.174	-.015	-.097
Entitlement	-.263**	-.272**	-.195*	-.318**
Total	-.132	-.223*	-.084	-.185

All reported correlation values are Pearson r $p < 0.05^$ and $p < 0.01^{**}$*

The MSS was also compared to the NPI and it was assumed that the relationship would be negatively correlated. However, this was not true of the total scores. Rather two subscales within the NPI correlated significantly with the MSS overall. The Exploitive subscale ($r = -.275$, $p < .01$) and the Entitlement subscale ($r = -.318$, $p < .01$). This

tendency revealed that the higher a person's score on the NPI Exploitive and Entitlement subscales, the more likely a person will have a lower score on the total MSS. This correlation is relevant as the MSS is measuring the construct of unconditional love as defined in 1 Cor. 13:4-7 and the premise is that when you are unconditional there will be less thought of self. Further evidence of this was found in the significant negative correlation between the Entitlement subscale of the NPI and the Relational Selflessness subscale of the MSS ($r = -.195, p < .05$) which indicates that a person isn't feeling entitled because of their selflessness.

In considering the Relational Expectation subscale of the MSS two negative correlations were revealed; the NPI's Exploitive subscale ($r = -.214, p < .05$) and Entitlement subscale ($r = -.263, p < .01$). The Relational Empowerment subscale of the MSS revealed negative correlations with the overall NPI ($r = -.233, p < .05$) as well as the following subscales of the NPI: Exhibitionism ($r = -.219, p < .05$); Exploitive ($r = -.270, p < .01$); Entitlement ($r = -.272, p < .01$). This means when a person scores higher on the MSS Relational Empowerment subscale their scores will be lower on the NPI overall; as well as on the Exhibitionism, Exploitive, and Entitlement subscales. In turn, when someone has lower scores on the Relational Empowerment subscale of the MSS, they will tend to be more controlling and this is revealed in their higher scores on the NPI in the subscales of Exhibitionism, Exploitive, and Entitlement subscales.

Discussion

This study reports the first developmental steps of the Marital Selflessness Scale (MSS). The scale was developed to be used in clinical practice to assess religious

couple's values and beliefs and to provide direction to clinicians for incorporating these values and beliefs within the therapy room. Specifically the MSS looks at the impact of a couple's religious beliefs on their relationship utilizing unconditional love (as portrayed in 1 Cor. 13:4-7) as the frame of their relational values. This study identified three subscales within the MSS; Relational Expectation, Relational Empowerment and Relational Selflessness. These scales address imbedded ideas associated with unconditional love. The construct validity of the MSS and its factor structure was strong and accounted for 63.34% of the variance. The MSS also has strong reliability as do the subscales as assessed by Chronbach's coefficient of internal consistency, while the MSS has a strong overall reliability, the Relational Selflessness subscale could benefit from further investigation to increase its reliability.

Testing of the MSS supported the proposed practice of using the MSS as a dyadic level measure. The husband and wife separately answer the items on the MSS, however scoring the subscale and total score is a combined couple score. The benchmarks and reliability estimates in tables 2 and 3 are based on this dyadic scoring and the MSS should be used this way in practice.

This study also evaluated the reliability and validity of the MSS. First, external validity of the MSS and subscales was supported in that there were strong correlations between the MSS and proposed constructs within other validated instruments: DAS, SAI and NPI as shown in table 4. In addition, internal validity was shown through several demographics variables including gender, education and ethnicity revealing no significant differences. Unexpectedly, some demographic variables were significant in the area of geographic residence; it is possible that another variable could have influences this

difference given the small sample size; such as this study collected data on state participants reside in, but not whether they were rural or urban residents; there is evidence that rural areas have a lower divorce propensity (Rodrigues, Hall, & Fincham, 2006). Another consideration may be cultural differences between different regions of the United States, which may be influenced by ethnicity; for instance African-American is at a greater risk for divorce, whereas Hispanic is associated with a lower risk for divorce (Bumpass, Sweet, & Martin, 1990). Glass and Levchak (2014) found geographic differences in divorce rates. Divorce rates were higher in Southern states like Arkansas and Alabama as compared to Eastern states like New Jersey and Massachusetts; they have proposed that in states that are religiously conservative there is an emphasis placed on values that encourage demographic behavior of early first marriage and first birth, lower educational attainment, etc. In considering the results of the Relational Selflessness subscale the Southern states had significantly higher scores than the East coast states lending support to the idea of differences in those who hold conservative Christian values as compared to more liberal ones.

Further investigation of this difference needs to be explored. Significant differences in demographics were also found where we expect. For example, we found a significant difference between a clinical versus a non-clinical population. Secondly, the length of marriage revealed a significant difference; the longer a couple was married the higher their scores were. Additionally, and consistent with the literature (White & Edwards, 1990), the MSS varied for couples with and without children in the home. Third, a difference was found in the religion demographics and supports the assumption that the MSS is for Christian couples, as those who claimed no religion had significantly

lower scores. This should be interpreted as couples who don't profess a religious values system have a different value system than the foundation of 1Cor. 13:4-7 and therefore the MSS should not be used to measure their marriage. Finally, the MSS varied by the level of financial stress within the couple (Dakin & Wampler, 2008). Each of these four areas are frequently cited in the literature as having a direct relationship with marital satisfaction and as such the MSS demonstrated its validity in that it varied much like a marital satisfaction instrument would be expected to vary. In addition the MSS showed a strong convergent validity with the DAS.

Overall this early developmental step for the MSS provides strong support for the MSS as a useful tool for practicing clinician who wishes to access and utilize their client's spirituality and beliefs in the therapy process. In addition, the Relational Expectation, Relational Empowerment and Relational Selflessness were strongly correlated with the subscales in the DAS and this also provides support for the MSS being useful as a tool to measure and highlight growth areas for couples. The strong correlations between the MSS and the Awareness, Disappointment and Instability subscales of SAI also provides support for the MSS in terms of measuring a Christian belief system in terms of unconditional love in marriage. Finally, the strong correlation with of the MSS Relational Empowerment subscale and the NPI is an important consideration in relationships where there is an imbalance in power. The lower the score on the MSS Relational Empowerment subscale, the more a spouse is wanting things done their way; the negative correlation with the NPI reveals that this same person would be scoring higher on the NPI and specifically in the Exploitive and Entitlement subscales.

One other consideration is the use and scoring of the MSS in therapy, previously we have published an article along these lines. Briefly, the MSS provides a dyadic measure for a couple in the areas of Relational Expectations, Relational Empowerment, and Relational Selflessness (Castronova, Distelberg, & Wilson, 2014 - in submission). In general, the higher the overall dyadic score on the MSS, the more likely it is that the couple is living out practical ideas of unconditional love. But in its current format the MSS does not fully account for couple with significantly divergent scores, as the aggregated scoring process would value this as middle range score, which is potentially not an accurate or robust evaluation of this situation. Future studies will need to assess an additional scoring system that can account for both the aggregated sum as well as a difference between partners. Given the current form we suggest that a therapist use the scoring provided in this study, but also assess the individual scores for divergent scores. If a couple has a mid-range score on the MSS the therapist should review the subscale scores for similarities and differences. When differences are found the therapist should explore and process these differences.

Similarly, the MSS can be used to create interventions for couples depending on the therapist's theoretical orientation to therapy. For example, therapists from a strategic therapy orientation typically utilize two kinds of interventions: direct interventions (giving advice, explanations, suggestions, interpretations, and prescribed tasks) and indirect interventions (paradoxical or defiance-based interventions) (Papp, 1983). In regard to utilizing the MSS to create an intervention for a low score on the Relational Selflessness subscale, the strategic therapist might ask the couple; "Your scores on the Relational Selflessness subscale were low and I am wondering what this practically looks

like at home” or “1 Cor. 13 says that love isn’t always ‘me first’, so the next time you and your spouse have a disagreement at home I want you to each stop and consider what it would mean for you to surrender your position and concede to the other’s position. If you were to do this, how might it be an example of putting the other first?” This type of an intervention would put each spouse in the position of having to intentionally choose loving self or the other. The MSS is a practical assessment tool that clinicians can easily incorporate into their therapy work with Christian couples. It provides the clinician with a way of assessing the focus of the problem as well as creating goals and interventions that are in line with the client’s belief systems.

Limitations

One of the limitations in this study was successfully having both spouses participate in the study and linking their combined survey responses. When paper packets were provided directly to participants there was a high rate of both partners completing the assessment; however when participants chose the on-line survey method there was a much lower chance of both partners completing the assessment. While the sample size was appropriate given Tabachnick and Fidell (2007) recommendations, a larger sample should be used to support the correlational assessment; specifically the predictive and convergent validity of the MSS with other validated tools. Another important limitation is that the proposed scoring is based on an aggregated sum of the husband and wife scores. Additional work should be conducted to determine if further information can be ascertained from other dyadic methods such as a difference score. Finally, the MSS was specifically grounded in 1 Cor. 13:4-7 and was intended for

couple's who consider the New Testament a part of their Christian faith; therefore the MSS is not intended for use with couples who profess their religious beliefs grounded in other religious or no religion.

References

- American Psychological Associations – Commission on Accreditation APA-CoA. (2013) Guidelines and principles for programs in professional psychology. Retrieve from <http://www.apa.org/ed/accreditation/index.aspxd>
- Barfelds, D. P. H., & Dijkstra, P. (2010). Narcissistic Personality Inventory: Structure of The adapted Dutch version. *Scandinavian Journal of Psychology*, 51, 132-138.
- Bertalanffy, L. V (1968). *General systems theory: Foundation, development, and application*. New York: Braziller.
- Boyd-Franklin, N., & Lockwood, T. W. (2009). Spirituality and religion: Implications for psychotherapy with African American families. In F. Walsh (Ed.) *Spiritual resources in family therapy*. (2nd ed., pp. 141-155). New York, NY: Guilford.
- Bumpass, L., Sweet, J., & Martin, T. C. (1990). Changing patterns of remarriage. *Journal of Marriage and Family*, 52(3), 747-756.
- Busby, D. M., Christensen, C., Crane, D. R. & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and Family Therapy*, 21(3). 289-308.
- Butler, M. H., Stout, J. A., & Gardner, B. C. (2002). Prayer as a conflict resolution ritual: Clinical implications of religious couples' report of relationships softening, healing perspective, and change responsibility. *American Journal of Family Therapy*, 30, 19-37.
- Carter, J. D. (1974). Personality and Christian maturity: A process congruity model. *Journal of Psychology and Theology*, 2, 190-201.
- Castronova, M., Distelberg, B. & Wilson, C. (2014). The marital selflessness scale: A relational assessment for couples (in press).
- Chatters, L. M. & Taylor, R. J. (2005). Religion and families. In V. L. Bengtson, A. C. Acock, K. R. Allen, P. Dilworth-Anderson, & D. M. Klein. (Eds.). *Sourcebook of family theory and research* (2nd ed., pp. 517-541). Thousand Oaks, CA: Sage Publications, Inc.
- Clark, L. A. & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7(3), 309-319.
- Commission on Education for Marriage and Family Therapy Education. (2005). *Accreditation standards: Graduate and post-graduate marriage and family therapy training programs*, Version 11.0. Retrieved from

https://www.aamft.org/imis15/Documents/Accreditation_Standards_Version_11.pdf

- Commission on Quality of Health Care in America. (2001). Crossing the quality chasm: A new health system for the 21st century. Washington, DC: Institute of medicine, National Academies press.
- Correy, N., Merritt, R. D., Mrug, S., & Pamp, B. (2008). The factor structure of the Narcissistic Personality Inventory. *Journal of Personality Assessment*, 90(6), 593-600.
- Counsel for Accreditation of Counseling and Related Educational Programs. (2009). Accreditation standards. Retrieved from <http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>
- Crane, D. R., Busby, D. M., & Larson, J. H. (1991). A factor analysis of the dyadic adjustment scale with distressed and nondistressed couples. *The American Journal of Family Therapy*, 19(1), 60-66.
- Dakin, J., & Wampler, R. (2008). Money doesn't buy happiness, but it helps: Marital satisfaction, psychological distress, and demographic differences between low- and middle-income clinic couples. *American Journal of Family Therapy*, 36, 300-311.
- Eddy, J. M., Heyman, R. E., & Weiss, R. L. (1991). An empirical evaluation of the Dyadic Adjustment Scale: Exploring the differences between marital "satisfaction" and "adjustment." *Behavioral Assessment*, 13, 199-220.
- Erickson, M. J. (1985). Christian theology. Grand Rapids, MI: Baker Book House.
- Falicov, C. J. (1995). Training to think culturally: A multidimensional comparative framework. *Family Process*, 34, 373-388.
- Gallup, Inc. (2008). Religion (survey data summaries). Retrieved 8/7/2012 from <http://www.gallup.com/poll/151760/christianity-remains-dominant-religion-united-states.aspx/>
- Grams, W. A., Carlson T. S. & McGeorge, C. R. (2007). Integrating spirituality into family therapy training: An exploration of faculty members' beliefs. *Contemporary Family Therapy*, 29, 147-161.
- Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the spiritual assessment inventory.
- Hall, T. W., & Edwards, K. J. (2002). The spiritual assessment inventory: A theistic model and measure for assessing spiritual development. *Journal for the Scientific*

- Study of Religion, 41(2), 341-357.
- Kaiser, H. F. (1958). The varimax criterion for analytic rotation in factor analysis. *Psychometrika*, 23, 187-200.
- Kreider, R. M., & Ellis, R., (2011). Number, timing, and duration of marriages and divorces: 2009. *Household Economic Studies*, P70-125. Washington, DC: U.S. Census Bureau.
- Kenny, D. A., Kashy, D. A., & Cook, W. L. (2006). *Dyadic data analysis*. New York: Guilford Press.
- Kubarych, T. S., Deary, I J., & Austin, E. J. (2004). The Narcissistic Personality Inventory: Factor structure in a non-clinical sample. *Personality and Individual Differences*, 36, 857-872.
- Lambert, N. M., & Dollahite, D. C. (2006). How religiosity helps couples prevent, resolve, and overcome marital conflict. *Family Relations*, 55, 439-449.
- Linder, E.W. (2008). *Yearbook of American and Canadian churches: 2008* (73rd ed.). New York: National Council of Churches in the USA.
- Mahoney, A. (2010). Religion in families, 1999-2009: A relational spiritual framework. *Journal of Marriage and Family*, 72, 805-827.
- Mahoney, A., Pargament, K. I., Jewell, T., Swank, A.B., Scott, E., Emery, E., & Rye, M. (1999). Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital function. *Journal of Family Psychology*, 13, 321-338.
- Mahoney, A., Pargament, K. I., Swank, A., & Tarakeshwar, N. (2001). Religion in the home and conceptual analysis of religion, marriage, and parenting. *Journal of Family Psychology*, 15, 559 -596.
- Nunnally, J. C. (1978). *Psychometric theory* (2nd ed.). New York: McGraw-Hill.
- Olson, D. H., Olson-Sigg, A. & Larson, P. J. retrieved from https://www.prepareenrich.com/webapp/pe/research/template/DisplaySecureContent.vm?id=pe*research*ResearchOnNationalSurveys.html 4/7/14
- Onedera, J. D. (Ed.). (2008). *The role of religion in marriage and family therapy*. New York: Routledge.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.

- Papp, P. (1983). *The process of change*. New York: Guilford Press.
- Pearlin, L.I. (1999). Stress and mental health: A conceptual Overview. Pp 161-175 in *the Sociology of Mental Health and Illness*, edited by A. H. Horwitz and T. L. Scheid. Cambridge, UK: Cambridge, UK.
- Pearlin, L.I., Menaghan, E., Lieberman, M., & Mullan, J. T. (1981). The stress process. *Journal of health and social behavior*, 22, 337-356.
- Raskin, R. N., & Hall, C. S. (1979). A Narcissistic Personality Inventory. *Psychology Reports*, 45, 590.
- Rodrigues, A. E., Hall, J. H., & Rincham, F. D. (2006). What predicts divorce and relationship dissolution. In M. Fine and Harvey, J. (Eds.) *Handbook of divorce and relational dissolution*. (pp. 85-112). New York: Taylor & Francis.
- Sabatelli, R. M. (1988). Measurement issues in marital research: A review and critique of contemporary survey instruments. *Journal of Marriage and the Family*, 50, 891-915.
- Saucy, R. L. (1983). Theology of human nature. In J. P. Moreland & D. Ciocchi (Eds.). *Christian perspectives on being human* (pp. 17-52). Grand Rapids, MI: Baker Book House.
- Snyder, D. K., Heyman, R. E., & Haynes, S. N. (2005). Evidence-based approaches to assessing couple distress. *Psychological Assessment*, 17(3), 288-307.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28.
- Sprey, J. (1988). Current theorizing on the family: An appraisal. *Journal of Marriage And Family*, 50, 875-890.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Boston: Allyn & Bacon.
- Wallis, J., Burns, J., & Capdevila, R. (2010). What is Narrative Therapy and what is not? The usefulness of Q methodology to explore accounts of White and Epston's 1990 approach to Narrative Therapy. *Clinical Psychology and Psychotherapy*, 18, 486 – 497.
- Walker, D. F., Gorsuch, R. I., & Tan, S. Y. (2005). Therapist' use of religious and spiritual interventions in Christian counseling: A preliminary report. *Counseling and Values*, 49, 107 – 119.

Walsh, F. (Ed.). (2009). *Spiritual resources in family therapy*. (2nd ed.). New York, NY: Guilford Press.

White, L., Booth, A., & Edwards, J. N. (1986). Children and marital happiness: Why the negative correlation. *Journal of Family Issues*, 12, 5-21.

White, L., & Edwards, J. N. (1990). Emptying the nest and parental well-being: An analysis of national panel data. *American Sociological Review*, 55, 235-242.

CHAPTER SEVEN

SUMMARY

This study sought to create and validate an assessment that would measure the spiritual construct of unconditional love within a Christian marriage. The development of this assessment was prompted by the increased recognition within the marriage and family therapy field to attune to the client's socio-cultural influences (Nelson, et al., 2007). Working with couples who are religious creates unique challenges. First, the marriage and family therapy profession is still wrestling with how to effectively incorporate a client's spirituality into therapy (Grams et al., 2007; Walsh, 2009). While marriage and family therapy training programs report they are incorporating training for spirituality; therapy students, clinicians and supervisors of therapists report they have not received adequate training for integrating spirituality in therapy (Grams et al., 2007; Graves, 2005). Additionally, Boyd-Franklin and Lockwood (2010) have noted that it is imperative for therapists to learn how to recognize, assess and appreciate how spirituality plays a part in the family systems. This is complicated however by the fact that we still lack solid theories that integrate family theories and spirituality (Chatters & Taylor, 2005; Mahoney 2010).

One of the largest barriers to bridging this gap is that therapists do not have access to quality measures of spirituality for use in clinical practice (Mahoney, 2010). This has resulted in an isomorphic situation between the quality of care clients should receive and the care they actually receive (Committee on Quality of Health Care in America, 2001; Pew Health Professions Commission, 1993; President's New Freedom Commission on Mental Health, 2003; U.S. Department of Health and Human Services, 1999). The

current spirituality measures, available to therapists, tend to be global measures and lead to ambiguous or even misleading interpretations (Mahoney, 2010). To even begin to address this gap in the need for integration of spirituality in practice, the MFT field of must heed Mahoney's (2010) call for measures that consider the impact of spirituality on marriage by considering the breadth and depth of one's faith. Furthermore these measures must define spirituality in such a way that the definition offers flexibility and incorporates multiple dimensions and depth. To that end, spirituality is defined as "a search for significance in ways related to the sacred" (Pargament, 1997, p. 24).

Spirituality at the core involves our perceptions of the divine, including the ways it extends into any aspect of our life with significance (Pargament & Mahoney, 2005). This expression extends beyond the individual experience and also enters the realm of family relationships (Mahoney, Pargament, Murray-Swank, and Murray-Swank, 2003). Mahoney (2010) proposes that if measures were more fine-tuned to spiritual beliefs, it would provide greater detail into what aspects of a person's faith helps a couple stay together rather than divorce. Additional spiritual constructs that are better differentiated can also provide us with the benefits or risks of various manifestations of religion; such as when scripture is used to justify family violence or identifying what is different in those religious families who don't use scripture to justify violence (Mahoney, 2010).

Given the need for therapists to have a practical application of spirituality in their work with couples, as well as the need for measures to support this work, the Marital Selflessness Scale was created (MSS, Castronova, Distelberg, & Wilson, 2014 in submission). This dissertation focused on the development of the MSS. The first aim of this study was to develop the MSS. This process was reflected in paper I. Within this

paper we explain how the MSS was grounded in relevant Christian theology, which aligns with the cultural background of the intended population. This paper also describes how the MSS is reflective of MFT theories (Strategic and Narrative theories). The second aim of this study was to quantitatively assess the MSS through common psychometric processes. This aim was addressed in paper II and this study provided strong support for the MSS as a useful, reliable and valid measure for use in couples therapy. More specifically, this study sampled couples and supported the hypothesized latent structure of the MSS. This study also demonstrated the internal reliability and validity of the MSS through exploratory factor analysis and comparisons of scores across demographic variables. Finally this second paper also showed strong preliminary evidence of the external validity of the MSS through concurrent and predictive validity tests with previously identified outcomes associated with marital satisfaction as well as measured association between the MSS and other standardized and validated measures.

Major Findings

Paper I

The purpose of paper I was to introduce the MSS as a theoretically grounded assessment tool that could be used in the therapy room with Christian couples. The construct of unconditional love as defined in 1Cor. 13:4-7 was presented as a foundational verse that Christian marriages are built upon. Next this paper discussed how systemic theories; such as Strategic and Narrative therapy are a natural fit for incorporating spirituality. Specifically, both theories strongly respect and integrate the client's worldview. The MSS is a vehicle that can assist the therapist in understanding

the problem through a lens of selfishness within the couple's marriage verses their desire to have their relationship be reflective of 1 Cor. 13:4-7. Readers were then presented with the three subscales of the MSS: Relational Expectations; Relational Empowerment; Relational Selflessness and a proposed practical application of MSS as a tool for use in therapy. Finally, readers were provided with examples of how to create interventions through the evaluation of the MSS under theoretical lens of Strategic and Narrative Family Therapies.

Paper II

The purpose of the second paper was to provide the next step following the theoretical development of the MSS by testing the reliability and validity of the proposed factor structure and overall assessment. The Relational Expectation, Relational Empowerment and Relational Selflessness subscales were validated through a varimax rotation which supported the hypothesized three factor structure. As demonstrated in this paper, reliability of the overall MSS, Relational Expectation and Relational Empowerment all reached acceptable levels. The MSS was also correlated with three "gold standard" assessments: DAS, SAI, and NPI. The MSS and the DAS were strongly correlated on the overall assessment; as well as each of the subscales. These results provide a therapist with assurance that when they are utilizing the MSS with Christian couples it was normed with one of the most widely recognized marital assessments. In addition each of the MSS' three subscales correlated strongly with various subscales in the other two "gold standard" assessments: SAI and NPI. Demographics were also considered for the purpose of internal validity. As predicted, no significant differences

were found on the overall MSS score across gender, length of marriage, educational level, geographic area, or religious affiliation. Anticipated differences were found in financial stress, no religion verses a religion, therapy verses no therapy, and children under eighteen at home verse no children at home. This evidence provides strong evidence that the MSS can be utilized with confidence in most cases; however as anticipated the results also suggest that the MSS should not be used as a measure with couples who profess no religious affiliation.

The results of paper I and paper II provide clinicians with the information they need to understand the theoretical grounding of the MSS, as well as preliminary evidence of the MSS' reliability and validity. Furthermore the MSS can be integrated into systemic therapy theories; specifically Strategic and Narrative Family Therapy. The MSS can also be used to help frame and identify issues for the focus of therapy.

Differences and Justifications

As with most studies the actual process of the study attempts to follow the initial proposal but often times divergent findings are noted, or methods require adaptation due to unforeseen issue. This study shares this history. First there were 3 notable deviations from the original proposal methodology.

One difference was in the merging of data sets. Once the data was collected and spouses were linked through anniversary date and residing state, 220 individual surveys were unable to be linked with an identified spouse. The proposal did not consider this level of non-connected data. Through the analysis process the decision was made to not

be utilized resulting in 220 unused spouses; leaving 128 couples (which was within the proposed number of couples).

The second difference in the procedure method was the result of a three factor structure rather than the proposed four factor structure. Originally, in the initial proposal, it was proposed that the MSS would be comprised of four subscales: Relational Expectation, Relational Commitment, Relational Selflessness and Relational Forgiveness. Through the analysis of the data it was determined that a three factor structure was more accurate. In this case (as noted in paper II), the three factors were: Relational Expectation, Relational Selflessness and Relational Empowerment. This new structure provided a stronger reliability to the Relational Empowerment subscale as well as the overall MSS scale. Because of this adapted structure, the MSS's overall internal consistency meets the acceptable level of .7 to .8 (Fields, 2009). Although, one subscale (the Relational Selflessness subscale) only measured a Cronbach's α of .68 leaving room for improvement and future assessment and modification. Even with this limitation the overall reliability is strong and therefore we argue that the MSS is ready for use in practice, and answers the call for robust measures of spirituality, even though future studies will focus on the continued improvement of the reliability.

Finally, the third notable difference in the methodology was in the reference to scoring the MSS. It was proposed that the MSS could be scored using an aggregated couple's score as well as a difference score. The difference score was not attempted in this study. A factor analysis process was conducted on the difference scores, and notable difference in factors and item loadings existed in the MSS for the difference score. Specifically the factor structure on the difference score data set was not consistent with

the factor structure on the aggregated score and therefore it was deemed that further investigation would need to be done to give better direction as to what the difference in the factor structure means for the MSS. Specifically more work should be done in using the individual MSS scores within dyadic analysis methods to determine how differences scores between spouses accounts for different predictive outcomes.

Beyond the deviations from the original methodology reported in the proposal we also had a number of findings that were not in line with the original hypotheses. To begin, it was originally hypothesized that there would be no significant differences on the for MSS scores between common demographic characteristics; such as gender, educational level, ethnicity and Christian religious affiliation as a means of assessing predictive validity. While this held true for gender, education and ethnicity other demographics did result in significance. First there was a significant difference between couples who had children under the age of 18 at home and those that did not. While Christian religious affiliation didn't reveal any significant differences between each other, persons reporting no religious affiliation had lower scores. Specifically, there were two religious affiliations that were significantly different from those who reported none: Protestant to No religious affiliation and Non-Denomination to No religious affiliation. This finding is important to note as it highlights the application inference of the MSS. In other words these findings underscore that the MSS should only be used with Christian couples who share 1 Cor. 13:4-7 as a doctrine of faith and identify this passage as influential to their culture. It was also proposed that there would be no difference between the clinical population and the non-clinical population. Within paper II we noted that there was a significant difference between the two populations with the clinical

population having lower scores. Even though this is divergent from the original hypothesis, this finding makes sense and offers a better understanding of the discriminant validity of the MSS. In this case if we assume that couples in therapy have a low level of satisfaction, the impetus for their participation in therapy (Synder, Heyman & Haynes, 2005) then it would make sense that couples in therapy would have lower MSS scores in comparison to couples not in therapy. Similarly, a difference was found in the different levels of financial stress couple's report; however in considering how much money was left at the end of the month no differences were found.

Most surprising were the significant differences revealed in geographic areas; while one would hope that no differences would exist between geographic areas this study did find a difference in MSS score across the geographic areas. In a similar way the online and paper versions of the survey produced a small, but statistically significant score. Both of these findings are unclear and further exploration will be required to identify if this difference was a phenomenon of this study or truly associated with the MSS.

In regards to the exploration of the convergent and predictive validity of the MSS we hypothesized that the MSS would correlate with the DAS, NPI and SAI. Overall these hypotheses were supported, but with one notable exception. While the total scores and subscale scores for the DAS and the MSS correlated as anticipated, the MSS did not correlate with the total score for the SAI or NPI.

In reference to the SAI, the subscales didn't correlate as anticipated with the MSS. The SAI's Realistic Acceptance subscale was proposed to positively correlate with the Relational Expectation and Relational Selflessness subscale; however the MSS total

score and MSS subscales did correlated with other subscales of the SAI. Strong correlations and support were revealed in other ways between the SAI and the MSS. Specifically, the Relational Selflessness subscale correlated positively with the overall SAI score, lending support to the assumption that the Relational Selflessness subscale is a measure of the depth of one's spirituality in how they view their marriage. Furthermore the Awareness subscale of the SAI correlated positively with the overall MSS score, the Relational Empowerment subscale and the Relational Selflessness subscale. Additionally the Disappointment subscale of the SAI correlated negatively with the overall MSS score, as well as the Relational Expectations and Relational Empowerment subscales. These are important findings as they link the possibility of unconditional love (MSS) to other relational constructs of spirituality (SAI).

In considering the proposed results between the MSS and the NPI, while the MSS and NPI total scores not correlated, the Entitlement subscale of the NPI negatively correlated with the Relational Selflessness subscale. In addition, the Entitlement subscale also negatively correlated with the overall MSS, the Relational Empowerment subscale, and the Relational Expectation subscale inferring that the higher a person's score on ideas such as accepting one's spouse as they are, fighting for their marriage, and not bring up the spouse's past mistakes; the lower their scores on the NPI's Entitlement subscale. Further evidence of the conceptual relationship between the MSS and the NPI existed in the significant negative correlation between the Entitlement subscale and the MSS Relational Selflessness subscale revealing a similarity in both measures assessing a level of selflessness or as the MSS defines it, unconditional loves.

While the MSS and subscales didn't fully correlate as anticipated with the SAI and the NPI, the correlation between the MSS, NPI and SAI subscales does show sufficient convergent validity at the construct level even though the over scores failed to correlate significantly.

Implications

From this study there are multiple implications for both researchers and clinicians. In considering research, Mahoney's (2010) review of the last ten years of research provides a strong argument for the need to develop measurements that assess the breadth and depth of spirituality in family work. The MSS meets this challenge by utilizing one of the most read scriptures at weddings 1Cor. 13:4-7. This passage highlights the foundation of an unconditional love value within the Christian culture. The promising results of the internal validity and reliability of the MSS provides strong support for the MSS as an instrument that can assess relational satisfaction within a spiritual culture (population). Furthermore Mahoney (2010) argued that when assessing spirituality one should address the following questions: "(a) What is unique about religion that influences family function? (b) Is religion relevant to traditional and nontraditional families? and (c) Can different manifestations of religion either help or harm family relationships" (p. 821). The MSS is in line with these three questions and measures the Christian value of unconditional love. Furthermore, the Relational Empowerment subscale can be utilized as a means of assessing various manifestations of power and control within a couple and from a lens appropriate for Christian cultures.

For clinicians the MSS addresses many noted limitations in the current standard of practice. First, the MSS provides clinicians with a valid measurement that is sensitive to religious couple's values. This is strengthened by the strong correlations with the DAS in total and with subscales. Secondly, the MSS provides a language for a clinician to utilize in therapy that is sensitive to the Christian couples' socio-cultural belief system. For example, while nonreligious couples had lower mean scores on the MSS than couples reporting a specific religion, a conclusion was not drawn that this meant they had a marriage that was less than ideal; rather the premise is that the MSS is not measuring their marital value systems and therefore should not be used as an measurement tool with them. Third, the MSS can be utilized as a tool to guide the goals and interventions in the therapy room. We offer a number of examples and illustration for this purpose in paper I.

Future Directions of Research

Through these studies the MSS is showing promise in measuring the spiritual construct of unconditional love. Given this, the next step in the development of the MSS is the continued validation of the MSS. Specifically the next step would focus on the confirmation of the latent structure found within paper II. Specifically a new sample should be drawn and a confirmatory factor analysis process can be utilized to replicate and assess the three factor structure. This process should also consider whether the three factors (subscales) are interdependent factors (first order) or part of a larger construct of faith informed marital satisfaction (e.g. a second order factor structure). In the process of achieving this goal, two issues should be taken into consideration. First, exploring the

expansion of the Relational Selflessness subscale to increase its internal reliability as well as assessing possibilities for significant findings against certain demographics.

Secondly, the MSS could potentially offer additional information if it is scored as a difference score. To date, no assessment exists which uses this process. The closest dyadic level assessments in use today are the DAS and the PREPARE/ENRICH assessments, but even these fail to explore multiple dyadic scoring process, and neither uses a difference score. Because of this more work is needed in setting guidelines and process for creating and validating difference scores. This deeper understanding within the field will help the MSS move into a more robust scoring of difference scores. For the MSS specifically it will be important to test the aggregated score as well as explore dyadic outcomes with the MSS as the predictor before moving to a difference scoring process. To accomplish this dyadic methods will have to be employed (such as Actor-Partner Interaction Models) to assess how differences between couples on the MSS relate to varying outcomes. These studies will help us understand the difference between scores within subscales in a much more robust way. With this knowledge we can move forward to assess a difference scoring structure for the MSS.

Finally, research can be developed around utilizing the MSS as a practical tool for training therapists to integrate spirituality successfully into couple's therapy. Consistent in the literature is a call for bridging the gap between training clinicians in spiritual integration and the practical application of it in the therapy room (Grams et al., 2007; Graves, 2005; Pargament, 2007). In addition, the idea of transportability from research to treatment is complex and currently relevant in our profession (Sprenkle, 2012). The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE,

2005) has also made its case for transportability from training to practice. While there are no simple answers Henggeler and Sheidow (2012) note that all aspects of an intervention need to be well specified, including effective training materials and validated fidelity to the treatment. Along these lines in the expansion of the MSS and its use attention will need to be given to creating a process to measuring its effectiveness as a tool to be used in therapy to assist therapists in being attune to the culture of Christianity as well as its utilization in the therapy room.

Given this growing awareness of the various accrediting bodies in regards to integrating spirituality, training programs will have to consider the complexities of a client's socio-contextual context; including their spirituality (American Psychological Association - Commission on Accreditation, APA-CoA, 2013 Council for Accreditation of Counseling & Related Educational Programs, CA-CREP, 2013). The MSS is posed to be used in these processes and can assist these training institutes.

Conclusion

Overall the MSS is an assessment that therapists can confidently use as an assessment with Christian couples. The MSS can be used to identify the problem, as well as create the goals and interventions in therapy. In this study we developed a theoretical foundation for the MSS and defined the spiritual construct of unconditional love as outlined in 1 Cor. 13:4-7. We then provided a format for clinicians to implement the MSS into couples therapy and applied it within two systemic theories: Strategic and Narrative. We then conducted and reported the results of an exploratory factor analysis that revealed a three structure factor of the MSS: Relational Expectation, Relational

Empowerment and Relational Selflessness. This study also provided strong preliminary evidence for the validity and reliability of the MSS. This chapter also outlined the next steps of the MSS as it continues to grow and capture more robust levels of analysis.

REFERENCES

- Allen, K. R. & Piercy, F. P. (2005). Feminist autoethnography. In D. H. Sprenkle & F. P. Piercy (Eds.). *Research methods in family therapy*. (2nd ed., pp. 155-169). New York: Guilford Press.
- Amato, P. R., Johson, D. R., Booth, A., & Rogers, S. J. (2003). Continuity and change in marital quality between 1980 and 2000. *Journal of Marriage and Family*, 65, 1-22.
- American Association of Marriage and Family Therapy (2012). AAMFT Code of Ethics. Washington, DC: Author.
- American Association of Marriage and Family Therapy – Code of Ethics (2012). Retrieved from https://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx
- American Psychological Associations – Commission on Accreditation APA-CoA. (2013) Guidelines and principles for programs in professional psychology. Retrieve from <http://www.apa.org/ed/accreditation/index.aspxd>
- Barber, B. K., & Buehler, C. (1996). Family cohesion and enmeshment: Different constructs, different effects. *Journal of Marriage and the Family*, 58, 433-441.
- Barfelds, D. P. H., & Dijkstra, P. (2010). Narcissistic Personality Inventory: Structure of The adapted Dutch version. *Scandinavian Journal of Psychology*, 51, 132-138.
- Bartlett, M. S. (1950). Tests of significance in factor analysis. *British Journal of Psychology*, 3, 77-85.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Basic Books.
- Bateson, G. (1979). *Mind and Nature: A necessary unity*. New York: Dutton
- Beach, S. R. H., & Broderick, J. E. (1983). Commitment: A variable in women's response to marital therapy. *American Journal of Family Therapy*, 11, 16-24.
- Becvar, D. (1996). *Soul healing: A spiritual orientation in counseling and therapy*. New York: Brunner/Mazel.
- Bergen, A. E., & Payne, I. R. (1991). Proposed agenda for a spiritual strategy in personality and psychotherapy. *Journal of Psychology and Christianity*, 10, 197-201.
- Bertalanffy, L. V (1968). *General systems theory: Foundation, development, and application*. New York: Braziller.
- Blow, A. J., Sprenkle, D. H., Davis, S.D. (2007). Is who delivers the treatment more

- important than the treatment itself? The role of therapist in common factors. *Journal of Marital and Family Therapy*, 33(3), 298-317.
- Booth, A. Johnson, D., & Edwards, J. N. (1983). Measuring marital instability. *Journal of Marriage and the Family*, 45, 387-393.
- Boyd-Franklin, N. (2003). *Black families in therapy: Understanding the African American experience*. (2nd ed.). New York: Guilford Press.
- Boyd-Franklin, N. (2010). Incorporating spirituality and religion into the treatment of African American clients. *The Counseling Psychologist*, 38(7), 976-1000.
- Boyd-Franklin, N., & Lockwood, T. W. (2009). Spirituality and religion: Implications for psychotherapy with African American families. In F. Walsh (Ed.) *Spiritual resources in family therapy*. (2nd ed., pp. 141-155). New York, NY: Guilford.
- Brawer, P.A., Handal, P.J., Fabricatore, A.N., Roberts, R. & Wajda-Johnson, V.A. (2002). Training and education in religion/spirituality within APA-accredited clinical psychology programs. *Professional Psychology: Research and Practice*, 33(2), 203-206.
- Broman, C. L. (1993). Race differences in marital well-being. *Journal of Marriage and the Family*, 55, 724-732.
- Bumpass, L., Sweet, J., & Martin, T. C. (1990). Changing patterns of remarriage. *Journal of Marriage and Family*, 52(3), 747-756.
- Busby, D. M., Christensen, C., Crane, D. R. & Larson, J. H. (1995). A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *Journal of Marital and Family Therapy*, 21(3). 289-308.
- Butler, M. H., Stout, J. A., & Gardner, B. C. (2002). Prayer as a conflict resolution ritual: Clinical implications of religious couples' report of relationships softening, healing perspective, and change responsibility. *American Journal of Family Therapy*, 30, 19-37.
- Carlson, T. D., Kirkpatrick, D., Hecker, L., & Killmer, M. (2002). Religion, spirituality, And marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *The Journal of Family Therapy*, 30, 157-171.
- Carr, A. (1998). Michael White's Narrative Therapy. *Contemporary Family Therapy*, 20(4), 485-503.

- Carmines, E. G., & Zeller, R. A. (1979). *Reliability and validity assessment*. Beverly Hills, CA: Sage.
- Carter, J. D. (1974). Personality and Christian maturity: A process congruity model. *Journal of Psychology and Theology*, 2, 190-201.
- Castronova, M., Distelberg, B. & Wilson, C. (2014). The marital selflessness scale: A relational assessment for couples (in press).
- Cattell, R. B. (1996). The scree test for the number of factors. *Multivariate Behavioral Research*, 1, 245-0276.
- Cervantes, J. M. & Parham, T. A. (2005). Toward a meaningful spirituality for people of color: Lessons for the counseling practitioner. *Culture Diversity and Ethnic Minority Psychology*, 11(1), 69-81.
- Chatters, L. M. & Taylor, R. J. (2005). Religion and families. In V. L. Bengtson, A. C. Acock, K. R. Allen, P. Dilworth-Anderson, & D. M. Klein. (Eds.). *Sourcebook of family theory and research* (2nd ed., pp. 517-541). Thousand Oaks, CA: Sage Publications, Inc.
- Clark, L. A. & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7(3), 309-319.
- Commission on Education for Marriage and Family Therapy Education. (2005). *Accreditation standards: Graduate and post-graduate marriage and family therapy training programs, Version 11.0*. Retrieved from https://www.aamft.org/imis15/Documents/Accreditation_Standards_Version_11.pdf
- Commission on Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: Institute of medicine, National Academies press.
- Comrey, A. L. (1988). Factor-analytic methods of scale development in personality and Clinical psychology. *Journal of Consulting and Clinical Psychology*, 56, 754-761.
- Comrey, A. L., & Lee, H. b. (1992). *A first course in factor analysis* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Converse, J. M., & Presser, S. (1986). *Survey questions: Handcrafting the standardized questionnaire*. Newbury Park, CA: Sage.
- Corra, M., Carter, S. K., Carter, J. S., & Knox, D. (2009). Trends in marital happiness by Gender and role, 1973-2006. *Journal of Family Issues*, 30(10), 1379-1404.

- Correy, N., Merritt, R. D., Mrug, S., & Pamp, B. (2008). The factor structure of the Narcissistic Personality Inventory. *Journal of Personality Assessment*, 90(6), 593-600.
- Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and application. *Journal of Applied Psychology*, 78, 98-104.
- Counsel for Accreditation of Counseling and Related Educational Programs. (2009). Accreditation standards. Retrieved from <http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>
- Crane, D. R., Busby, D. M., & Larson, J. H. (1991). A factor analysis of the dyadic adjustment scale with distressed and nondistressed couples. *The American Journal of Family Therapy*, 19(1), 60-66.
- Crane, R. D., Newfield, N., & Armstrong, D., (1984). Predicting divorce at marital therapy intake: Wives' distress and the marital status inventory. *Journal of Marital and Family therapy* 10, 305-312.
- Cronbach, L. J., & Meehl, P. e. (1955). Construct validity in psychological test. *Psychological Bulletin*, 52, 281-302.
- Dakin, J., & Wampler, R. (2008). Money doesn't buy happiness, but it helps: Marital satisfaction, psychological distress, and demographic differences between low- and middle-income clinic couples. *American Journal of Family Therapy*, 36, 300-311.
- DeVellis, R. F. (2003). *Scale development: Theory and applications* (2nd ed.). Thousand Oaks, CA: Sage.
- de Winter, J. C. F., Dodou, D., & Wieringa, P. A. (2009). Exploratory factor analysis with small sample sizes. *Multivariate Behavioral Research*, 44(2), 147-181. doi: 10.1080/00273170902794206\
- Dickerson, V. C. (2011). Insider knowledge. *Family Process*, 50, 561-566.
- Doherty, W. (1995). *Soul searching: Why psychotherapy must promote moral responsibility*. New York: NY: Basic Books.
- Eddy, J. M., Heyman, R. E., & Weiss, R. L. (1991). An empirical evaluation of the Dyadic Adjustment Scale: Exploring the differences between marital "satisfaction" and "adjustment." *Behavioral Assessment*, 13, 199-220.
- Ellison, C.G., Burdette, A.M. & Wilcox, W. B. (2010). The couple that prays together: race and ethnicity, religion, and relationship quality among working-age adults. *Journal of Marriage and Family*, 72(4), 964-975.

- Erickson, M. (1982). The nature of hypnosis and suggestions: collected papers of Milton A. Erickson on hypnosis (Volume 1). New York, NY: Irvington Publishers.
- Erickson, M. J. (1985). Christian theology. Grand Rapids, MI: Baker Book House.
- Falicov, C. J. (1995). Training to think culturally: A multidimensional comparative framework. *Family Process*, 34, 373-388.
- Faulkner, R. A., Davey, M., & Davey, A., (2005). Gender-related predictors of change in Marital satisfaction and marital conflict. *American Journal of Family Therapy*, 33, 61-83.
- Field, A. (2009). Discovering statistics using SPSS (3rd ed.). Thousand Oaks, CA: Sage.
- Fincham, F. D., Beach, S. R. H., Lambert, N. M., Stillman, T., & Braithwaite, S. (2008). Spiritual behaviors and relationship satisfaction: A critical analysis of the role of prayer. *Journal of Social and Clinical Psychology*, 27, 362 – 388.
- Foran, H. M., O’Leary, K. D., & Williams, M. C. (2012). Emotional abilities in couples: A construct validation study. *The American Journal of Family Therapy*, 40, 189-207.
- Foucault, M. (1965). Madness and civilization: A history of insanity in the age of reason. New York: Random House.
- Fowers, B.J. & Olson, D. H. (1989), ENRICH marital inventory: A discriminant validity and cross-validity assessment. *Journal of Marital and Family Therapy*, 15(1), 65-79.
- Freeman, J. & Combs, G. (2002). Narrative couple therapy. In A. Gurman & N. Jacobson (Eds.), *Clinical handbook of couple therapy*. (3rd ed., pp. 308-334). New York: Guilford Press.
- Friedenberg, L. (1995). Psychological testing: Design, analysis, and use. Boston, MA: Allyn and Bacon.
- Gallup, Inc. (2008). Religion (survey data summaries). Retrieved 8/7/2012 from <http://www.gallup.com/poll/151760/christianity-remains-dominant-religion-united-states.aspx/>
- Gallup, G. H., Jr., & Lindsay, D. M. (1999). Survey the religious landscape: Trends in U.S. beliefs. Harrisburg, PA: Morehouse.
- Geertz, C. (1983). Local knowledge: Further essays in interpretive anthropology. New

York: Basic Books.

Gerbing, D. W., & Hamilton, J. G. (1996). Viability of exploratory factor analysis as a Precursor to confirmatory factor analysis. *Structural Equation Modeling*, 3, 62-72.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.

Glass, J. & Levchak, P. (2014). Red states, blue states, and divorce: Understanding the impact of conservative Protestantism on regional variation in divorce rates. *American Journal of Sociology*,

Gorsuch, R. L. (1983). *Factor analysis* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Gorsuch, R. L. (2003). Factor analysis. In J. A. Schinka & W. F. Velicer (Eds.). *Handbook of psychology: Research methods in psychology* (Vol. 2, pp. 143-164). Hoboken, NJ: John Wiley.

Gottman, J. M., & Notarius, C. I. (2002). Marital research in the 20th century and Research agenda for the 21st century. *Family Process*, 41(2), 159-197.

Grams, W. A., Carlson T. S. & McGeorge, C. R. (2007). Integrating spirituality into family therapy training: An exploration of faculty members' beliefs. *Contemporary Family Therapy*, 29, 147-161.

Graves, T. (2005). *Building a bridge between graduation and marriage and family Therapy competency*. Unpublished thesis, Utah State University, Logan.

Haley, J. (1963). *Strategies of psychotherapy*. New York: Grune & Stratton.

Haley, J. (1987). *Problem-solving therapy*. (2nd ed.). San Francisco, CA: Jossey-Bass, Inc.

Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the spiritual assessment inventory.

Hall, T. W., & Edwards, K. J. (2002). The spiritual assessment inventory: A theistic model and measure for assessing spiritual development. *Journal for the Scientific Study of Religion*, 41(2), 341-357.

Hare-Mustin, R. (1987). The problem of gender in family therapy theory. *Family Process*, 26,15-27.

Haug, I. E. (1998). Including a spiritual dimension in family therapy: Ethical considerations. *Contemporary Family Therapy*, 20, 181-194.

- Henggeler, W. & Sheidow, A.J. (2011). Empirically supported family-based treatment for conduct disorder and delinquency in adolescents. *Journal of Marital & Family Therapy* (38)1, 30-58.
- Henry, R. G., Miller, R., B., & Giarrusso, R. (2005). Difficulties, disagreements, and disappointments in late-life marriages. *International Journal of Aging & Human development*, 61, 243-265.
- Hunler, O. S., & Gencoz, R. (2005). The effect of religiousness on marital satisfaction: Testing the mediator role of marital problem solving between religiousness and marital satisfaction relationship. *Contemporary Family Therapy*, 27(1), 123-136.
- Johnson, D. R., Amoloza, T. O., & Booth, A. (1992). Stability and developmental change in marital quality: A three-wave panel analysis. *Journal of Marriage and the Family*, 54, 582-594.
- Jolliffe, I. T. (1972). Discarding variables in a principal component analysis, I: Artificial data. *Applied Statistics*, 21, 160-173.
- Jolliffe, I. T. (1986). *Principle component analysis*. New York: Springer
- Jose, O., & Alfons, V. (2007). Do demographics affect marital satisfaction? *Journal of Sex and Marital Therapy*, 33, 73-85.
- Kail, R. V., & Cavanaugh, J. C. (2000). *Human Development: A Lifespan Approach*. Belmont, CA: Wadsworth.
- Kaiser, H. F. (1958). The varimax criterion for analytic rotation in factor analysis. *Psychometrika*, 23, 187-200.
- Kaufman, G. & Taniguchi, H. (2006). Gender and marital happiness in later life. *Journal of Family Issues*, 27(6), 735-757.
- Kazak, A. E., Jarmas, A., & Snitzer, L. (1988). The assessment of marital satisfaction: An evaluation of the Dyadic Adjustment Scale. *Journal of Family Psychology*, 2(1), 82-91.
- Kenny, D.A., Kashy, D.A. & Cook, W.L. (2006) *Dyadic data analysis*. New York: Guildford Press.
- Kothari, C. R. (2004). *Research Methods and Techniques*. New Age International.
- Kreider, R. M., & Ellis, R., (2011). Number, timing, and duration of marriages and divorces: 2009. *Household Economic Studies*, P70-125. Washington, DC: U.S. Census Bureau.

- Kreider, R. M., & Fields, J. M., (2002). Number, timing, duration of marriages and divorce: 1996. Household Economic Studies, P70-125. Washington, DC: U.S. Census Bureau.
- Kubarych, T. S., Deary, I J., & Austin, E. J. (2004). The Narcissistic Personality Inventory: Factor structure in a non-clinical sample. *Personality and Individual Differences*, 36, 857-872.
- Lambert, N. M., & Dollahite, D. C. (2006). How religiosity helps couples prevent, resolve, and overcome marital conflict. *Family Relations*, 55, 439-449.
- Lambert, N. M., Fincham, F. D., Braithwaite, S. R., Graham, S., & Beach, S. R. H. (2009). Can prayer increase gratitude? *Psychology of Religion and Spirituality*, 1(3), 139-149.
- Lambert, N. M., Fincham, F. D., Stillman, T. F., Graham, S. M., & Beach, S. R. H. (in press). Motivating change in relationships: Can prayer increase forgiveness? *Psychological Science*, 2010, 21(1), 126-132.
- Linder, E.W. (2008). Yearbook of American and Canadian churches: 2008 (73rd ed.). New York: National Council of Churches in the USA.
- Locke, H. J., & Wallace, K. L. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living*, 21, 251-255.
- Loevinger, J. (1954). The attenuation paradox in test theory. *Psychological Bulletin*, 51, 493-504.
- Loevinger, J. (1957). Objective test as instruments of psychological theory. *Psychological Reports*, 3, 635-694.
- Lund, M. (1985). The development of investment and commitment scales for predicting continuity of personal relationships. *Journal of Social and Personal Relationships*, 2, 3-23.
- MacCallum, R. C., Widaman, K. F., Preacher, K. J., & Hong, S. (2001). Sample size in factor analysis: The role of model error. *Multivariate Behavioral Research*, 36(4), 611-637. doi: 10.1207/s15327906mbr3604_06
- MacCallum, R. C., Widaman, K. F., Zhang, S., & Hong, S. (1999). Sample size in factor analysis. *Psychological Methods*, 4(1), 84-99. doi: 10.1037/1082-989x.4.1.84
- Madanes, C. (1981). Strategic family therapy. San Francisco, CA: Jossey-Bass.
- Mahoney, A. (2010). Religion in families, 1999-2009: A relational spiritual framework.

- Mahoney, A., Pargament, K. I., Jewell, T., Swank, A.B., Scott, E., Emery, E., & Rye, M. (1999). Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital function. *Journal of Family Psychology*, 13, 321-338.
- Mahoney, A., Pargament, K. I., Murray-Swant, A. & Murray-Swank, N. (2003). Religion and the sanctification of family relationships. *Review of Religious Research*, 40, 220 – 236.
- Mahoney, A., Pargament, K. I., Swank, A., & Tarakeshwar, N. (2001). Religion in the home and conceptual analysis of religion, marriage, and parenting. *Journal of Family Psychology*, 15, 559 -596.
- Marty, M. E. (2005). *When faiths collide*. Malden, MA: Blackwell.
- Matovina, T., & Riebe-Estrella, G. (Eds.). (2002). *Horizons of the sacred: Mexican traditions in U.S. Catholicism*. Ithaca, NY: Cornell University Press.
- McGoldrick, J., Giordano, J., & Pearce, J. K. (Eds). (1996). *Ethnicity and Family Therapy*. New York, NY: Guilford Press.
- Miller, W. R. (1999). Diversity training in spiritual and religious issues. In W. R. Miller (Ed.), *Integrating spirituality into treatment: Resources for practitioners* (pp. 253-263). Washington, DC; American Psychological Association.
- Miller, P. C. Lefcourt, H. M. (1982). The assessment of social intimacy. *Journal of Personality Assessment*, 46, 514-518.
- Minuchin, S. (1974). *Family and family therapy*. Boston: Harvard University Press.
- Mirecki, R. M., Chou, J. L., Elliot, J., & Schneider, C. M. (2013). What factors influence marital satisfaction? Differences between first and second marriages. *Journal of Divorce and Remarriage*, 54, 78-93.
- Mitchell, B. A. (2010). Midlife marital happiness and ethnic culture: A life course perspective. *Journal of Comparative Family Studies*. 41, 167-183.
- Mundfrom, D. J., Shaw, D. G., & Ke, T. L. (2005). Minimum Sample Size Recommendations for Conducting Factor Analyses. *International Journal of Testing*, 5(2), 159-168. doi: 10.1207/s15327574ijt0502_4
- Musick, M. A., & Wilson, J., (2003). Volunteering and depression. *Social Sciences and Medicine*, 56, 259-269.
- Myers, S. M. (2006). Religious homogamy and marital quality: Historical and \

- Generational patterns, 1980-1997. *Journal of Marriage and Family*, 68, 292-304.
- Nelson, T.S., Chenail, R. J., Alexander, J.F., Crane, D. R., Johnson, S.M. & Schwallie, L. (2007). The development of core competencies for the practice of marriage and family therapy. *Journal of Marital and Family Therapy*, 33, 417-438.
- Nunnally, J. C. (1978). *Psychometric theory* (2nd ed.). New York: McGraw-Hill.
- Olson, D.H. (1994) Curvilinearity survives: The world is not flat. *Family Process*, 33, 471-178.
- Olson, D. (2011). FACES IV and the circumplex model: Validation Study. *Journal of Marital and Family Studies*, 37(1), 64-80.
- Olson, D. H., McCubbin, H. I., Barnes, H., & Larsen, A. (1983). *Families: What makes them work?* Beverly Hills, CA: Sage.
- Olson, D. H. & Olson, A. K. (1999). PREPARE/ENRICH Program: Version 2000. In R. Berger and Hanna, M. (Eds.) *Handbook of preventative approaches in couples therapy*. (pp. 196-216). New York: Brunner/Mazel
- Olson, D. H., Olson-Sigg, A. & Larson, P. J. retrieved from https://www.prepareenrich.com/webapp/pe/research/template/DisplaySecureContent.vm?id=pe*research*ResearchOnNationalSurveys.html 4/7/14
- Olson, D. H., Portner, J., & Bell, R., (1986). *FACES I Manual*. Minneapolis, MN: University of Minnesota and Life Innovations.
- Olson, D. H., Portner, J., & Lavee, Y. (1985). *FACES III*. St. Paul, MN: Family Social Science.
- Onedera, J. D. (Ed.). (2008). *The role of religion in marriage and family therapy*. New York: Routledge.
- Papp, P. (1980). The Greek chorus and other techniques of paradoxical therapy. *Family Process*, 19, 45-57.
- Papp, P. (1983). *The process of change*. New York: Guilford Press.
- Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: Guilford Press.
- Pargament, K. I., & Mahoney, A. (2002). Spirituality: Discovering and conserving the sacred. In C. R. Snyder (Ed.), *Handbook of positive psychology* (pp. 646-675). Washington, DC; American Psychological Association.

- Pargament, K. I., & Mahoney, A. (2005). Sacred matters: Sanctification as vital topic for the psychology of religion. *International Journal of the Psychology of Religion*, 14=5, 179-198.
- Pearlin, L.I. (1999). Stress and mental health: A conceptual Overview. Pp 161-175 in the *Sociology of Mental Health and Illness*, edited by A. H. Horwitz and T. L. Scheid. Cambridge, UK: Cambridge, UK.
- Pearlin, L.I., Menaghan, E., Lieberman, M., & Mullan, J. T. (1981). The stress process. *Journal of health and social behavior*, 22, 337-356.
- Pew Forum. (2012). Affiliations (survey data summaries). Retrieved 8/7/2012 from <http://religions.pewforum.org/affiliations>
- Pinsof, W. M., Zinbarg, R., & Knobloch-Fedders, L. M (2008). Factorial and construct validity of the revised form integrative psychotherapy alliance scales for family, couple, and individual therapy. *Family Process*, 47(3), 281-301.
- Prest, L. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training, practice and person development. *Journal of Family Therapy*, 21, 60-77.
- Quintana, S. M., & Minami, T. (2006). Guidelines for meta-analyses of counseling psychology research. *The Counseling Psychologist*, 34, 839-876.
- Rank, M. R., & Davis, L. E. (1996). Perceived happiness outside of marriage among Black and White Spouses. *Family Relations*, 45, 435-441.
- Raskin, R. N., & Hall, C. S. (1979). A Narcissistic Personality Inventory. *Psychology Reports*, 45, 590.
- Raskin, R., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology*, 54, 890-902.
- Rodrigues, A. E., Hall, J. H., & Rincham, F. D. (2006). What predicts divorce and relationship dissolution. In M. Fine and Harvey, J. (Eds.) *Handbook of divorce and relational dissolution*. (pp. 85-112). New York: Taylor & Francis.
- Rosik, C. H., & Pandzic, J. (2008). Marital satisfaction among Christian missionaries: A longitudinal analysis from candidacy to second furlough. *Journal of Psychology and Christianity*, 27(1), 3-15.
- Sabatelli, R. M. (1988). Measurement issues in marital research: A review and critique

- of contemporary survey instruments. *Journal of Marriage and the Family*, 50, 891-915.
- Saucy, R. L. (1983). Theology of human nature. In J. P. Moreland & D. Ciocchi (Eds.). *Christian perspectives on being human* (pp. 17-52). Grand Rapids, MI: Baker Book House.
- Schaefer, M. T. & Olson, D. H. (1981). Assessing intimacy: The PAIR Inventory. *Journal of Marital and Family Therapy*, 7, 47-60.
- Schumm, W. R., Paff-Bergen, L. A. Hatch, R. C. Felix, C. O., Copeland, J. M. Meens., L. C. & Bugaighis, M. A. (1986). Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage and the Family*, 48, 381-387.
- Sharpley, C. F. & Cross, D. G. (1982). A psychometric evaluation of the Dyadic Adjustment Scale. *Journal of Marriage and the Family*, 44, 739-742
- Smith, G. T., & McCarthy, D. M. (1995). Methodological considerations in the refinement of clinical assessment instruments. *Psychological Assessment*, 7, 300-308.
- Snyder, D. K. (1979). Multidimensional assessment of marital satisfaction. *Journal of Marriage and the Family*, 41, 813-823.
- Snyder, D. K., Heyman, R. E., & Haynes, S. N. (2005). Evidence-based approaches to assessing couple distress. *Psychological Assessment*, 17(3), 288-307.
- Snyder, D. K., Wills, R. M., & Keiser, T. W. (1981). Empirical validation of the marital satisfaction inventory: An actuarial approach. *Journal of Consulting and Clinical Psychology*, 49(2), 262-268.
- South, S. C., Krueger, R. F., & Iacono, W. G. (2009). Factorial Invariance of the dyadic adjustment scale across gender. *Psychological Assessments*, 21(4), 622-628.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28.
- Spanier, G. B. (1988). Assessing the strengths of the Dyadic Adjustment Scale. *Journal of Family Psychology*, 2, 92-92.
- Spanier, G. B. & Cole, C. L. (1976). Toward clarification and investigation of marital adjustment. *International Journal of Sociology of the Family*, 6, 121-146.
- Spanier, G. B., & Thompson, (1982). A confirmatory analysis of the dyadic adjustment scale. *Journal of Marriage and the Family*, 44, 731-738.

- Sprey, J. (1988). Current theorizing on the family: An appraisal. *Journal of Marriage And Family*, 50, 875-890.
- Stander, V., Piercy, F. P., McKinnon, D., & Helmeke, K. (1994). Spirituality, religion And family therapy: Competing or complementary worlds? *The American Journal of Family Therapy*, 22, 27-41.
- Stevens, J. P. (2002). *Applied multivariate statistics for the social sciences*. (4th ed.). Hillsdale, NJ: Erlbaum.
- Straus, M. A., & Brown, B. W. *Family measurement techniques: Abstracts of published instruments, 1935-1974* (Rev. ed.). Minneapolis: University of Minnesota Press, 1978.
- Tabachnick, B. G., & Fidell, L. S. (2001). *Using multivariate statistics* (4th ed.). New York: Harper & Row.
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). Boston: Allyn & Bacon.
- Umberson, D., Williams, K., & Powers, D. A. (2005). As good as it gets? A life course perspective on marital quality. *Social Forces*, 84, 487-504.
- United States Census. (2008). Religion (survey data summaries). Retrieved 8/8/2012 http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- Velicer, W. F., & Fava, J. L. (1998). Effects of variable and subject sampling on factor pattern recovery. *Psychological Methods*, 3, 231-251.
- Voydanoff, P. (2004). "The effects of work demands and resources on work-to-family conflict and facilitation." *Journal of Marriage and Family*, 66, 398-412.
- Voydanoff, P. (2007). *Work, Family, and Community: exploring interconnections*. Mahwah, NJ: Routledge
- Wallace, H., & Baumeister, R. (2002). The performance of narcissists rise and fall with perceived opportunity for glory. *Journal of Personality and Social Psychology*, 82, 819-834.
- Walker, D. F., Gorsuch, R. I., & Tan, S. Y. (2005). Therapist' use of religious and spiritual interventions in Christian counseling: A preliminary report. *Counseling and Values*, 49, 107 – 119.
- Wallis, J., Burns, J., & Capdevila, R. (2010). What is Narrative Therapy and what is

- not? The usefulness of Q methodology to explore accounts of White and Epston's 1990 approach to Narrative Therapy. *Clinical Psychology and Psychotherapy*, 18, 486 – 497.
- Walsh, F. (1999). *Spiritual resources in family therapy*. New York, NY: Guilford Press.
- Walsh, F. (Ed.). (2009). *Spiritual resources in family therapy*. (2nd Ed). New York, NY: Guilford Press.
- Walsh, F. (Ed.). (2009). Religion, spirituality, and the family. (2nd Ed). In Froma Walsh (Ed.), *Spiritual resources in family therapy*. (pp. 3 – 30). New York, NY: Guilford Press.
- Waring, E. M., & Reddon, J. R. (1983). The measurement of intimacy in marriage: The Waring Intimacy Questionnaire. *Journal of Clinical Psychology*, 39, 53-57.
- Weiss, R. L., & Cerreto, M. C. (1980). The marital status inventory: Development of a measure of dissolution potential. *American Journal of Family Therapy*, 8, 80-86.
- White, L., Booth, A., & Edwards, J. N. (1986). Children and marital happiness: Why the negative correlation. *Journal of Family Issues*, 12, 5-21.
- White, L., & Edwards, J. N. (1990). Emptying the nest and parental well-being: An analysis of national panel data. *American Sociological Review*, 55, 235-242.
- White, M. (2007). *Maps of narrative practice*. New York: W. W. Norton & Company, Inc.
- White, M. (1995). *Re-Authoring lives: Interviews and essays*. Australia: Dulwich Centre Publications.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. Australia: Dulwich Centre Publications.
- White, M. (1979). Structural and strategic approaches to psychosomatic families. *Family Process*, 18, 303-341.
- Worthington, E. L. Jr., Kurusu, T. A., McCullough, M. E., & Sandage, S. J. (1996). Empirical research on religion and psychotherapeutic process and outcomes: A 20-year review and research prospectus. *Psychological Bulletin*, 119, 448-487.
- Worthington, R. L., & Whittaker, T. A. (2006). Scale development research: A content analysis and commendations for best practices. *The Counseling Psychologist*, 34, 806-838.
- Youth, M. & Schieman, S. (2012). When hard times take a toll: The distressing

consequences of economic hardship and life events within the family-work interface. *Journal of Health and Social Behavior*, 43(1), 84-98.

Zimmerman, T. S. (Ed.). (2001). *Integrating gender and culture in family therapy training*. Binghamton, NY: Haworth Press.

APPENDIX A

ASSESSMENTS

Marital Selflessness Scale

Please indicate the number the best fits your current beliefs and generally feelings about your marriage.

<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>
<div style="display: flex; justify-content: space-between;"> I easily get discourage in my marriage I rarely get discouraged in my marriage </div>
<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>
<div style="display: flex; justify-content: space-between;"> I want to give up on my marriage I want to fight for my marriage </div>
<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>
<div style="display: flex; justify-content: space-between;"> I am satisfied with my spouse I am unsatisfied with my spouse </div>
<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>
<div style="display: flex; justify-content: space-between;"> I put myself before my spouse I put my spouse before myself </div>
<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>
<div style="display: flex; justify-content: space-between;"> My spouse needs to change My spouse doesn't need to change </div>
<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>
<div style="display: flex; justify-content: space-between;"> When I am right, I point it out to my spouse When I am right, I don't point it out to my spouse </div>
<u>1</u> 2 3 4 5 6 7 8 9 <u>10</u>

I often think that my way is the best way	I believe there is always more than one way
<div style="display: flex; justify-content: space-between; margin: 0;"> 12345678910 </div>	
I make sure that things are done my way	It doesn't matter how things get done
<div style="display: flex; justify-content: space-between; margin: 0;"> 12345678910 </div>	
I consider my schedule, work, and needs before my spouse	I consider my spouses schedule, work, and needs before my own
<div style="display: flex; justify-content: space-between; margin: 0;"> 12345678910 </div>	
I am quick to anger	I am slow to anger
<div style="display: flex; justify-content: space-between; margin: 0;"> 12345678910 </div>	
I bring up my spouse's past mistakes	I never bring up my spouse's past mistakes
<div style="display: flex; justify-content: space-between; margin: 0;"> 12345678910 </div>	
When my spouse admits they are wrong, I remind them why they are wrong	When my spouse admits they were wrong, I leave it at that
<div style="display: flex; justify-content: space-between; margin: 0;"> 12345678910 </div>	
It is better for some truth to never come out	It is better for all truth to come out

1	2	3	4	5	6	7	8	9	10
I believe that love shouldn't put up with anything					I believe love should put up with anything				

1	2	3	4	5	6	7	8	9	10
I don't trust God when it comes to my marriage					I trust God no matter how difficult my marriage may be				

1	2	3	4	5	6	7	8	9	10
It is easier to see my spouse's flaws, rather than strengths					It is easier to see my spouse's strengths, rather than flaws				

1	2	3	4	5	6	7	8	9	10
I believe it is important to look back, and remember my spouse's past mistakes					I believe that it is important to look forward, and not remember my spouse's mistakes				

1	2	3	4	5	6	7	8	9	10
I believe that love has not limits					I believe that love is limitless				

What is your gender? ____Male____ Female		What is your age? ____		What state do you live in? ____	
When were you married? Month ____Day ____Year ____					
What is your ethnicity?					
____African American/Black		____Hispanic/Latino/Cuban/Mexican		____Caucasian	
____Native American/Native Alaskan		____Asian American		____Bi-racial (Combination of any 2 or more)	
What is your highest level of education?					
____GED		____High School		____Trade School	
____Some College		____2 year Associates Degree			

_____ 4 year Bachelor's Degree _____ Master's Degree _____ Doctorate Degree

Please answer the following questions in reference to finances:

Do you and your spouse attend the same church? Yes or No

Did either you or your spouse change denominations when you got married? Yes or No

What is your CURRENT denomination/religious affiliation?

_____ None _____ Catholic _____ Protestant _____ Non-denominational Christian
_____ Jewish _____ LDS _____ Seventh Day Adventists _____ Other _____ None

What was your denomination/religious affiliation as a child?

_____ None _____ Catholic _____ Protestant _____ Non-denominational Christian
_____ Jewish _____ LDS _____ Seventh Day Adventists _____ Other _____ None

What is your spouse's CURRENT denomination/religious affiliation?

_____ None _____ Catholic _____ Protestant _____ Non-denominational Christian
_____ Jewish _____ LDS _____ Seventh Day Adventists _____ Other _____ None

What was your spouse's denomination/religious affiliation as a child?

_____ None _____ Catholic _____ Protestant _____ Non-denominational Christian
_____ Jewish _____ LDS _____ Seventh Day Adventists _____ Other _____ None

How many times have you been married? _____

What is the length of your current marriage? _____

How old were you when you got married in your present marriage? _____

Do you have children under the age of 18 living at home? Yes or No (please circle)

For the following questions please indicate the answer that fits best in how you and your spouse manage agreement and disagreements

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Handling family fiancés Matters of recreation Religious matters Demonstration of affection Friends Sex relations Conventionality (correct or proper behavior) Philosophy of life Ways of dealing with parents or in-laws Aims, goals, and things believed to be important Amount of time spent together Making major decisions Household task Leisure time interests and activities Careers						
	All the time	Most of the time	More often than not	Occasionally	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? How often do you and your partner quarrel? How often do you and your mate “get on each other’s nerves?”						
	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						

	Every Day 4	Almost Every Day 3	Occasiona lly 2	Rarely 1	Never 0
Do you kiss your mate? Do you and your mate engage in outside interests together?					
	Not At All True	Slightl y True	Moderatel y True	Substantiall y True	Very True
I have a sense of how God is working in my life God's presence feel very real to me I am afraid that God will give up on me I seem to have a unique ability to influence God through my prayers Listening to God is an essential part of my life3 I am always in a worshipful mood when I go to church I am aware of God prompting me to do things My emotional connection with God is unstable My experiences of God's responses to me impact me greatly God recognizes that I am more spiritual than most people I always see God's guidance for every decision I make I am aware of God's presence in my interactions with other people There are times when I feel that God is punishing me I am aware of God responding to me in a variety of ways I am aware of God attending to me in times of need God understands that my needs are more important than most people's I am aware of God telling me to do something					

I worry that I will be left out of God's plan					
My experiences of God's presence impacts me greatly					
I am always as kind at home as I am at church					
I have a sense of the direction in which God is guiding me					
My relationship with God is an extraordinary one that most people would not understand					
I am aware of God communicating to me in a variety of ways					
Manipulating God seems to be the best way to get what I want					
I am aware of God's presence in times of need					
From day to day, I sense God being with me					
I pray for all my friends and relatives every day					
I have a sense of God communicating guidance to me					
When I sin, I tend to withdraw from God					
I experience an awareness of God speaking to me personally					
I feel my prayers to God are more effective than other people's					
I am always in the mood to pray					
I feel I have to please God or he might reject me					
I have a strong impression of God's presence					
There are times when I feel that God is angry at me					
I am aware of God being very near to me					
When I sin, I am afraid of what God will do to me					
When I consult God about a decisions in my life, I am aware to my prayers of his direction and help					
I seem to be more gifted than most people in discerning God's will					
When I feel God is not protecting me, I tend to feel					

worthless.					
<p>The following questions have a Part I and Part II</p> <p>There are times when I feel disappointment with God When this happens, I still want our relationship to continue</p> <p>There are times when I feel frustrated with God When I feel this way, I still desire to put effort into our relationship[</p> <p>There are times when I feel irritated When I feel this way, I am able to come to some sense of resolution in our relationship</p> <p>There are times when I feel angry at God When this happens, I still have the sense that God will always be with me</p> <p>There are times when I feel betrayed by God When I feel this way, I put efforts into restoring our relationship</p> <p>There are times when I feel frustrated by God for not responding to my prayers When I feel this way, I am able to talk it through with God</p> <p>There are times when I feel like God has let me down When this happens, my trust in god is not completely broken</p>					

There are things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences or opinion or were problems in your relationship during the past few weeks.

	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.

Extremely
Unhappy

Fairly
Unhappy

A Little
Unhappy

Happy

Very
Happy

Extremely
Happy

Perfect

Which of the following best describes how you feel about you're 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 help it succeed.

_____ It would be nice if it 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.

For each of the following please answer by circling either A or B, the one that most reflects you.

1. A. I have a natural talent for influencing people
B. I am not good at influencing people
2. A. Modesty doesn't become me
B. I am essentially a modest person
3. A. I would do almost anything on a dare
B. I tend to be a fairly cautious person
4. A. When people compliment me I sometimes got embarrassed
B. I know that I am good because everybody keeps telling me so.
5. A. The thought of ruling the world frightens the hell out of me.
B. If I ruled the world it would be a better place.
6. A. I can usually talk my way out of anything
B. I try to accept the consequences of my behavior
7. A. I prefer to blend in with the crowd.
B. I like to be the center of attention

8. A. I will be a success.
B. I am not too concerned about success.
9. A. I am no better or worse than most people
B. I think I am a special person
10. A. I am not sure if I would make a good leader.
B. I see myself as a good leader.
11. A. I am assertive
B. I wish I were more assertive
12. A. I like to have authority over other people
B. I don't mind following orders.
13. A. I find it easy to manipulate people
B. I don't like it when I find myself manipulating people
14. A. I insist upon getting the respect that is due me.
B. I usually get the respect I deserve.
15. A. I don't particularly like to show off my body.
B. I like to show off my body.
16. A. I can read people like a book.
B. People are sometimes hard to understand.
17. A. If I feel competent I am willing to take responsibility for making decisions.
B. I like to take responsibility for making decisions.
18. A. I just want to be reasonable happy.
B. I want to amount to something in the eyes of the world.

19. A. My body is nothing special.
B. I like to look at my body.
20. A. I try not to be a show off.
B. I will usually show off if I get the chance.
21. A. I always know what I am doing.
B. Sometimes I am not sure what I am doing.
22. A. I sometimes depend on people to get things done.
B. I rarely depend on anyone to get things done.
23. A. Sometimes I tell good stories.
B. Everybody likes to hear my stories.
24. A. I expect a great deal from other people.
B. I like to do things for other people.
25. A. I will never be satisfied until I get what I deserve.
B. I take my satisfactions as they come
26. A. Compliments embarrass me.
B. I like to be complimented.
27. A. I have a strong will to power.
B. Power for its own sake doesn't interest me.
28. A. I don't care about new fads and fashions.
B. I like to start new fads and fashions
29. A. I like to look at myself in the mirror.
B. I am not particularly interested in looking at myself in the mirror.

30. A. I really like to be the center of attention.
B. It makes me uncomfortable to be the center of attention.
31. A. I can live my life in any way I want to.
B. People can't always live their lives in terms of what they want.
32. A. Being an authority doesn't mean that much to me.
B. People always seem to recognize my authority.
33. A. I would prefer to be a leader.
B. It makes little difference to me whether I am a leader or not.
34. A. I am going to be a great person
B. I hope I am going to be successful.
35. A. People sometimes believe what I tell them.
B. I can make anybody believe anything I want them to.
36. A. I am a born leader.
B. Leadership is a quality that takes a long time to develop.
37. A. I wish somebody would someday write my biography.
B. I don't like people to pry into my life for any reason.
38. A. I get upset when people don't notice how I look when I go out in public.
B. I don't mind blending into the crowd when I go out in public.
39. A. I am more capable than other people.
B. There is a lot that I can learn from other people
40. A. I am much like everybody else.
B. I am an extraordinary person.

Thank you for your participation!

APPENDIX B

INFORMED CONSENT

Marital Selflessness Scale



LOMA LINDA UNIVERSITY

School of Behavioral Health
Loma Linda University

INFORMED CONSENT

TITLE: MARITAL SELFLESSNESS SCALE (MSS): AN
EXPLORATORY FACTOR ANALYSIS
SPONSOR: Loma Linda University
PRINCIPAL
INVESTIGATOR: Dr. Brian Distelberg, Ph.D.

WHY IS THIS STUDY BEING DONE?

The purpose of the study is to develop an assessment tool for pastors and therapists to use to work with couples to consider relevant Christian values within the context of the marriage. You are invited to participate in this research study because you and your spouse have a Christian belief system or would be willing to complete this survey anyway. This study will validate this instrument for broad use. This student study is a research project that is part of Counseling and Family Sciences.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

500 people will participate in this study throughout the United States.

HOW LONG WILL THE STUDY GO ON?

Your participation in this study will be a one-time survey completion that you will mail to the researcher. It should take you approximately 30 minutes to complete the survey.

WHO CAN BE INVOLVED?

Couples may participate if:

Subject Initials _____
Date _____
Page 1 of 4
Consent Version Date: _____

Loma Linda University
Adventist Health Sciences Center
Institutional Review Board
Approved 6/11/13 Void after 6/19/2014
#5130144 Chair R. L. Ragsdale